

2018

Drug policy workbook

France

2018 National report (2017 data) to the EMCDDA by the French Reitox National Focal Point

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T0. Summary

Please provide a 1,250 word (i.e. 5 by 250 word paragraphs) summary of the workbook: T1.1 national drug strategies (250 words); section T1.2 evaluation of national drug strategies (250 words); T1.3 drug policy coordination (250 words); T1.4 drug related public expenditure (250 words); new developments (250 words). The answers should include the following points:

Summary of T1.1.

- Describe the current national drug strategy document (date approved, ministries responsible, timeframe, overview of main principles, priorities, objectives, actions, the main substances and addictions it is focused on, its structure, e.g. pillars and cross-cutting themes)

Summary of T.1.2

- Describe the latest drug strategy evaluation (title, time to complete it, the evaluation criteria, the evaluation team, the scope, the type of data used, conclusions and recommendations)

Summary of T.1.3

- Describe the main drug policy coordination mechanisms at the 1) inter-ministerial; 2) operational/executive day-to-day and 3) regional/local levels.

Summary of T1.4

- Please comment on the existence of annual drug-related budgets; its relation with other instruments of drug policy (strategy/action plans); annual value of total public expenditure and of supply *and* demand. If possible, annual value by class of policy intervention (prevention, harm reduction, treatment, social reintegration, police, law courts, prisons) and time trend.

Summary of T1.1 national drug strategies (250 words)

The main strategic lines of the French policy for fighting addiction are shown in the mission statement from the Prime Minister to the Chair of the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA) dated 19 September 2017. The government is reasserting its commitment to a clear and cohesive policy concerning risks, along with schemes able to assist the general public concerned. This objective is based on the implementation of a sustained prevention and support policy among the youngest age groups concerned, taking into account living conditions and the vulnerabilities facing these populations. Another key government priority is the fight against trafficking. Following on from the previous action plan on drugs and addictive behaviours (2013-2017), the 2018-2022 national action plan on addiction promotes an approach targeting all psychoactive substances (alcohol, tobacco, illegal drugs) and other forms of addictive behaviours (gambling, doping) with emphasis on screens.

It will be implemented over a 5-year period compatible with its objectives notably in terms of prevention. A striking aspect is its commitment to working in harmony with other governmental plans (health, prevention, road safety, child poverty, students, housing, doping, overseas). This plan is accompanied by indicators summarising the main challenges in terms of the envisaged results, and defining the targets to be reached. These targets have variable timelines based on the actual availability of data.

Summary of T1.2 evaluation of national drug strategies (250 words)

The most recent evaluation concerned the 2013-2017 government action plan on drugs and addictive behaviours. An external team of academics was entrusted with the task of evaluation. Four key measures of the 2013-2017 plan have been selected: the “Student liaison officers on health” scheme implemented in a university setting, a trial among inhabitants in the southern districts of Marseille (mothers, professionals, integrated young people and pre-teens) and local partners (council, police, prevention associations involved, etc.), the new partnership between MILDECA and the National Family Allowance Fund (CNAF), introduced with a view to taking over the main public relations campaign targeting the “general public” and, lastly, two regional intervention programmes aiming for the prevention and early treatment of foetal alcohol syndrome.

The final evaluation report was published on 16 January 2018. These guidelines served as inspiration for the directions of the 2018-2022 national action plan on addiction, which is both committed to long-term approach and to cross-sectional local involvement, with a view to creating a real local dynamic in terms of the policy for combating and preventing addiction.

Summary of T1.3 drug policy coordination (250 words)

The directions of public policy in the field of drugs and addictions are defined by the "Interministerial Committee for Combatting Drugs and Addictive Behaviours", on the authority of the Prime Minister. This committee is made up of ministers and secretaries of State. Prior to this stage, MILDECA is responsible for drafting the decisions of the interministerial committee, then coordinating French government policy for combatting drugs and preventing addictive behaviours, and for ensuring that the decisions of the interministerial committee are implemented. On the authority of the Prime Minister, its scope of action includes prevention, treatment, harm reduction measures, integration, trafficking, law enforcement and research, monitoring and training of staff involved in activities to reduce supply and demand. A network of approximately one hundred territorial representatives (project managers) on a national scale guarantees the consistency of supply and demand reduction actions. Eleven of these are responsible for regional coordination.

Summary of new developments (250 words)

A new 2018-2022 national action plan on addiction, drawn up by MILDECA, was adopted in December 2018.

As regards the most recent striking events in terms of the developments in public policies for combating cannabis, 2018 was marked by the publication of an information report on the pertinence of resorting to the criminal fine procedure (already provided for in French law for driving offences).

In terms of public debate, the wide controversy surrounding the emergence of numerous products described as containing cannabidiol (CBD) and shops selling the substance in France has been a major event in the spotlight.

Aside from the issues largely focusing on cannabis, crack trafficking and use in public transport in Paris and its suburbs has increased in visibility. The open crack scene has been widely publicised by the national press and treated by the law-enforcement services as a secondary phenomenon. The resulting debate has led to the creation of an interministerial working group to discuss solutions, and various observation and research projects have been commissioned by the National Health Directorate, MILDECA and Paris city council.

Summary of T1.4 drug related public expenditure (250 words)

The social cost of drugs in France was estimated at three points, in 1996, 2003 and 2010. The most recent estimate of the social cost of drugs was published by the OFDT in September 2015: hence, for 2010, this cost amounted to 8.7 billion euros for illegal drugs, far behind the amount estimated for alcohol (118 billion euros) and tobacco (122 billion euros).

In 2016, total drug-related expenditure was estimated at 2.23 billion euros. State and National Health Insurance Fund contributions account for 0.1% of gross domestic product (GDP), with 52% of the total for demand reduction initiatives, 47% for supply reduction activities and almost 1% of resources allocated to cross-disciplinary activities (coordination and international cooperation). This estimate is on the rise compared to 2015 (+ 9%), after the stabilisation observed between 2014 and 2015 (+ 1%) in contrast with the downward trend observed between 2013 and 2014 (- 6%).

T1. National profile

T1.1 National drugs strategies

The purpose of this section is to

- Summarise the main characteristics of your national drug strategy(ies) Where there is no national strategy, and regional strategies take the place of a national strategy, please summarise the characteristics of these.

Please structure your answers around the following questions.

T1.1.1 Please summarise your current national drugs strategy document.

Information relevant to this answer includes:

- time frame,
- responsible ministries,
- overview of its main principles, priorities, objectives and actions,
- its structure (i.e. pillars and cross-cutting themes),
- the main substances and addictions

The overarching general principles of the French drug policy are stated in the mission letter entrusting responsibility for their implementation to the chairperson of the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA). In his September 2017 mission statement, the Prime Minister reasserted his commitment to a clear and coherent policy concerning risks, along with schemes able to assist the general public concerned. This objective is based on the implementation of a sustained prevention and support policy among the youngest age groups concerned, taking into account living conditions and the vulnerabilities facing these populations. Another key government priority is the fight against trafficking. Emphasis is being placed on ambitious governmental action, based on investigation, cooperation and training for agents allowing them to target new threats more effectively in terms of national and local illicit drug supply, to increase monitoring of online supply channels and, lastly, to step up the fight against cannabis growing. On a European scale, one of the Prime Minister's objectives is to ensure harmony between governmental action and European strategy, and to encourage the EU to extend its approach to illicit substances and non-substance addictions.

Nicolas Prisse, the new chairperson, took over from Danièle Jourdain-Menninger on the 1st of March 2017 [[Décret du 9 février 2017 portant nomination du président de la mission interministérielle de lutte contre les drogues et les conduites addictives](#)]. Under the authority of the Prime Minister, MILDECA has the task of coordinating governmental action and leading a cohesive policy involving ministerial departments and all local State representatives (general administrators of "départements", chief education officers, general directors of the Regional Health Agencies and public prosecutors). A new 2018-2022 national action plan on addiction was adopted in December 2018 (MILDECA 2018). Following on from the previous action plan on drugs and addictive behaviours (2013-2017) (MILDT 2013), the 2018-2022 national action plan on addiction promotes an approach targeting all psychoactive substances (alcohol, tobacco, illegal drugs) and other forms of addictive behaviours (gambling, doping) with emphasis on screens.

This new national action plan on addiction addresses six major challenges:

- 1 – Protecting the young
- 2 – Offering better solutions for the consequences of addiction
- 3 – Combating trafficking more effectively
- 4 – Increasing knowledge and promoting knowledge-sharing
- 5 – Strengthening international cooperation
- 6 – Creating the conditions for effective public action throughout the country

This is the fruit of extensive dialogue (ministers, local State representatives, NGOs and professionals) and will be presented based on twenty or so priorities in keeping with the six major challenges. Each priority comprises several operational objectives in the form of measures. These measures are of a varied nature. Some prioritise a general intervention approach targeting both overall substance use and addictive behaviours, indiscriminately addressing all populations. The plan also defines a number of targeted actions relating to the specific characteristics of the substances, the populations at risk, living conditions or regions.

It will be implemented over a 5-year period compatible with its objectives notably in terms of prevention. A striking aspect is its commitment to working in harmony with other governmental plans (health, prevention, road safety, child poverty, students, housing, doping, overseas).

The 2018-2022 plan particularly focuses on its nationwide implementation. It indicates the priorities falling more directly under the responsibility of regional-level administrations (chief education officers, general directors of Regional Health Agencies and public prosecutors), while emphasising the need to develop a close partnership with the authorities in implementing local action. It entrusts the prefecture departments with the task of drawing up territorial strategies on 4 local priorities for combating addiction:

- party scene and measures to avoid disturbance of the peace,
- protection of minors,
- neighbourhood security,
- criminality prevention.

*T1.1.2 **Optional.** Please provide any additional information you feel is important to understand the governance of drug issues within your country.*

The government draws up the national anti-drug policy and preventing addictive behaviours, but the implementation of governmental action relies on all of the ministerial departments involved, local State departments and operators. The national strategy is also based on other public and private stakeholders defining their own action strategies, particularly in the prevention and health sphere. In his mission statement, the Prime Minister emphasises the necessity of strong interministerial cooperation, and also the need for a sustained nationwide leadership strategy, promoting links between local State departments and local authorities which also have expertise in this matter.

T1.2 Evaluation of national drugs strategies

The purpose of this section is to

- Summarise the most recent national drug strategy evaluation.
- Where none has been completed, please summarise any available strategy review process.

Please structure your answers around the following questions.

T1.2.1 List the titles and timeframes of recent national drug strategy and action plan evaluations, providing links to PDFs. Are there any evaluations planned, e.g. annual progress reviews, mid-term, or final evaluations of current national strategy? If yes, please specify the type of evaluation is planned.

The new action plan on addiction defines fifteen or so key indicators with a view to assessing the ability of public authorities to mobilise civil society in achieving the priority objectives of the governmental action. The chosen indicators concern the following themes:

- 1) Perception of the hazards associated with substance use
- 2) Age of initiation and changes in substance use (in the general population, among young people, women during pregnancy and substance use in a professional context)
- 3) Substance accessibility (alcohol, tobacco and cannabis)
- 4) Prevention alongside pregnant women, access to withdrawal assistance schemes and opioid substitution medications, support schemes and harm reduction measures
- 5) Prevalence of infectious diseases and addiction-related deaths (due to medical complications or road traffic accidents)
- 6) Fight against road deaths related to alcohol and narcotics
- 7) Violence and substance use
- 8) Combating trafficking
- 9) Research efforts

T1.2.2 Please summarise the results of the latest strategy evaluation describing:

- The evaluation team (internal / external / mixed evaluation team);
- Its timing (before, during, after the timeframe of the current strategy);
- Its scope (whole strategy or certain pillars, issues, or actions);
- The assessment criteria (e.g. relevance, implementation, outcome etc.);
- The method (qualitative / quantitative / mixed);
- The main findings and limitations;
- The recommendations and how they were or will be used in drug strategy revision.

The most recent evaluation concerned the 2013-2017 government action plan on drugs and addictive behaviours (MILDT 2013). An external team of academics was entrusted with the task of evaluation: the Laboratory for Interdisciplinary Evaluation of Public Policies (LIEPP, Sciences Po, Sorbonne University). The evaluation focused on four of the "flagship" measures of the governmental plan on drugs. It aimed to evaluate the implementation of these actions and, in particular, to examine the role of MILDECA as a coordinator.

The field of study for the first phase of the evaluation (actions relating to the "Student liaison officers on health" and "Easy money") took place between March and September 2015. The second phase (the other two actions "Roll-out of the CJC campaign" and "FAS programme trial" was evaluated during the summer of 2016.

The four actions chosen, the objectives of the evaluation, its methodology and the main results and conclusions are summarised below:

1. Action "Student liaison officers on health" (ERS): The ERS are students who have been selected, trained and paid to carry out prevention actions alongside their peers on campus, in student halls of residence and during different recreational events. In order to evaluate this scheme, a comparative study on the place and role of prevention of addictive behaviours was conducted in five universities with ERS (Bordeaux, Auvergne, Lorraine, Rouen and Tours) and two without (Paris-Descartes and Versailles-Saint Quentin en Yvelines). Semi-structured interviews with the directors of preventive medicine departments and ERS were conducted. This qualitative phase was supplemented by a questionnaire survey alongside employed ERS having previously undergone dedicated university training.
This study examined the different types of schemes set in place in the universities selected for the study: philosophies of the schemes, recruitment methods, training provided, supervisory methods, etc. Out of the factors for success identified, the length of service of ERS within the SUMPPS (university preventive medicine department) appears to be a factor for initiation and advanced training. General university policy on prevention, professional commitment by the director of the

SUMPPS and supervisory personnel were also identified as factors for the success of the scheme. In contrast, conflicts between partners in terms of the methods for conceiving and shaping intervention strategies to promote prevention stand out as potential obstacles.

The evaluation outlines promising lines for improvement: highlight the possibility of recourse to ERS (not widely known by many SUMPPS staff), share experiences, distribute the resources created, and implement a master plan involving decision-makers at the university. In addition to peer prevention, the evaluation highlights the need to improve coordination between the addiction medicine network at national level, perceived by university liaison officers who promote prevention as being fragmented and lacking coordination.

2. Action "Easy money": the evaluation focuses on action creating exchanges on the problem of narcotic trafficking with a view to developing representations and reducing the appeal of trafficking. Four categories of inhabitants of the southern districts of Marseille (mothers, professionals, young people seeking integration and pre-teens) were mobilised. These exchanges were organised and led by a prevention association in Marseille (AMPTA).

The evaluation aimed to analyse the procedures for implementing this trial, particularly the links between the bodies involved, and also coordination: how are the roles of these protagonists (secondary schools, sixth-form colleges, young offender establishments) presented? Does the programme meet the expectations both of its sponsors and beneficiaries? On a wider scale, the evaluation focused on the way in which this programme could be integrated into the local policy on combating drugs and addictive behaviours.

Approximately fifteen interviews were held in Marseille with local participants (AMPTA, police force, *Réseau 13* association, criminality prevention department and Marseille council AIDS and drug addiction task force, offices of the general administrator of the "département"). These brought out practical difficulties related to the recent nature of the scheme and the complexity of the trafficking prevention task, together with the cultural differences between the populations involved.

3. Action "Roll-out of the CJC campaign": the 2013-2017 Government Plan recommended strengthening communication on Youth Addiction Outpatient Clinics (CJC) notably aimed at parents and family members of the populations targeted by these schemes. As regards the CJC campaign, the MILDECA thus finances its roll-out on the Web and also endeavours to broadly mobilise institutional stakeholders liable to act as effective liaisons with families, the target of the campaign. For this purpose, a partnership will be created with the National Family Allowance Fund (CNAF). Evaluation of this action should make it possible to analyse the conditions for implementing the chosen communication strategy for this campaign. The evaluation will endeavour to analyse the respective roles of national and local stakeholders in implementing this communication strategy.

The ten or so interviews carried out provided an overview of the advantages and obstacles which this change of strategy may have generated according to the partners encountered. The main results can be summarised by the following three points: a "change of strategy" barely noticed by administrative partners; a nonetheless highly positive assessment of this partnership strategy and a few persistent difficulties which require particular attention in the future: the persistent flaws in the spontaneous awareness of the CJC (2% to 3% maximum according to the different audiences) and, in particular, the established difficulty in attracting higher numbers of certain target audiences, particularly young heavy drinkers (not exceeding approximately 7% of clients), but also women (around 19% of clients only, with no changes between 2014 and 2015).

4. Action "FAS programme trial": the proposed action is to trial a programme integrated on a regional scale aiming to consolidate the prevention and management of disorders related to Foetal Alcohol Syndrome (FAS). This evaluation analysed the implementation of the programme in view of its different components: prevention, screening and management among adults and children, training of front-line professionals and school and judicial stakeholders, creation of a management process for women and children.

Two action strategies were compared, one in mainland France (Aquitaine) and the other in overseas regions and territories (La Réunion). The evaluation showed that the development phases in Aquitaine and La Réunion did not follow the same strategies, but that the two programmes endeavoured to improve the management of FAS through better coordination between the different partners involved. The evaluation confirmed the need to consolidate the management and partnership between workers from professional backgrounds which are difficult to reconcile and further increase exchanges between workers from the Aquitaine region and La Réunion to help them not only to envisage lines of improvement in their own practices, but also to anticipate any obstacles when similar actions are implemented at different times.

The final evaluation report was published on 16 January 2018 (Bergeron *et al.* 2017). To mark its publication, MILDECA and LIEPP organised an information seminar aiming to examine the effectiveness and efficiency of the evaluated actions, along with the determining factors for cooperation and stakeholder disputes.

With regard to guidelines for the next plan, the evaluators identified three common cross-disciplinary approaches for the four actions:

- Innovative measures in keeping with recommendations in the literature; the pursuit of these recommendations is encouraged;
- the challenge of coordinating partners on all territorial levels: the evaluators highlight the importance of this objective which remains a crucial challenge. In this field which involves numerous partners, and which is marred by divisions between different professions, coordination between professional is perceived by the evaluators as a major objective to be pursued.
- the importance of the long-term funding framework for prevention action: the funding of preventive measures (often annual) does not necessarily correspond to their implementation, which is usually over several years. From this perspective, longer-term budgets for prevention which are more in keeping with the devised actions would be a way to improve the effectiveness of public policies.

These guidelines served as inspiration for the directions of the 2018-2022 national action plan on addiction (MILDECA 2018), which is both committed to long-term approach over a five-year period, for sustained action on the prevention of addictive behaviours, and to cross-sectional local involvement, in support of adaptable roadmaps based on dialogue with MILDECA project managers and local stakeholders, with a view to creating a real local dynamic in terms of the policy for combating and preventing addiction.

This external evaluation was accompanied by an internal evaluation approach based on monitoring a number of indicators. This evaluation process was entrusted to the OFDT which endeavoured to translate the progress made along the lines of the government objectives during the course of the 2013-2017 plan. This approach brought together a collection of relevant, comparable indicators. It was associated with a summary report to give the MILDECA and authorities useful lines of reflection with a view to monitoring the operational targets of the governmental strategy. Periodic reports were drawn up as new

data were released (surveys in the general population or alongside drug users who are part of specific schemes, police and judicial statistics, activity reports, etc.). Overall, the developments observed were in keeping with the objectives of the 2013-2017 plan. As regards prevention action, the public authorities' efforts focus on the creation of an interministerial committee for the prevention of addictive behaviours (CIPCA) with a view to creating a "reference body for supporting stakeholders" working to develop an evaluation culture (see "Prevention" workbook). Particular attention has been given to promoting health in the workplace (long-term actions aiming to mobilise companies, regulatory changes, etc.). Another key theme has been prevention in the university environment, in which MILDECA has been particularly committed to offering an information and support approach so as to raise awareness among personnel of the problems relating to addiction and to give impetus to practical action alongside students (training of "student liaison officers on health", offering support to universities, prevention charters signed by partner universities). This plan was flawed by its limited capacity to mobilise stakeholders in the field of town policy, responsible for improving the situation of populations from struggling neighbourhoods. The challenge still remains in terms of identifying the most relevant action mechanisms alongside these populations. As regards the socioprofessional dimension in terms of harm reduction measures and offering treatment support, the 2013-2017 governmental plan on drugs supported the development of the TAPAJ professional integration scheme (see "Prevention" workbook) for drug users aged under 35; however, major challenges still remain in terms of accessibility and sustainability over time. Lastly, the data collected in terms of trafficking generally indicate a change in direction as regards the objectives of the 2013-2017 governmental strategy, with fairly extensive mobilisation of the law-enforcement services around the governmental objectives for combating illicit drugs.

T1.3 Drug policy coordination

The purpose of this section is to

- Provide a brief summary of the coordination structure involved in drug policy in your country
- Describe the main characteristics of each coordination body

T1.3.1 Describe your national drug policy coordination bodies. Explain their level and role (e.g. the inter-ministerial; operational/executive day-to-day; regional/local levels), hierarchical relationships, and the ministries they are attached to. Please include a summary graphic.

An Interministerial Committee on Drugs prepares government decisions in all domains related to the drug problem (national and international levels). It is also responsible for approving the national strategies and actions plans on drugs and addictions. The Committee is under the authority of the Prime Minister and is composed of ministers and state secretaries.

The MILDECA is tasked with the organisation and coordination of France's policies against drugs and addictive behaviours. Reporting to the Prime Minister, it focuses on a range of areas, including prevention, treatment, harm reduction, reintegration, traffic, law enforcement and research, monitoring and training for those involved in demand or supply reduction activities. The MILDECA also prepares, coordinates and partly implements the decisions of the Interministerial Committee, and develops the national drug strategy at the Prime Minister's request.

Decree of 11 March [[Décret n°2014-322 relatif à la mission interministérielle de lutte contre les drogues et les conduites addictives](#)] confirms the MILDECA's field of activity, enlarging its mandate to addictive behaviours (tobacco, alcohol and addiction without substances). It refers to MILDECA coordination competencies in the field of supply and demand reduction and mentions its international action.

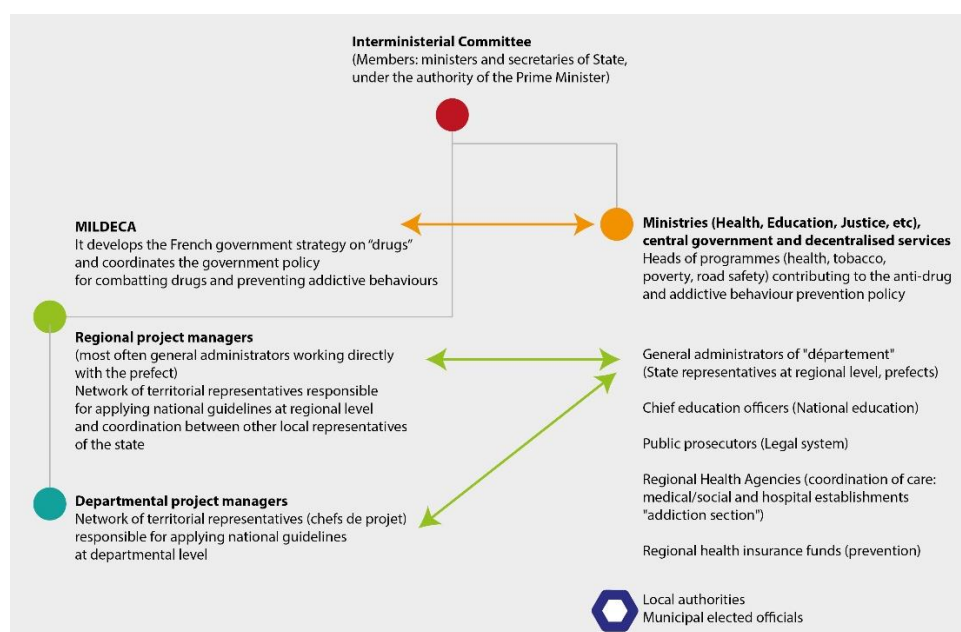
Throughout France and its territories there is also a network of one hundred MILDECA territorial representatives (*chefs de projet*) who are responsible for providing leadership and implementing the drug policy. Eleven of them are responsible for coordinating the MILDECA drug-policy at regional level. Most project managers are general administrators of a "département". Working directly with the prefect (senior local government officer), the general administrator is the permanent correspondent for the minister's office. S/he endeavours to promote State policy by maintaining close relations with the media, elected officials and socio-economic representatives. S/he particularly specialises in security and assists the prefect directly in leading and coordinating the actions of departments responsible for preserving public order and protecting individuals and goods (police, Gendarmerie and emergency services). S/he pays particular attention to criminality prevention and drug addiction policies, road safety issues, and litigation relating to acts of terrorism or attacks, etc.

Each year, MILDECA sends its nationwide network of project managers a guidance memo on their assigned funds, allowing them to give impetus to local actions for preventing and combating drugs and addictive behaviours. The latest activity report issued by the MILDECA project managers, which offers an overview of nationwide action in terms of the policy for preventing and combating drugs and addiction, points out that more than three-quarters of departments (77%) have adopted an action plan in line with the 2013-2017 plan. The 2018 memo (available on the MILDECA site:

http://www.drogues.gouv.fr/sites/drogues.gouv.fr/files/atoms/files/circulaire_cdp_2018.pdf

[accessed on 3 January 2019]) represents a transition, for the various regions, between the directions of the 2013-2017 governmental plan on drugs and those adopted by the new 2018-2022 national action plan on addiction.

Figure. French national drug policy coordination bodies



Source: OFDT

T1.4 Drug related public expenditure

The purpose of this section is to

- Outline what is known about the main areas of drug related public expenditure in your country.

T1.4.1 Please comment on drug-related expenditure and provide a brief summary of recent estimates.

The social cost of drugs in France was estimated at three points, in 1996, 2003 and 2010 (Kopp 2015; Kopp and Fenoglio 2004; Kopp and Fenoglio 2006). The most recent estimate of the social cost of drugs was published by the OFDT in September 2015: hence, for 2010, this cost amounted to 8.7 billion euros for illegal drugs, far behind the amount estimated for alcohol (118 billion euros) and tobacco (122 billion euros). Two other studies focused on public expenditure related to drugs (Ben Lakhdar 2007; Díaz Gómez 2012; Díaz Gómez 2013). Since 2008, State expenditure related to drug control has been presented annually in a budget document submitted to Parliament (Premier ministre 2017). National Health Insurance Fund expenditure, which also finances the healthcare system for drug users and drug substitution treatments should be added to this amount. The estimates show that public expenditure related to drugs amounted to 1.50 billion euros in 2010 (Díaz Gómez 2013). In 2016, total drug-related expenditure was estimated at 2.23 billion euros. This estimate is on the rise compared to 2015 (+ 9%), after the stabilisation observed between 2014 and 2015 (+ 1%) in contrast with the downward trend observed between 2013 and 2014 (- 6%). In 2013, the year prior to the actual launch of the 2013-2017 governmental plan on drugs, State and National Health Insurance Fund contributions were estimated at 2.16 billion euros.

In 2016, State and National Health Insurance Fund contributions (credit disbursed) account for 0.1% of gross domestic product (GDP), with 52% of the total for demand reduction initiatives, 47% for supply reduction activities and almost 1% of resources allocated to cross-disciplinary activities (coordination and international cooperation).

Unlike the previous action plan which had an allotted budget, the 2018-2022 national action plan on addiction does not provide any information on budget relating to the implementation of its measures. However, additional funding is envisaged (2019 finance bill).

T1.4.2 Optional. Please provide a breakdown of estimates of drug related public expenditure in accordance to the standard table on public expenditures or in the table below. If possible, please use table IV to break the information down according to COFOG classification (or Reuters classification) of expenditure by Labelled, Unlabelled and Total expenditures. Where not possible please enter the classifications relevant in your country, with an explanation.

The bulk of drug-related expenditure is not identified as such in the public accountability documents ('unlabelled') and must be estimated. Since 2008, each Ministry provides an estimate indicating the budget to be allocated to the prevention of and fight against drugs (Premier ministre 2017). Much of the public health expenditure is covered by the social security system. Because of the methodological difficulties, only the labelled expenditure of the social security system is included in the estimate below. It includes expenditure for funding the specialised agencies providing treatment and harm reduction services and implementing prevention, recovery and social reintegration's activities (CAARUD, CSAPA and TC). The expenditure relating to the funding of medical-social facilities specialising in addiction medicine is directly provided by the Regional Health Agencies (ARS) based on the funds disbursed. The specific funding for trialling two drug consumption rooms (DCR) provided for in the [Health system reform law of 26 January 2016](#) should also be added for 2016 (see Harms and Harm Reduction workbook). This trial in Paris and Strasbourg is financed by the French national fund for prevention, education and health information (FNPEIS) of the National Health Insurance Fund. Hospitals supplement addiction treatment through additional funding from the National Health Insurance Fund for Addiction Liaison and Treatment Teams (ELSA) and hospital addiction medicine clinics, together with reimbursements for opioid substitution medications. Lastly, in 2016, in the context of access to care for inmates suffering from addictive behaviours, the General Directorate of Health Care Supply (DGOS) allocated additional funding, prompted by specific plans, for the

implementation of trial programmes (drug user rehabilitation unit (URUD) and PRI2DE project - see Prison workbook).

Table IV. Break-down of drug related public expenditure (credits executed in 2016).

Expenditure	Year	COFOG classification	National accounting classification	Trace (Labelled, Unlabelled)	Name of the programme
14 383 689	2016	01.3 - General services	129	Labelled	Coordination of government activities
2 070 000	2016	01.3 - General services	209	Unlabelled	Solidarity with developing countries
638 361	2016	01.3 - General services	105	Unlabelled	Action by France in Europe and throughout the world
691 205	2016	01.3 - General services	307	Unlabelled	Coordination of the safety of individuals and goods ("Drugs and drug addiction" project manager network)
107 083	2016	09.4 - Tertiary Education	163	Labelled	Youth and community life
4 645 559	2016	09.1 - Pre-primary and primary education	140	Unlabelled	Primary State school education
113 886 407	2016	09.2 - Secondary Education	141	Unlabelled	Secondary State school education
10 938 111	2016	09.2 - Secondary Education	143	Unlabelled	Technical agricultural training
160 278 944	2016	09.2 - Secondary Education	230	Unlabelled	Student life
4 600 000	2016	09.8 - Education n.e.c.	207	Unlabelled	Road safety and education
639 744	2016	09.8 - Education n.e.c.	147	Unlabelled	Urban policy
250 000	2016	09.4 - Tertiary Education	142	Unlabelled	Agricultural higher education and research
1 282 334	2016	07.5 - R&D Health	172	Labelled	Multidisciplinary technological and scientific research
7 395 352	2016	07.4 - Public Health services	204	Unlabelled	Prevention, health safety and health care delivery
9 486 000	2016	07.4 - Public Health services	219	Unlabelled	Sport
84 000	2016	07.4 - Public Health services	123	Labelled	Overseas living conditions
400 790 000	2016	07.4 - Public Health services	Social security Budget	Labelled	Specialised healthcare expenditure
109 816 125	2016	0.7.1 - Medical products, appliances and equipment	Social security Budget	Labelled	Reimbursement for opioid substitution medication by the National Health Insurance Fund
325 356 688	2016	07.3 - Hospital services	Social security Budget	Labelled	Hospital healthcare expenditure
7 025 239	2016	10.4 - Family and Children	304	Unlabelled	Social inclusion and protection of individuals (change in wording in 2016)
184 095 663	2016	03.1 - Police services	176	Unlabelled	National police force
2 888 050	2016	03.3 - Law courts	182	Unlabelled	Judicial youth protection service
139 297 175	2016	03.3 - Law courts	166	Unlabelled	Justice
2 861 768	2016	03.4 - Prisons	107	Unlabelled	Prison authorities
487 000 000	2016	03.6 - Public order and safety n.e.c.	302	Unlabelled	Facilitation and safeguarding of exchanges

Expenditure	Year	COFOG classification	National accounting classification	Trace (Labelled, Unlabelled)	Name of the programme
220 147 928	2016	02.2 - Civil defence	152	Unlabelled	National <i>Gendarmerie</i>
14 980 569	2016	02.2 - Civil defence	178	Unlabelled	Preparation and use of forces

Source: (Premier ministre 2017)

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 drug policy 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.

T3.1 Please report notable new drug policy developments since last report (e.g. open drug scenes, NPS specific strategies, changing policy context of national drug strategy, cannabis policy etc.).

A new 2018-2022 national action plan on addiction, drawn up by MILDECA, was adopted in December 2018 (see section T 1.1.1).

While 2017 was an opportunity for several candidates in the presidential election to express their desire to change the 1970 law on narcotics use [[Loi n°70-1320 du 31 décembre 1970 relative aux mesures sanitaires de lutte contre la toxicomanie et à la répression du trafic et de l'usage illicite des substances vénéneuses](#)], the Law Commission of the French National Assembly decided, on 2 August 2017, on the creation of an information task force to examine the pertinence of resorting to the criminal fine procedure (which already exists for two driving offences) to penalise illicit drug use.

Following discussions with various stakeholders in the field, the task force issued its information report in January 2018 (Poulliat and Reda 2018). Of the two rapporteurs, one recommended the introduction of a criminal fine with special regulations in the event of subsequent offence, while the other recommended the introduction of a class 4 or class 5 misdemeanour (subject to a fine of EUR 150 to 200).

Submitted before the Council of Ministers in April 2018, the 2018-2022 justice system programme bill provides for the creation of a criminal fine and is expected to be examined in autumn 2018 (see Legal framework workbook).

These various steps contributed to the debate on the possible changes in cannabis legislation, in a context of international changes notably reported by the Cannalex project (<https://www.ofdt.fr/europe-et-international/projets-internationaux/cannalex/>). The report on this research, conducted by the National Institute for Advanced Studies in Security and Justice (INHESJ) in partnership with the French Monitoring Centre for Drugs and Drug Addiction (OFDT), was published in October 2017 (Lalam *et al.* 2017). It proposes a comparative analysis of the experience gained from cannabis regulations in Colorado and Washington State in the US, and in Uruguay. This research has received extensive comment.

Since 2018, the emergence of new substances described as containing cannabidiol (CBD) and shops selling these products in France has sparked wide controversy. MILDECA has led an interministerial working group based on this theme “*in order to publish legal and technical information validated by all of the authorities concerned*” (see : <http://www.drogues.gouv.fr/actualites/cannabidiol-cbd-point-legislation>). The main conclusions state that the varieties of hemp authorised for industrial and commercial purposes are regulated and fall within the scope of the French Public Health Code. The use and sale of hemp flowers or leaves, or substances obtained from these plant parts, are not authorised, regardless of the variety. E-liquids and other substances containing CBD are prohibited if they contain THC, regardless of the quantity, and if not obtained from authorised varieties and plant parts. No therapeutic properties can be claimed, particularly by the manufacturers and retailers of substances containing CBD. Lastly, all advertising claiming therapeutic properties are prohibited (except for medications having obtained marketing authorisation).

Aside from these issues largely centred on cannabis, the last year was marked by the creation, by MILDECA at the beginning of 2018, of a working group examining the crack issue. Owing to the greater visibility (particularly in underground stations) of trafficking and substance use in Paris and the surrounding suburbs, this group brings together State representatives, health authorities and the local judiciary, but also representatives from user associations and the Paris transport operator (RATP).

T4. Additional information

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

Please structure your answers around the following questions.

T.4.1 Optional. Describe additional important drug policy information, studies or data (e.g. brief overview of capital city’s drug policy/strategy), providing references and/or links.

No specific strategies or plans to combat drugs and addiction have been initiated at local level; these are, in fact, regional extensions of national policies, predominantly run by the regional health agencies (ARS) as part of their regional health plans, according to local issues (legal or illegal substances). Nevertheless, it is important to mention the role of the Metropolitan Mission for the Prevention of Risk Behaviour (MMPCR). Created in July 2013, the MMPCR implements the policy of Paris City Council and the Seine-Saint-Denis Departmental Council in the prevention of harmful behaviour. The mission addresses the stakeholders concerned in the Paris and Seine Saint Denis area (professionals in the field, institutional stakeholders, elected officials, etc.). MMPCR coordinates several harm reduction measures and prevention programmes in the Paris area. The “*Fêtez Clairs*” prevention scheme for the party scene and “*Démarche foyer*” are some examples.

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

T.4.3 Optional. Are you aware of any national estimate of the contribution of illicit drug market activity to the National Accounts? Please describe any sources of information, specific studies or data on the contribution of illicit drug activity to national accounts. Where possible, please provide references and/or links.

Although this project was part of the governmental plan on drugs (2013-2017), the National Institute for Advanced Studies in Judicial and Safety (INHESJ) carried out research into "Drug money" with financial support from MILDECA to estimate the illegal drug market in France (Ben Lakhdar *et al.* 2016).

The researchers estimated that sales for 2010 ranged from 1.5 to 3.2 billion euros. This market is dominated by cannabis and cocaine.

- Cannabis sales are growing, essentially linked to the increase in retail price (+25% between 2005 and 2010) despite competition between herbal cannabis and cannabis resin. This paradox is explained by the fact that the competition primarily focuses on the THC potency of the substances sold. This has increased considerably and, even at higher prices, the price/purity ratio is lower, which makes the substances more appealing to users.
- The cocaine market has grown considerably, and the prevalence of use has increased three-fold (between 2005 and 2010). According to the authors' estimates, sales of this illegal substance doubled between 2005 and 2010. The retail price per gram of cocaine has been reduced to a third in 15 years, notably thanks to the significant increase in the quantities of drugs sent from South America to Europe. These changes are partly explained by the dynamic nature of supply which now prioritises the European market using "hubs", such as Spain and the Netherlands, along with Eastern Europe.
- The changes in the heroin and synthetic drugs market cannot be highlighted owing to the lack of reliable estimates over time. The key factor affecting the heroin market is the "competition" arising from the diversion of opioid substitution medications, which has thus decreased its profitability.
- As regards synthetic drugs (MDMA/ecstasy and amphetamines), this initial estimate shows that the market is relatively insignificant in France compared to certain European countries, and highlights the insufficient data in this particularly volatile category.
- Cutting agents are key elements in the drug economy. These enable higher margins in cocaine and heroin supply at all levels of the distribution circuit (from production to retail sales). Cutting agents also offset variations in available stock to avoid any impact on prices. According to the authors of this research, a black market for these cutting agents undeniably exists.

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.

T5.1 Please list notable sources for the information provided above.

Ben Lakhdar, C. (2007). Les dépenses publiques attribuables aux drogues illicites en France en 2005 (thème spécifique 1). In: Costes, J.M. (Ed.), 2007 National report (2006 data) to the EMCDDA by the Reitox National Focal Point France. New development, trends and in-depth information on selected issues. OFDT, Saint-Denis.

Ben Lakhdar, C., Lalam, N. and Weinberger, D. (2016). L'argent de la drogue en France. Estimation des marchés des drogues illicites en France. Rapport synthétique de la recherche "Argent de la drogue" à destination de la Mission Interministérielle de Lutte contre les Drogues et les Conduites Addictives (MILDECA). INHESJ (Institut

National des Hautes Etudes de la Sécurité et de la Justice), Paris. Available: https://www.inhesj.fr/sites/default/files/fichiers_site/communication/synthese_rapport_argent_de_la_droque.pdf [accessed 11/07/2017].

Bergeron, H., Hassenteufel, P., Lartigot-Hervier, L. and Roa Bastos, F. (2017). Evaluation de quatre actions du Plan gouvernemental de lutte contre les conduites addictives (2013-2017). SciencesPo, Paris. Available: https://spire.sciencespo.fr/hdl:/2441/5ripuidjeq85c8482h7r3pjefp?_ga=2.82562271.812959046.1529499036-104983781.1529499036 [accessed 23/07/2018].

Díaz Gómez, C. (2012). Tendances récentes des dépenses publiques relatives aux réponses apportées aux drogues (thème spécifique 2). In: Pousset, M. (Ed.), 2012 National report (2011 data) to the EMCDDA by the Reitox National Focal Point France. New development, trends and in-depth information on selected issues. OFDT, Saint-Denis.

Díaz Gómez, C. (2013). Estimation des dépenses publiques en matière de lutte contre les drogues. In: OFDT (Ed.), Drogues et addictions, données essentielles. OFDT, Saint-Denis.

Kopp, P. and Fenoglio, P. (2004). Coût et bénéfices économiques des drogues. OFDT, Saint-Denis. Available: <https://www.ofdt.fr/publications/collections/rapports/rapports-d-etudes/rapports-detudes-ofdt-parus-en-2004/cout-et-benefices-economiques-des-drogues-juin-2004/> [accessed 23/07/2018].

Kopp, P. and Fenoglio, P. (2006). Le coût des traitements et de la mise en œuvre de la loi dans le domaine des drogues. OFDT, Saint-Denis. Available: <https://www.ofdt.fr/publications/collections/rapports/rapports-d-etudes/rapports-detudes-ofdt-parus-en-2006/le-cout-des-traitements-et-de-la-mise-en-uvre-de-la-loi-dans-le-domaine-des-drogues-mai-2006/> [accessed 23/07/2018].

Kopp, P. (2015). Le coût social des drogues en France [The social cost of drugs in France]. OFDT, Saint-Denis. Available: <https://www.ofdt.fr/publications/collections/notes/le-cout-social-des-drogues-en-france/> [accessed 23/07/2018].

Lalam, N., Weinberger, D., Alimi, D., Obradovic, I. and Gandilhon, M. (2017). Executive summary of the Cannalex study results. INHESJ (Institut National des Hautes Etudes de la Sécurité et de la Justice) ; OFDT, Paris. Available: <https://en.ofdt.fr/BDD/publications/docs/ExecutiveSummaryCannalexEN.pdf> [accessed 08/08/2018].

MILDECA (2018). Alcool, tabac, drogues, écrans : Plan national de mobilisation contre les addictions 2018-2022. Mission interministérielle de lutte contre les drogues et les conduites addictives, Paris.

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 12/06/2018].

Poulliat, E. and Reda, R. (2018). Rapport d'information déposé [...] en conclusion des travaux d'une mission d'information relative à l'application d'une procédure d'amende forfaitaire au délit d'usage illicite de stupéfiants. Assemblée nationale,

Paris. Available: <http://www.assemblee-nationale.fr/15/rap-info/i0595.asp> [accessed 23/07/2018].

Premier ministre (2017). Document de politique transversale. Politique de lutte contre les drogues et les conduites addictives. Projet de loi de finances pour 2018. Ministère de l'action et des comptes publics, Paris. Available: https://www.performance-publique.budget.gouv.fr/sites/performance_publique/files/farandole/ressources/2018/pap/pdf/DPT/DPT2018_drogues.pdf [accessed 23/07/2018].

Secrétariat général des ministères chargés des affaires sociales (2017). Fonds d'intervention régional (FIR). Rapport d'activité 2016. Ministère des solidarités et de la santé, ARS, Paris. Available: http://solidarites-sante.gouv.fr/IMG/pdf/fir_rapport_activites_2016.pdf [accessed 31/07/2018].

As regards health expenditure falling within the scope of the Social Security Budget Act (LFSS), use of the National Health Insurance Fund Medic'AM database and the general overview of the FIR (regional intervention fund) campaign were necessary:

- Medic'AM, CNAM-TS for the amounts reimbursed for opioid substitution medications.

This source provides the amounts reimbursed by the National Health Insurance Fund based on the medication retail price. The reimbursed amount relating to community pharmacy dispensing fees should be added as this has not been included in the reimbursed sums recorded in Medic'AM since 1 January 2015. This estimate was calculated by the OFDT.

- Regional intervention fund (FIR) (Secrétariat général des ministères chargés des affaires sociales 2017)

This source makes it possible to trace National Health Insurance Fund expenditure in the context of the FIR introduced by the Social Security Budget (LFSS) to finance addiction medicine liaison teams working in hospitals and the measures relating to the prevention of addictive behaviours. This fund brings together National Health Insurance Fund expenditure by the Regional Health Agencies (ARS).

As regards the cost of the medical-social system in the field of addiction medicine (CAARUD, CSAPA and therapeutic communities), the priority source is the "Transversal policy document. Policy against drugs and addictive behaviours" (DPT). Although this expenditure does not directly fall within the scope of the Budget Act, annual Social Security payments (funds disbursed) can be traced to specialised addiction medicine facilities for their annual operations, from the annexes of successive DPT. This information is sourced from the ARS directly responsible for the financial and accounting management of the subsidies paid.

T5.2 Where studies or surveys have been used please list them and where appropriate describe the methodology?

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