

2017

Best practice workbook

France

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T0. Summary

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

- Summary of T1.1.1
 - If your National Drug Strategy address quality assurance, provide a brief statement.
- Summary of T.1.2.1
 - Report which type of organization(s) are responsible for the quality assurance (or promotion of Best Practices) in your Country.
- Summary of T1.2.2
 - Mention whether in your country some form of accreditation system for interventions providers in drug demand reduction exist (if this is not the case, skip the question.
- Summary of T1.2.3
 - Refer if in your Country academic curricula or continuing education programmes for professionals working in the field of drug demand reduction exist.

Summary:

(T1.1.1) The Government Plan for Combating Drugs and Addictive Behaviours 2013–17 (MILDT 2013) address quality assurance as it aims at basing public action on observation, research and evaluation and reinforcing training strategy. Under the prevention and care strategical pillars, it defines quality assurance objectives: “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), and “Improving the Quality of Healthcare for Patients receiving Opiate Substitution Treatment and Increasing the Accessibility”.

(T1.2.1) In France, quality assurance in Drug Demand Reduction (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. Promoting quality assurance is in the remits of institutions: (i) the Health Promotion and Prevention Division within the National Public Health Agency (formerly the INPES), (ii) The French National Authority for Health (*Haute autorité de santé* - HAS). As for risk reduction and treatment, different guidelines exist on: (i) Opioid 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. Professional federations are also engaged in developing quality and professional supports: the new portal on addictions for health professionals is an example: <https://intervenir-addictions.fr/>.

In drug prevention, the Health Promotion and Prevention Division within the National Public Health Agency 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. The Interministerial Commission for the Prevention of Addictive Behaviours (CIPCA) reflects the political will of developing evidence-based prevention knowledge. Within the framework of the CIPCA, a quality assurance tool inspired from the EDPQS was issued in January 2017: the ASPIRE toolkit. 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.

(T1.2.2) The addiction treatment services (so-called CSAPA) are marginally impacted by the existing accreditation and certification processes of the HAS (French National Authority for Health) directed to health establishments.

(T1.2.3) The National Institute for the Training of the National Police (INFPN) is the unique service for initial and continuing education for the Police and *Gendarmerie* drug Prevention officers. Over the last five years, several initiatives were endeavored to develop knowledge and competence on addictions in medical study curricula and continued training for health professionals, prevention or treatment practitioners, etc.

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) **basin 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.

In the prevention field, the Health Promotion and Prevention Division (HPPD) within the National Public Health Agency (formerly the INPES) diffuses 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). This strategy involves effectively using theoretical health prevention/promotion knowledge and developing evidence-based schemes based on data. The INPES/HPPD accompanies the experimental transfer of several international evidenced-base programmes to local French context: e.g., Unplugged, GBG, PANJO

(Nurse Family Partnership - NFP), SFP, Break the cycle (see T1.2.4). 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 MILDECA is responsible for the achievement of the goals defined in the French Government Drug strategy towards more quality assurance in drug prevention.

The specific objective of “Promoting Evidence-Based Preventive Strategies” is specifically in the remit 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/HPPD 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.

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”).

The specialised drug treatment centres (CSAPA) and the low threshold facilities (CAARUD) are in the scope of activities of the National Agency for the Quality Assessment of Health and Social Care Organisations and Services (ANESM, <http://www.anesm.sante.gouv.fr/>), created in 2007. In order to help the Social and Medicosocial Establishments and Services (ESSMS) to implement quality responses, the Agency accredits external evaluators so that they carry out the mandatory independent evaluation of the activities and service quality of the ESSMS every 5 years. Therein the agency contributes to the decision process of the territorial accreditation services that decide on the renewal of the operating authorizations of the ESSMS, i.e. the Regional Health Agencies (ARS) for decision regarding the renewal of addiction-related ESSMS. The ANESM also makes recommendations for professional best practices. In the field of the addictions, two sets of recommendations was published: (i) in 2010, recommendations about "The users' participation and expression within the addictology medical and social establishments", (ii) in 2017 recommendations for "Drug-related risk and harm reduction in low-threshold facilities". From Fall 2017, a workgroup has worked on recommendations with regards to the prevention of addictive behaviours and risk reduction in the drug treatment centres (http://www.anesm.sante.gouv.fr/spip.php?page=article&id_article=1135).

The National association “*Fédération Addiction*” (wide federative association of specialised treatment centres) coordinates the implementation of a multi-partnership portal for health professionals willing to engage in early intervention or outpatient care towards drug users (drug must be understood as licit or illicit drugs, like alcohol, tobacco, cannabis, opioids, etc.): <https://intervenir-addictions.fr/>. This portal provides with guidance and tools to help common law practitioners from community, school, workplace or emergency settings, in detecting, referring or initiating opioid substitution treatment prescriptions. Training materials and networking indications are also available. The scientific steering committee gathers professional, institutional and research partners: *Santé publique France* (French Institute for Public Health), OFDT (French Monitoring Centre on Drugs and Drug Addictions), Respadd (Network for Addiction Prevention), Ippsa (Institute for Promoting

Secondary Prevention in Addictology), Certa (Addiction Treatment, Training and Research Centre), RISQ (Research and Intervention on psychoactive Substances –Quebec), GREA (Swiss Romand Group for Addiction Studies), MG Addiction (General Practitioners and Addiction unit), MILDECA (Interministerial Mission for Combatting Drugs and Addictive Behaviours) and Addiction Directorate of Health Department.

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, i.e. FRAD (national *Gendarmerie*) or PFAD (from national Police), 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...). In February 2013, the national Police and “*Gendarmerie*” concluded an agreement to make the National Institute for the Training of the National Police (INFPN) be the unique service for initial and continuing education for the two professional corpuses. In 2016, 60 police and *gendarmerie* officers were trained and 815 reported drug-related preventive interventions towards 850,000 people.

These specific officers are FRAD (national *Gendarmerie*) or PFAD (from national Police) and 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 (3 rd 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.

	<p>In November 2016, the post-graduate medical studies (3rd cycle) have been re-organised and modernised by a decree [Décret n°2016-1597 du 25 novembre 2016 relatif à l'organisation du troisième cycle des études de médecine et modifiant le code de l'éducation]. The training system has been simplified allowing a more progressive acquisition of knowledge and professional competences. By now, options can be chosen within a speciality, to meet requirements of particular exercises, in particular specialized transversal trainings (FST) which are options shared by several specialities, addictology being part of the possible FST.</p>
<p>(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.</p>	<p>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, addictology has been integrated into the curricula of the first and second cycles of the medical studies.</p>

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
<ul style="list-style-type: none"> • Organising a training module for all providers involved in prevention, who have not had the benefit of such training 	<p>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</p>

<p>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.</p>	<p>transferable components of such trainings in territories willing to develop such initiatives.</p> <p>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 2017 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.</p>
<p>• 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.).</p>	<p>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:</p> <ul style="list-style-type: none"> • 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. <p>Furthermore, since 2013, the MILDECA has financially supported the training of change agent among students to intervene in preventing addictive behaviours (binge drinking, drug uses) 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). Regarding High professional schools (“Grandes Écoles”), the MILDECA supports the existing helping process for the organisation of festive gatherings, entitled “Cpas1option” (meaning “it isn’t an option”).</p>
<p>• 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,</p>	<p>With the directive 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.</p>

<p>more specifically, with young people and pregnant women.</p>	<p>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 27/10/2017]). The 2013-17 governmental plan planned the expansion of the early intervention training among practitioners of Youth Outpatient clinic (CJC), including in overseas counties. At the request of Health Department and with specific funding from the MILDECA, “<i>Fédération Addiction</i>” (wide federative association of specialised treatment centres) trained trainers over the territory as a first step, then rolled out training towards CJC practitioners during the first 2017 semester. The impact evaluation at 6 months is carried out in 2017: between March and June, 2017, 460 trainees were asked to complete a survey and about 30 were solicited for qualitative interviews.</p>
<ul style="list-style-type: none"> • 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. 	<p>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 main French cities (Marseilles, Nantes, Paris, La Courneuve), in sensitive neighbourhoods, with support from MILDECA territorial representatives (“<i>chefs de projet</i>”). 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. The evaluation covered several sites and examined the transferability of the experimentations. The report was delivered in Summer 2016 and validated the relevance, utility and feasibility of the approach. Further reflection is ongoing to set up a pedagogical, practical, reference tool to be circulated freely among stakeholders who may impulse, pilot and implement on-site trainings on risk behaviour prevention.</p>
<ul style="list-style-type: none"> • 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. 	<p>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. For authorities, the increasing amount issued from criminal assets seizing (62.3 M€ in 2016, i.e 12.6% more than in 2015) shows the importance of training magistrates and police and customs investigators. The training of criminal assets special police advisers, implemented by the National Police in May 2016, the training of 80 criminal patrimony investigators and 20 officers from Regional “Criminal Assets” Units within <i>Gendarmerie</i> has improved the efficacy of investigations.</p>

	In November 2016, the National School for Magistrates (ENM) organized, with financial support from the MILDECA, a regional workshop in Fort-de-France (Martinique) on seizing and confiscating narcotic-related assets. This workshop gathered magistrates from the Courts of Appeal of Cayenne (French Guiana), Fort-de-France and Basse-Terre (Guadeloupe).
<ul style="list-style-type: none"> Preventing addictive behaviours in the workplace, specially by harmonising initial and continued education on the basis of a common knowledge and competences for health professionals, including occupational physicians and nurses, or preventive medicine physicians. 	The MILDECA organises and funds, in partnership with the French School of Public Health (EHESP), a training of regional trainers on addictive behaviour prevention in the workplace, addressing occupational physicians and nurses and preventive medicine physicians. This 3-day training consists in two pillars: the method of early detection and brief intervention and the counselling to companies and administrations on how to set up a collective prevention programme on addictive behaviours. The national planning started with the implementation of one training session in 2015, then two sessions were carried out in 2016 and two more sessions in 2017. This national training plan aims at disseminating collective prevention programmes in the workplace.

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 (eg. 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. Finally, in January 2017, a France-adapted toolkit was published to help decision makers and funders to assess the quality of prevention programmes and to select promising ones: the ASPIRE toolkit (ASPIRE standing for: Appreciation and Selection of Prevention programmes issued from the Review of EDPQS). It includes a printable individual checklist, a multi-evaluation Excel® checklist to compare up to 10 projects at once (with an automatic wrap-up table) and a memo on ASPIRE standards and useful links for prevention developers or grant applicants.

The ASPIRE tools can be downloaded from the OFDT and the MILDECA websites:

- <https://www.ofdt.fr/aide-aux-acteurs/prevention/grille-aspire/>
- <http://www.drogues.gouv.fr/cipca/grille-aspire>

The CIPCA launched an original procedure for the selection of well-structured or innovative programmes to support their evaluation. The Health Promotion and Prevention Division within the National Public Health Agency (formerly 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 opioid substitution treatment. 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  or click on <https://www.ofdt.fr/aide-aux-acteurs/prevention/principes-dintervention-valides/>.

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. Sources and methodology.

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

Please structure your answers around the following questions.

T.5.1 Please list notable sources for the information provided above.

Sources:

HAS (Haute autorité de santé) (2014). Manuel de certification des établissements de santé. HAS, Saint-Denis. Available: http://www.has-sante.fr/portail/upload/docs/application/pdf/2014-03/manuel_v2010_janvier2014.pdf [accessed 21/09/2017].

MILDT (2013). Government plan for combating drugs and addictive behaviours 2013-2017. MILDT, Paris. Available: http://www.drogues.gouv.fr/sites/drogues.gouv.fr/files/atoms/files/plan_gouvernemental_drogues_2013-2017_eng_df_0.pdf [accessed 21/09/2017].

About the new webpages to assist professionals in accessing evidence-based Drug Demand Reduction information:

- <https://www.ofdt.fr/aide-aux-acteurs/>
- <https://www.ofdt.fr/aide-aux-acteurs/prevention/principes-dintervention-valides/>

About the EDPQS materials:

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

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 T1.2.3).

About ASPIRE:

- <https://www.ofdt.fr/aide-aux-acteurs/prevention/grille-aspire/>
- <http://www.drogues.gouv.fr/cipca/grille-aspire>

T.5.2 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