Best practice workbook

France - 2016

2016 National report (2015 data) to the EMCDDA by the French Reitox National Focal Point

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The EMCDDA is investigating how the submission of the workbooks could be made easier through the use of technology. In the first instance, a pilot using templates in Word with defined fields to distinguish the answers to questions is being tried. The outcome of the pilot will be to evaluate the usefulness of this tool and establish the parameters of any future IT project.

Templates have been constructed for the workbooks being completed this year. The templates for the pre-filled workbooks were piloted in the EMCDDA.

1. The principle is that a template is produced for each workbook, and one version of this is provided to each country, in some instances pre-filled.
2. Answers to the questions should be entered into the "fields" in the template. The fields have been named with the question number (e.g. T.2.1). It will be possible to extract the contents of the fields using the field names.
3. Fields are usually displayed within a border, and indicated by "Click here to enter text". Fields have been set up so that they cannot be deleted (their contents can be deleted). They grow in size automatically.
4. The completed template/workbook represents the working document between the NFP and the EMCDDA. Comments can be used to enhance the dialogue between the EMCDDA and the NFP. Track changes are implemented to develop a commonly understood text and to avoid duplication of work.

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T0. Summary

Please provide an abstract of this workbook (target: 500 words) under the following headings:

- National profile

In France, quality assurance in Drug Demand Reduction (DDR - prevention, risk reduction, treatment and rehabilitation) builds on specific advocacy, guidelines or trainings from professional societies or organisations or public health institutions but it is not strongly institutionally structured nor imposed. As for risk reduction and treatment, different guidelines exist (on (i) Opiate Substitution Treatment, (ii) Early intervention and risk/harm reduction for crack or free base users, (iii) Clinics for young drug users and (iv) Treatment of cocaine users). However their implementation is not compulsory: there is no formal prerequisite of fulfilling guidelines to get support or subsidies. The compliance to these guidelines is not as a label. The addiction treatment services (so-called CSAPA) are marginally impacted by the existing accreditation and certification processes directed to health establishments.
In drug prevention, the National Institute for Prevention and Health Education (INPES) distributes information on evidence-based prevention methods. However, there is no specific drug use prevention protocol for prevention providers, public servants or associative workers to follow.
In the 2010's, although many resource services in prevention engineering have collapsed at local level, there is a noticeable willing at national level to enhance quality in the programmes and services delivered, especially in prevention.

- New developments

A growing though still limited number of prevention organisations get involved in implementing international evidence-based programmes in local French contexts. In the recent years, the concern about good practices and evidence-based practices has got higher. This general climate is incentivized by both a political impetus (repeated references to evidence-based approaches in governmental strategies) and professional inspiration.
The Interministerial Commission for the Prevention of Addictive Behaviours (CIPCA) reflects the political will of developing evidence-based prevention knowledge. For the 2015-2017 period, the CIPCA is being funding the impact evaluation of five prevention programmes selected on the basis of a call for tenders. The endeavours started in 2014 to develop training supply on addiction and quality assurance have continued over 2015-2016, especially for professionals working in contact with young people through the training of regional trainers for the certification of competence in preventing addictive behaviours.

T1. National profile

T1.1 Policies and coordination

The purpose of this section is to:

- Provide a brief summary of quality assurance-related objectives, if any, within your national drug strategy

Please structure your answers around the following questions.

T1.1.1 Please summarise the main quality assurance-related objectives of your national drug strategy or other key drug policy document.

The Government Plan for Combating Drugs and Addictive Behaviours 2013–17 (MILDT 2013) was adopted on 19 September 2013. The responsibility for its implementation is entrusted to the Interministerial Mission for the Fight Against Drugs and Addictive Behaviours (MILDECA) which reports to the Prime Minister. This 2013–17 strategy is based around three main priorities:

- To base public action on observation, research and evaluation.
- To take the most vulnerable populations into consideration to reduce risks and health and social harm.
- To reinforce safety, tranquillity and public health, both locally and internationally, by fighting drug trafficking and all forms of criminality related to psychoactive substance use.

These priorities are addressed across the five areas of action that structure the anti-drug strategy, among which one is directly related to research evidence-based approach and skill improvement training Actions Plan: (i) prevention, care and risk reduction; (ii) stepping up the fight against trafficking; (iii) improving the application of the law; (iv) **basing policies for combating drugs and addictive behaviours on research and training**; (v) reinforcing coordination at national and international levels.

The Government Plan sets several objectives out in relation to quality assurance impetus. Under the prevention and care pillar, the strategy clearly specifies the aim of:

- "**Promoting Evidence-Based Preventive Strategies**", especially through the creation of an Interministerial Commission for the Prevention of Addictive Behaviours (CIPCA, see below T1.2.1)
- "**Improving the Quality of Healthcare for Patients** receiving Opiate Substitution Treatment and Increasing the Accessibility".

Thereof:

• By trialling and assessing new therapeutic methods and initial methadone prescription in urban community medicine, in particular, in order to avoid misuse and promote appropriate healthcare.

• By increasing the accessibility of these treatments, in particular through greater mobility of the programmes (methadone bus).

• By bringing the recommendation of the French national agency for the safety of medicines and health products (*Agence nationale de sécurité du médicament et des produits de santé* - ANSM) into general application with regard to the daily dispensing of opiate substitution treatment in pharmacies for patients receiving care within the urban community.

• By reducing drug interactions through the creation of a functional liaison between urban pharmacies and CSAPAs for patients receiving care within these facilities.

• By putting therapeutic education protocols in place, in liaison with the regional health agencies (ARS), for patients taking these medicines.

• By a more systematic use of screening tests in urban medical practices, in accordance with ANSM recommendations. These tests, the results of which are interpreted by doctors during consultations with patients, do not constitute a surveillance tool. They are used in a spirit of mutual trust: patients thus feel that they are backed up and supported by therapists and healthcare providers on jointly fixed therapeutic objectives.

• By promoting the practices recommended in the guide for opiate substitution treatment in the prison environment." (see also T1.4.1 in Prison workbook).

A whole piece of the governmental strategy develops avenues to **Base Policies for Combating Drugs and Addictive Behaviours upon Research and Training.** In this registry, some specific goals are:

- To "**Improve the Interface Between Researchers and Decision-Makers",** thereby: (i) to promote the production of scientific results that are directly useful for public policy decisions; (ii) to develop preventive research; (iii) to develop evaluative research.
- To reinforce initial training with regard to addictive behaviours directed to medical students, or professionals working in school, university and criminal justice environments. Endeavours in this field should address professionals with different profiles, i.e. prevention stakeholders, but practitioners also engaged in early detection and intervention, in risk reduction or in tackling trafficking.

T1.2 Organisation and functioning of best practice promotion

The purpose of this section is to describe the organization of best practice promotion in your country

T1.2.1 What are the national organizations/institutions promoting quality assurance of drug demand reduction interventions and their function?
Please provide a brief description of each body and their relationship.

The MILDECA is responsible for the achievement of the goals defined in the French Government Drug strategy towards more quality assurance.

The specific objective of "Promoting Evidence-Based Preventive Strategies" is specifically in the remits of the Interministerial Commission for the Prevention of Addictive Behaviours (CIPCA). The CIPCA is chaired by the MILDECA. It is composed of national/central state officers with a responsibility in developing drug prevention in their respective domain (Health, Education, Police, Urban Policies, Youth Judicial Protection, Social affairs, Youth, Sports, Labour, Women's rights, Culture…). The OFDT and the INPES take part to this Commission, for scientific advocacy. The CIPCA aims at promoting preventive programmes, in accordance with European and international recommendations (see T3.1 for new developments on the promotion made by the CIPCA on EDPQS). The MILDECA and its regional network will promote scientifically validated programmes corresponding to national priorities.

In the prevention field, the INPES distributes information on scientifically-validated prevention methods, e.g. of the French adaptation of the Preffi 2 guidelines (developed by the NIGZ Centre for Knowledge and Quality Management). The Preffi is a quality assurance instrument for health promotion (implementation and evaluation of effectiveness). These documents are still to be used for information purposes only: there is no specific drug use prevention protocol for prevention providers, public servants or associative workers to follow.

The French National Authority for Health (*Haute autorité de santé* - HAS) is an independent scientific public authority that aims at contributing to regulate the quality of the health system. It has a specific remit of developing guidance and disseminating evidence-based information among health professionals. For instance, the HAS has developed a web section on tools for early detection and brief intervention with regards to alcohol, cannabis and tobacco uses in adults (see below table 2 in T1.2.3 under objective: "Encouraging the Sharing of Professional Cultures Through Continuing Training").

T1.2.2 Do you have any accreditation systems for intervention providers in drug demand reduction?
If yes, please provide a brief description.

The French National Authority for Health (HAS: http://www.has-sante.fr/portail/jcms/fc_1249588/fr/accueil-2012) is an independent public body, with financial autonomy, set up in August 2004, which aims at improving the quality of patient care and guaranteeing equity within the healthcare system. Its activities range from (i) assessment of drugs, (ii) medical devices and procedures, (iii) publication of guidelines, (iv) certification of healthcare establishments and (v) accreditation of practitioners.
The certification process of health establishments is structured around two main areas, i.e. the establishment management and the patient management, as formalised in the 2014 Manual on certification of healthcare establishments (Haute autorité de santé (HAS) 2014). However the addiction treatment services (so-called CSAPA) are marginally impacted by these processes:

- The accreditation procedures are applied to high-risk medical or surgery specialities, which are not the ones generally engaged in addiction treatment.
- The certification process has little inference as to addiction issues:

- (i) Certificated establishments have to define an integrated programme on the management of quality and safety of care, which includes "addictovigilance" as part of their warning system for the earliest detection of any unusual health events and for the response to health alert.
- (ii) With regards to the patient management, the only criterion related to addiction issues is directed to the establishments that address inmates. These establishments/services must develop adapted therapies taking into account the higher iatrogenic and suicidal risk related to the frequent poly-use of addictive substances among inmates.

T1.2.3 Do you have specific education systems for professionals working in the field of demand reduction?
If yes, please provide a brief description.
Information relevant to this answer includes:
- specific academic curricula,
- specific continued education/specialization courses

Specific continued education is provided to drug specialised law enforcement officers who are likely to provide for prevention interventions on topics like drugs, alcohol or violence, in various settings (mainly schools, but also occupational settings, common touristic sites...). These interveners are FRAD (national *Gendarmerie*) or PFAD (from national Police). They are assigned to local units or services throughout France and there is a variation of their involvement and experience in drug prevention: in general, prevention interventions are a limited part of their activities, though some of them work full time in this field. For both groups (FRAD and PFAD), updating skill courses can be undertaken on a voluntary basis, according to a 2 or 4 year cycle. The PFAD (initial or continuous) training education is managed by a national centre (National Institute for the Training of the National Police

(INFPN)). The four-week training of the PFAD is based on multidisciplinary sessions in respect to the current scientific knowledge. It includes interventions from a psychologist, health and health promotion professionals, epidemiologist on topics like the psychological development of teenagers, health promotion principles. During this training, the trainees can practice conducting a prevention session towards adults (school staff, teenagers' parents…) or adolescents. Each exercise gives rise to a complete collective debriefing by the trainer and the psychologist, in terms of both content and form. The FRAD system training will be progressively integrated to the PFAD one and entrusted to the INFPN.

Continuous education on addiction issues is mainly implemented by professional societies, according to an annual programming.

As per the current French National plan 2013 -2017, a range of objectives address the reinforcement of professional skills through training, in the general aim of "Coordinating the Content of Initial and Continuing Training on the Basis of Common Core Knowledge and Skills". The two core objectives under this general aim are: "Reinforcing Initial Training with Regard to Addictive Behaviours" and "Encouraging the Sharing of Professional Cultures Through Continuing Training". Some of the initiatives related to these objectives have begun to be implemented, especially in respect to the first one, as shown below.

As per the objective of "**Reinforcing Initial Training with Regard to Addictive Behaviours**", planned actions and progress are reported in the table below :
Table 1.

Specific component/action stated by the governmental plan	**Progress in implementation**
(i) Creating an **inter-university Master's Degree in addiction research** open to practicing medical students and other health professionals. In this respect, the expertise of the Federative Organisation for Research in the study and Treatment of Addictions (SFRA) can be called upon insofar as necessary.	In 2014, a specialization of Master's degree in addictology was created in the Master's degree of Public health of the Paris 7 University, opening the way for the implementation of an interdisciplinary Master's degree in addictology for the year 2016-2017, within the framework of the future Action plan 2016-2017.
(ii) Consolidating the teaching concerning the **study and treatment of addictions** introduced in the 2007-2011 addictions plan, for medical studies **at Bachelor, Master and PhD levels**.	Professional societies for addictology, University professors and hospital practitioners (PU-PH), the Department of Research and Higher education and the MILDECA are considering how to develop an inter-university Master's Degree in addiction research. This reflection is part of the agenda of the reform of the post-graduate medical studies (3rd cycle) which has to end up in the 2016 and 2017 academic years. In 2016, stakeholders are working on the integration of questions on addictology in the national classifying end of study examination programme of the Medicine Internship (and the base of preparatory questions). The aim is to consolidate the addictology topic in General Practice graduation as well as in the specialist ones.

(iii) Extending teaching on addictions, which is currently provided to **medical students, to health professionals, social workers, occupational therapists and psychomotor therapists** as a whole.	Since the reform of health studies in 2010, a Common first year of health studies (so-called PACES in French) has been instituted for medical, odontological, pharmaceutical and maieutic disciplines (law of July 7th, 2009 [Loi n°2009-833 portant création d'une première année commune aux études de santé et facilitant la réorientation des étudiants]). This PACES integrates a training in addictology within the framework of the credit "Health, society, humanity" (Ministerial Order of October 28th, 2009 [Arrêté relatif à la première année commune aux études de santé]). A few faculties have opened the PACES to students in occupational therapy or physiotherapy. The introduction of such a module of addictology in the PACES allows any future healthcare practitioners to be introduced to the issue of addictions and to the principles of the addictology. From 2011 till 2014, the addictology has been integrated into the curricula of the first and second cycles of the medical studies.

As per the objective of "**Encouraging the Sharing of Professional Cultures Through Continuing Training**", planned actions and progress are reported in the table below :

Table 2

Specific component/action stated by the governmental plan	**Progress in implementation**
• Organising a **training module for all providers involved in prevention**, who have not had the benefit of such training and are **in contact with young people**. Such interministerial training in addiction prevention, based upon a body of common knowledge, should lead to the award of a national certificate.	In 2014 and 2015, four regional inter-institutional and inter-professional continuous training courses on preventing addictive behaviours were experimentally directed to social and educational professionals (education, social, childhood and adolescence areas). The aim was to assess the transferable components of such trainings in territories willing to develop such initiatives. In April 2016, a first two-day training was delivered to NGO practitioners engaged in prevention (especially indicated prevention) to foster their ability to train professionals in contact with youth on prevention and to provide prevention commissioners with advocacy or interventions. This training of trainers emphasized the response continuum between universal prevention and early detection and intervention. It included a brief on efficient evidence-based universal prevention, on quality standards

	(EDPQS) on early intervention developments and a more developed module on training engineering. This training is to be renewed on December 2016 for a second group of trainers. A total of 40-50 trainers should be trained with a view of disseminating knowledge to "grass root" professionals over the country, from 2017. An "attestation of training on preventing addictive behaviours" will be issued to participants.
• Creating specific training in **prevention and treatment of the negative consequences of drug use in the world of festive events,** for both health and security professionals, young people (student associations) and partners involved in the organisation of events (professionals of nightlife establishments, organisers of evening events, managers of temporary bars etc.).	This axis is not implemented at national level as numbers of local initiatives are developed in cities and adapted by local stakeholders in order to train professional from the nightlife industry in tackling clients' alcohol abuse. These actions gather the MILDECA territorial representatives and municipal authorities. Most are directed to hotel, bar, restaurant and nightlife industry professionals and involve health or addictology-oriented trainers. For instance: • In the Lille city (northern France), the territorial MILDECA representative and the French Hotel Industry Job Union (UMIH) have been collaborating to set up a training for bar and restaurant managers; • In the "Pyrénées-Atlantique" county (south-western France, near the Spanish border), the prefectural authorization for night-opening for bars and convenient stores is conditioned by a two-day training.
• Developing **early detection and intervention training programmes**. These training programmes will be aimed at health, education, social work and criminal justice professionals, in contact with priority groups and, more specifically, with young people and pregnant women.	With the circular of July 19th, 2013 [Circulaire DGOS/RH4 n°2013-295 sur les orientations en matière de développement des compétences des personnels des établissements mentionnés à l'article 2 de la loi n°86-33 du 9 janvier 1986 portant dispositions statutaires relatives à la fonction publique hospitalière], the early detection and brief intervention of addictive behaviours, more particularly towards young people, becomes in 2014 a priority for the public hospitals staffs' skills development. The French National Authority for Health (HAS) has disseminated through its website a recommendation factsheet on early detection and brief intervention related to alcohol, tobacco and cannabis use in adults

	(http://www.has-sante.fr/portail/jcms/c_1795221/fr/outil-d-aide-au-reperage-precoce-et-intervention-breve-alcool-cannabis-tabac-chez-l-adulte) [last accessed 08/06/2016]).
• Trialling **common training programmes in the field of risk-reduction**, built on the basis of concrete situations rooted in the territories, for members of the police forces, justice system and health services, in partnership with associations working for risk-reduction.	A common training programme was developed on the basis of the work undergone for years in the Seine-Saint-Denis county (in the Paris region), under the aegis of the Metropolitan Mission for the Prevention of Risk Behaviour (MMPCR). It has been piloted in several big French cities (Marseilles, Nantes, Paris, La Courneuve), in sensitive neighbourhoods, with support from MILDECA territorial representatives ("chefs de projet"). Training sessions gathered local professionals of the police, the justice system and health services as well as NGOs involved in drug risk-reduction. Process evaluation is on-going and will provide for recommendations on the project transferability.
• Continuing to adapt the training of providers in the criminal justice system to changes in trafficking and, in particular, to combating the supply of drugs via the Internet and the practice of seizing and confiscating criminal assets, as well as the detection of chemical precursor diversion networks.	A guide to help magistrates and police and customs investigators to follow-up confiscations was edited by the Criminal Matters and Pardons Directorate (DACG), with a financial support from the MILDECA. Around 10,000 copies were disseminated in the country. Further implementation is foreseen under the next action plan 2016-2017.

Furthermore, since 2013, the MILDECA has financially supported the training of change agent among students to intervene in preventing addictive behaviours so as to strengthen peer-led prevention within higher education settings. From September 2015, 24 universities have implemented a system of peer change agent (students), versus 12 universities in 2013).
From 2013 onwards, the frame of reference established by the Ministry of Education about education and teaching professional skills gives educational advisers, teachers and education professionals the responsibility to identify risk behaviours and the signs of addiction.

T2. Trends. Not applicable for this workbook

T3. New developments

The purpose of this section is to provide information on any notable or topical developments observed in best practice promotion in your country **since your last report**.

T1 is used to establish the baseline of the topic in your country. Please focus on any new developments here.

If information on recent notable developments have been included as part of the baseline information for your country, please make reference to that section here. It is not necessary to repeat the information.

Please structure your answers around the following question.

T.3.1 Please comment on any notable new or topical developments observed in best practice promotion in your country (e.g. new standards/guidelines/protocols developed).
Please note that the information here should complement or add to the information submitted through Structured Questionnaire 27P2 which monitors the implementation of quality assurance systems by collecting information on Guidelines and Standards available in the country.

The French NFP also introduced the EDPQS and related tools to CIPCA. A workgroup within the Interministerial Commission for the Prevention of Addictive Behaviours (CIPCA) has been set up in April 2016 in order to assess the direct transferability of the EDPQS toolkit 1 which is dedicated to decision makers and funders. The goal is to support the EDPQS dissemination among French local funders (e.g., the local MILDECA representatives who allocate local prevention grants). In this aim, the EDPQS selection checklist was used to assess prevention and risk reduction projects developed to cover the Euro 2016 football event. The workgroup then set on some needed adjustments to tailor an operational viable grid that complements the existing grant application form. The work should be finalised by the 2016 fall.

The CIPCA launched an original procedure for the selection of well-structured or innovative programmes to support their evaluation. The INPES and the OFDT were entrusted with the methodological supervision of their evaluation (process and impact), over 2016-2018.

Other developments are described in section T1.2.3 (regarding continuing training).

T4. Additional information

The purpose of this section is to provide additional information important to best practice promotion in your country that has not been provided elsewhere.

Please structure your answers around the following questions.

T.4.1 Optional. Please describe any additional important sources of information, specific studies or data on best practice promotion. Where possible, please provide references and/or links.

The French NFP participated in Phase 2 of the EDPQS project from 2013 and 2015. It promotes these standards and their related tools on a new section of its website that provides professionals with evidence-based knowledge or scientific guidelines in drug prevention, risk reduction and OST. In these webpages, information on validated intervention principles ("Principes d'intervention validés") is based on the EMCDDA's Best Practice Portal and links to it. For more information, go to Aide aux acteurs or click on http://www.ofdt.fr/aide-aux-acteurs/.

*T.4.2 **Optional**. Please describe any other important aspect of best practice promotion that has not been covered in the specific questions above. This may be additional information or new areas of specific importance for your country*

T5. Notes and queries

The purpose of this section is to highlight areas of specific interest for possible future elaboration. Detailed answers are not required.

T5.1 Does your country have quality assurance mechanisms in place (e.g. specific institutional bodies, standards and/or guidelines, specific curricula) for law enforcement interventions in the community? Yes/No and if possible a brief description

YES
The National Institute for the Training of the National Police (INFPN) provides four-week curricula to specific prevention agents within the law enforcement forces (Police and Gendarmerie). Please see details in T1.2.3.

T5.2 Does your country have experiences in national health outcomes evaluations?
Yes/No and if possible a brief description
Examples: Programma Nazionale Esiti (Italy: http://tinyurl.com/hvn7ov8); National Drug Treatment Monitoring System (UK: https://www.ndtms.net/default.aspx); Indicateurs de santé de qualité et de sécurité (France: http://tinyurl.com/hdj86c2); IQWIG (Germany: http://tinyurl.com/hscya9w); Socialstyrelsen (Sweden: http://tinyurl.com/hun49ce)

The French National Authority for Health (*Haute autorité de santé* – HAS) has developed health care quality and safety indicators (QSI) to assess the care process or outcomes. These indicators are to be used by healthcare organisations as quality improvement tools**.** Results are available onto the HAS website (http://www.has-sante.fr/portail/jcms/c_2044563/en/healthcare-quality-and-safety-indicators).Thus, even though some healthcare establishments include addictology services, these QSI are global indicators and do not address specifically addictology topics.

The certification manual for healthcare establishments neither direct to the addiction services. It specifies that addicto-vigilance is part of the health monitoring system and that prison-located health services must adapt their responses for drug-addicted inmates as drug (poly)use increase iatrogenic and suicidal risks.

T6. Sources and methodology

The purpose of this section is to collect sources for the information provided above, including brief descriptions of studies and their methodology where appropriate.

Please structure your answers around the following questions.

T.6.1 Please list notable sources for the information provided above.

Sources

About the new webpages to assist professionals in accessing evidence-based DDR information:

- http://www.ofdt.fr/aide-aux-acteurs/
- http://www.ofdt.fr/aide-aux-acteurs/prevention/principes-dintervention-valides/

About the EDPQS materials:

- http://prevention-standards.eu/standards/ (in English)
- http://www.ofdt.fr/europe-et-international/projets-internationaux/edpgs/
- http://www.ofdt.fr/aide-aux-acteurs/prevention/standards-de-qualite-europeens-en-prevention-des-drogues-edpgs/

About the CIPCA:
http://www.drogues.gouv.fr/strategie-gouvernementale/prevention/commission-interministerielle-de-prevention-conduites-addictives-cipca
About the French National Authority for Health (HAS) guidance for early detection and brief intervention in adults: http://www.has-sante.fr/portail/jcms/c_1795221/fr/outil-daide-au-reperage-precoce-et-intervention-breve-alcool-cannabis-tabac-chez-ladulte (this link is also specified in section T1.2.1).

T.6.2 Where studies or surveys have been used please list them and where appropriate describe the methodology?

No study reference. Data collected through direct interviews or specific investigation.

Haute autorité de santé (HAS) (2014). Manuel de certification des établissements de santé. HAS, Saint-Denis.

MILDT (2013). Government plan for combating drugs and addictive behaviours 2013-2017. MILDT, Paris.