

Drug policy workbook

2019

France

Contributors

Cristina Díaz-Gómez, Julie-Émilie Adès (OFDT)

2019 National report (2018 data) to the EMCDDA by the French Reitox National Focal Point

Supervision: Julien Morel d'Arleux

Coordination and editorial: Aurélie Lermenier-Jeannet, Anne de l'Eprevier and Julie-Émilie Adès

Contribution to the workbooks

1. *Drug Policy*: Cristina Díaz-Gómez, Julie-Émilie Adès
2. *Legal Framework*: Caroline Protais, Cristina Díaz-Gómez, Aurélie Lermenier-Jeannet
3. *Drugs*: Olivier Le Nézet, Magali Martinez, Clément Gérôme, Julie-Émilie Adès, Stanislas Spilka, Michel Gandilhon
4. *Prevention*: Carine Mutatayi
5. *Treatment*: Christophe Palle, Anne-Claire Brisacier
6. *Best Practice*: Carine Mutatayi, Anne-Claire Brisacier, Christophe Palle
7. *Harms and Harm Reduction*: Anne-Claire Brisacier, Cristina Díaz-Gómez, Magali Martinez
8. *Drug Market and Crime*: Michel Gandilhon, Magali Martinez, Aurélie Lermenier-Jeannet, Victor Detrez
9. *Prison*: Caroline Protais, Anne-Claire Brisacier, Julien Morel d'Arleux
10. *Research*: Maitena Milhet, Isabelle Michot

Proofreading (French version): Julie-Émilie Adès, Julien Morel d'Arleux (OFDT); Nicolas Prisse, president of the Interministerial Mission for Combating Drugs and Addictive Behaviours, and the project managers of the MILDECA

Proofreading (English version): Anne de l'Eprevier

Bibliographic references: Isabelle Michot

Legal references: Anne de l'Eprevier

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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 T1.1.1

- 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 T1.1.2

- 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 T1.3

- Describe the main drug policy coordination mechanisms at the inter-ministerial; national, regional and local strategic and operational levels.

Summary of T1.4

- Please comment on the existence of annual drug-related budgets; their 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)

Driven by a clear public speech on the risks and harm that psychoactive substance use and high-risk use can cause, the 2018-2022 National Action Plan on Addictions, which was introduced by the government in December 2018, focuses on prevention and pays particular attention to the most vulnerable groups based on their age or other qualities that make them more at risk. It improves the quality of responses to the consequences of addiction for individuals and society and demonstrates a strong commitment to combatting trafficking. It suggests new measures for research, observation and developing international cooperation. Finally, it creates the conditions for effective public action in different regions, by improving coordination between different state departments and involving local authorities and civil society. 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 (generally the senior local government officers' general administrators of the "département") on a national scale guarantees the consistency of the implemented actions. Eleven of these are responsible for regional coordination.

Summary of new developments (250 words)

Approved by the French government in December 2018, the 2018-2022 National Action Plan on addictions, drawn up by the MILDECA, is currently in progress (MILDECA 2018).

With regard to the most recent highlights, 2018 was marked by the controversies surrounding the 2018-2022 draft law of the French Programming Act for Justice, which provides for the creation of a criminal fine procedure in the event that narcotic drugs are used. Furthermore, over the last year, topics specifically related to cannabis have dominated drug debates among French civil society stakeholders and their political representatives. At the end of June 2019, a committee of experts published its draft framework for five pathologies for an experimental phase of therapeutic cannabis, to begin in mid-2020. On 11 July 2019, the National Agency for Medicines and Health Products Safety (ANSM) announced its support for these proposals.

Meanwhile, the Council for Economic Analysis (CAE) published a memorandum on 20 June 2019 entitled "Cannabis: how can we regain control?" The authors recommended legalising the process, establishing a public monopoly on cannabis production and sales. In contrast to this view, the government immediately rejected the working assumptions of the Council for Economic Analysis. This recurring debate on French policy will probably continue with the implementation of a mission to research different cannabis uses announced for September 2019 in the National Assembly.

Apart from the issues that are largely centred around cannabis, crack cocaine remains a major concern in Paris, both in terms of health and public safety. At the end of May 2019, a new plan to combat this phenomenon was drawn up under the aegis of the regional prefecture with the help of the Paris City Hall, the Regional Health Agency (ARS) and the MILDECA.

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 2017, the total public expenditure on drugs and addictive behaviours was estimated to be €2.45 billion. The contribution from the State and National Health Insurance Fund represents 0.11% of the gross domestic product, with 50% of the total for demand reduction initiatives, 49% for supply reduction activities and almost 1% of the resources allocated to transversal activities (international cooperation and coordination). For the second year in a row, this estimate is up (by 10%), after the figure remained stable between 2014 and 2015 (+1%), following the decrease observed between 2013 and 2014 (by 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.

T1.1.1. List the titles and dates of all past national drug strategies and supporting action plans in your country in the following table, adding rows as needed.

Time frame	Title and web link	Scope (main substances / addictions addressed)
Introduced on 2 February 1983 (implementation period not specified)	Programme de 25 actions (web link not available but a summary in https://www.drogues.gouv.fr/la-mildeca/le-plan-gouvernemental/les-precedents-plans)	illicit drugs
Introduced on 17 September 1985 (implementation period not specified)	31 mesures de lutte contre la toxicomanie(web link not available but a summary in https://www.drogues.gouv.fr/la-mildeca/le-plan-gouvernemental/les-precedents-plans)	illicit drugs
Introduced on 9 May 1990 (implementation period not specified)	Programme d'actions de 42 mesures de lutte contre la drogue (web link not available but a summary in https://www.drogues.gouv.fr/la-mildeca/le-plan-gouvernemental/les-precedents-plans)	illicit drugs
Introduced on 21 September 1993 (implementation period not specified)	Plan gouvernemental de lutte contre la drogue et la toxicomanie (web link not available but a summary in https://www.drogues.gouv.fr/la-mildeca/le-plan-gouvernemental/les-precedents-plans)	illicit drugs
Introduced on 14 September 1995 (implementation period not specified)	Programme gouvernemental de lutte contre la drogue et la toxicomanie de 22 mesures (web link not available but a summary in https://www.drogues.gouv.fr/la-mildeca/le-plan-gouvernemental/les-precedents-plans)	illicit drugs
Introduced on 16 June 1999. Initially for a period of 3 years (1999-2001) but it remained in force until the next plan in 2004	Plan triennal de lutte contre la drogue et de prévention des dépendances (1999-2000-2001) https://www.drogues.gouv.fr/sites/drogues.gouv.fr/files/atoms/files/plan_triennal1999-2001.pdf	Alcohol, tobacco, psychotropic drugs and illicit drugs
Introduced on 30 July 2004 for 4 years (2004-2008)	Plan gouvernemental de lutte contre les drogues illicites, le tabac et l'alcool (2004-2008) https://www.drogues.gouv.fr/sites/drogues.gouv.fr/files/atoms/files/plan_2004-2008.pdf	Alcohol, tobacco, and illicit drugs
2008-2011	Plan gouvernemental de lutte contre les drogues et les toxicomanies 2008-2011 https://www.drogues.gouv.fr/sites/drogues.gouv.fr/files/atoms/files/plan_gouvernemental_2008-2011_fre.pdf English version: Combating drugs and drug addiction: Government action plan 2008-2011 https://bdoc.ofdt.fr/gestion/doc_num.php?explnum_id=18359	Alcohol, tobacco, diverted psychotropic drugs, doping and illicit drugs

Time frame	Title and web link	Scope (main substances / addictions addressed)
2013-2017	Plan gouvernemental de lutte contre les drogues et les conduites addictives 2013-2017 https://www.drogues.gouv.fr/sites/drogues.gouv.fr/files/atoms/files/plan_gouvernemental_drogues_2013-2017_df.pdf English version: Government plan for combating drugs and addictive behaviours 2013-2017 http://www.drogues.gouv.fr/sites/drogues.gouv.fr/files/atoms/files/plan_gouvernemental_drogues_2013-2017_eng_df_0.pdf	Alcohol, tobacco, psychotropic drugs, screens, Internet, gaming, doping and illicit drugs
2018-2022	Plan national de mobilisation contre les addictions 2018-2022 https://www.drogues.gouv.fr/sites/drogues.gouv.fr/files/atoms/files/national_plan_for_mobilisation_against_addictions_2018_-_2022_vdef_0.pdf English version: Alcohol, tobacco, drugs, screens: National plan for mobilisation against addictions 2018-2022 https://www.drogues.gouv.fr/sites/drogues.gouv.fr/files/atoms/files/national_plan_for_mobilisation_against_addictions_2018_-_2022_vdef_0.pdf	Alcohol, tobacco, psychotropic drugs, screens, Internet, gaming, doping and illicit drugs

T1.1.2. 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 addressed.

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).

The main orientations of the current French policy on drugs are included in the 2018-2022 national action plan on addiction, developed by MILDECA, which was validated 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.

The objective is to have 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.

The national action plan on addiction 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 is 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 based on the national strategy.

T1.1.3. Is there another national strategy/action plan on policing, public security, law enforcement, etc. that is not specific to drugs but also defines drug supply reduction/drug-related law enforcement in your country? Please insert its title, a link to the PDF and a short summary.

The 2018-2022 National Action Plan on Addictions was developed in line with 16 other strategic plans implemented by ministerial departments. The national plan measures are therefore based on measures for other national strategies on health, justice, education, police, sport, etc.

In 2019, the Ministry of Health and Solidarity has developed a roadmap for preventing and responding to opioid overdoses (Ministère des solidarités et de la santé 2019). (See T1.5.1 of the 2019 HHR workbook).

T1.1.4. Does your country have additional national strategy or action plan documents for other substances and addictions? If so, please complete the table below with their titles and links to PDFs. If possible, please include a short description of each.

Additional national strategy documents for other substances and addictions	
Alcohol	
Strategy title	No specific strategy
Web address	
Tobacco	
Strategy title	Programme National de Lutte contre le Tabac (PNLT) 2018-2022 [National Tobacco Control Program]
Web address	https://solidarites-sante.gouv.fr/IMG/pdf/180702-pnlt_def.pdf
Image and performance enhancing drugs	
Strategy title	No specific strategy
Web address	
Gambling	
Strategy title	No specific strategy
Web address	
Gaming	
Strategy title	No specific strategy
Web address	
Internet	
Strategy title	No specific strategy
Web address	

Other additions	
Strategy title	No specific strategy
Web address	
*please include extra lines as necessary	

T1.1.5. Are there drug strategies/action plans also at the regional level? If yes, please specify at which level they exist (e.g. Länder, autonomous communities, counties) and complete the overview table below adding lines as necessary.

There is no regional plan to combat drugs and addiction, but in terms of implementing a plan on a national level, each regional prefecture (13 + 5 overseas) has drafted a regional "roadmap" in line with regional health agencies (ARS), local education authorities, judicial authorities and departmental prefectures. These roadmaps, validated by the MILDECA, will make it possible to implement the plan's measures at the regional and local level in accordance with each territory's priorities.

Region	Year	Title and web link	Scope (main substances / addictions addressed)	Pillars / action areas
Not concerned				

T1.1.6. Does the capital city of your country have a drug strategy/action plan? If yes, please state its full reference, website address and a short description of its scope (main substances / addictions addressed) and pillars/action areas and the main objectives addressed) If there is none and the national strategy or another strategy or key reports address the capital city's drug policy please describe that instead.

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 prefectures and also the regional health agencies (ARS) as part of their regional health plans, according to local issues (legal or illegal substances). Therefore, in response to the increase in crack cocaine trafficking and use in North-eastern Paris, for example, the prefecture of the Île-de-France region, the prefecture of Paris, the police prefecture, the MILDECA, the Regional Health Agency (ARS) and the city of Paris have decided to officially improve their cooperation and resource sharing through a multi-year action plan for 2019-2021. Structured around 4 main objectives: social and health support for users, accommodation, improving street outreach teams and better identifying the affected groups, the plan is divided into 33 operational actions. €3 million of funding is scheduled for each year (Préfecture de la région d'Île-de-France - préfecture de Paris *et al.* 2019).

T1.1.7. What elements of content (objectives, priorities, actions) of the latest EU drug strategy 2013-2020 and of the EU drug action plans (2013-16 and 2017-20) were directly reflected in your most recent national drug strategy or action plan?

Like the European strategy, the 2018-2022 National Action Plan on Addictions (MILDECA 2018) is based on an integrated, coherent and balanced policy involving reducing supply and demand and combining prevention, care, risk and damage reduction, integration, combatting trafficking, cooperation and research. In line with the EU strategy, the main objective of the French plan is to protect people from the health, social, safety and economic consequences of using and trafficking illegal products. In accordance with the fundamental principles of the European strategy, it also relies on scientific advances to establish its interventions, and particularly focuses on the most vulnerable groups.

T1.1.8. **Optional.** Please provide any additional information you feel is important to understand the governance of drug issues within your country.

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 the national action plan on addiction, the government emphasises the necessity of a 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.

T1.2.1. List the titles and timeframes of recent national drug strategy and action plan evaluations, and/or issue specific evaluations of initiatives that are considered as official representative assessments of the national drug strategy measures, providing links to PDFs.

The first evaluation conducted in France on government policy focused on the 1999-2000-2001 three-year plan (see <https://www.ofdt.fr/publications/collections/rapports/rapports-d-etudes/rapports-detudes-ofdt-parus-en-2003/evaluation-du-plan-triennal-de-lutte-contre-la-drogue-et-de-prevention-des-dependances-1999-2002-rapport-general-septembre-2003/>).

The three-year plan itself provided for the evaluation of its government policy. The selected programme evaluations were conducted by the OFDT in collaboration with the institutions concerned and carried out by independent teams. These five specific evaluations were supplemented by a general evaluation report which, in addition to the contributions of these works, included a variety of information that is likely to report on the degree of implementation of the planned actions. The 2004-2008, 2008-2011 and 2013-2017 plans also included evaluations but in the form of external monitoring entrusted to the OFDT, which was based on developing and monitoring a dashboard with key indicators. In addition, the 2013-2017 government plan for combatting drugs and addictive behaviour was also evaluated by an external team from the academic world. For this evaluation, four flagship measures from the 2013-2017 plan were selected: the "Student liaison officers on health" scheme which took place in a university setting; an experiment with people living in the south districts of Marseille (mothers, professionals, young people in insertion and pre-adolescents) and the local authorities (town hall, police, prevention associations concerned, etc.); the new partnership between the MILDECA and the National Family Allowance Fund (CNAF), set up to convey the main public communication campaign; and finally, two regional intervention programmes that focus on early prevention and management of foetal alcohol syndrome. The final evaluation report was released on 16 January 2018. These guidelines inspired the 2018-2022 National Action Plan on Addictions, which makes the double challenge of placing its actions in a long-term perspective and transversally integrating the factor of territories, in order to create a real local dynamic on the policy for preventing and combatting addiction. The current plan includes key indicator monitoring. This monitoring mission was entrusted to the OFDT. It is also intended to conduct an external evaluation.

In 2017-2018, the CIPCA oversaw the evaluation of 5 programmes or intervention measures on prevention for young people (school, training or recreational setting). All the evaluations, whether the results were conclusive, positive or had the opposite effect of what was expected, were released in 2019. [See on the OFDT website: <https://www.ofdt.fr/enquetes-et-dispositifs/promouvoir-levaluation-comme-support-de-la-qualite-en-prevention/>, the joint text with the MILDECA and French Public Health Agency (SpF).

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.

See T1.2.2 of the 2018 Policy workbook.

T1.2.3. 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

T1.3. 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, national, regional and local, strategic and operational, hierarchical relationships, and the ministries they are attached to. Please include a summary graphic.

See T1.3.1 of the 2018 Policy workbook.

T1.4. Drug related public expenditure

The purpose of this section is to outline what is known about drug related public expenditure.

T1.4.1. Report on drug-related expenditure: the procedure followed to approve drug-related expenditure; drug budgets attached to national policy documents 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, 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, 2013). Since 2008, State expenditure related to drug control has been presented annually in a budget document submitted to Parliament (Premier ministre 2019). 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).

Expenditure in 2017 was valued at 2.45 billion euros. This estimate is up for the second year in a row. This increase compared to 2016 (+10%) and 2015 (+9%) follows a period of stabilisation (+1% development observed between 2015 and 2014) after the decrease observed between 2014 and 2013 (-6%). In 2013, the year before the effective launch of the 2013-2017 governmental plan on drugs, the National Insurance Fund and State effort was estimated at 2.16 billion euros, which represents a 12% increase in public expenditure on drug policy and addictive behaviour compared to 2013.

Unlike the previous action plan which had an allotted budget, the 2018-2022 national action plan on addictions does not provide any information on budget relating to the implementation of its measures. However, it provides for additional funding through the creation of a national fund for combatting addiction to psychoactive substances by the Social Security Financing Act for 2019 ([Law n° 2018-1203 of 22 December 2018](#)).

T1.4.2. **Optional.** Breakdown the estimates of drug related public expenditure.

Use the Standard Table on public expenditure or Table IV to report data and break the information down according to supply, demand and transversal initiatives. Additionally, whenever possible use the COFOG classification, the Reuters classification or where not possible the classification applied in your country (with an explanation). Report also if estimates are based on Labelled or Unlabelled data. Last but not least, report Total expenditure.

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 2019). 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. Hospitals supplement addiction treatment through additional funding from the National Health Insurance Fund for Hospital-base Addiction Liaison and Treatment Teams (EHLA) and hospital addiction medicine clinics, together with reimbursements for opioid substitution medications.

In 2017, State and National Health Insurance Fund contributions account for 0.11% of gross domestic product (GDP, source [EUROSTAT](#)), with 50% of the total for demand reduction initiatives, 49% for supply reduction activities and almost 1% of the resources allocated to transversal activities (coordination and international cooperation).

Table IV. Break-down of drug related public expenditure

Expenditure	Year	COFOG classification	National accounting classification	Trace (Labelled, Unlabelled)	Name of the programme
15,339,227	2017	01.3 - General services	129	Labelled	Coordination of government activities
5,208,246	2017	01.3 - General services	209	Unlabelled	Solidarity with developing countries
596,377	2017	01.3 - General services	105	Unlabelled	Action by France in Europe and throughout the world
705,869	2017	01.3 - General services	307	Unlabelled	Coordination of the safety of individuals and goods ("Drugs and drug addiction" project manager network)
140,000	2017	09.4 - Tertiary Education	231	Labelled	University student life
123,000	2017	09.4 - Tertiary Education	163	Labelled	Youth and community life
5,450,785	2017	09.1 - Pre-primary and primary education	140	Unlabelled	Primary State school education
125,312,449	2017	09.2 - Secondary Education	141	Unlabelled	Secondary State school education
11,200,197	2017	09.2 - Secondary Education	143	Unlabelled	Technical agricultural training
162,013,197	2017	09.2 - Secondary Education	230	Unlabelled	Student life
6,388,000	2017	09.8 - Education n.e.c.	207	Unlabelled	Road safety and education
577,183	2017	09.8 - Education n.e.c.	147	Unlabelled	Urban policy
250,000	2017	09.4 - Tertiary Education	142	Unlabelled	Agricultural higher education and research
3,258,175	2017	07.5 - R&D Health	172	Labelled	Multidisciplinary technological and scientific research
6,807,000	2017	07.4 - Public Health services	204	Unlabelled	Prevention, health safety and health care delivery
9,917,000	2017	07.4 - Public Health services	219	Unlabelled	Sport
67,182	2017	07.4 - Public Health services	123	Labelled	Overseas living conditions
411,000,000	2017	07.4 - Public Health services	Social security Budget	Labelled	Specialised healthcare expenditure

Expenditure	Year	COFOG classification	National accounting classification	Trace (Labelled, Unlabelled)	Name of the programme
109,881,129	2017	0.7.1 - Medical products, appliances and equipment	Social security Budget	Labelled	Reimbursement for opioid substitution medication by the National Health Insurance Fund
367,792,366	2017	07.3 - Hospital services	Social security Budget	Labelled	Hospital healthcare expenditure
7,200,844	2017	10.4 - Family and Children	304	Unlabelled	Social inclusion and protection of individuals (change in wording in 2016)
345,391,830	2017	03.1 - Police services	176	Unlabelled	National police force
2,951,855	2017	03.3 - Law courts	182	Unlabelled	Judicial youth protection service
142,963,474	2017	03.3 - Law courts	166	Unlabelled	Justice
4,764,539	2017	03.4 - Prisons	107	Unlabelled	Prison authorities
486,000,000	2017	03.6 - Public order and safety n.e.c.	302	Unlabelled	Facilitation and safeguarding of exchanges
221,092,042	2017	02.2 - Civil defence	152	Unlabelled	National <i>Gendarmerie</i>
187,700	2017	02.2 - Civil defence	178	Unlabelled	Preparation and use of forces

Source: based on the Finance Draft Law for 2019 (Premier ministre 2019), the National Health Insurance Fund Medic'AM database and the directive of 9 May 2017 relating to the 2017 tariff and budget year for health care institutions.

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.

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

The year 2019 was marked by the effective implementation of the first "flagship" measures of the 2018-2022 National Action Plan on Addictions: increasing the localisation of state action by working with project managers for the region and department, involving certain local authorities in driving the local actions provided for in the plan with the support of the MILDECA, as well as important stakeholders in the French entrepreneurial world involved in distributing alcoholic drinks, and creating the addiction fund (see "Prevention" and "Research" Workbooks).

Several topics specifically related to cannabis have dominated drug debates among French civil society stakeholders and their political representatives over the past year. In November 2018, a white paper was published by various groups of physicians, users, judges and police officers to denounce the consequences on drug users' health and rights resulting from the 2018-2022 French Programming Act for Justice, which provides for the creation of a criminal fine procedure in the event of narcotics use. After the final adoption of the text by parliament on 18 February 2019, several parliamentary groups (from the right and the left) referred the entire text to the Constitutional Council. In this context, a group of 19 associations submitted an external contribution requesting that the article on the lump-sum fine be censored, which was considered to contradict certain constitutional principles (particularly the principles of separating powers, equality before the law and individualising penalties). The article concerned was not censored by the Constitutional Council and the law was ultimately promulgated in the Official Journal on 24 March 2019 ([Loi n° 2019-222 du 23 mars 2019 de programmation 2018-2022 et de réforme pour la justice](#) [law on programming 2018-2022 and reform for justice]) (see Legal framework workbook). This provision is expected to enter into force after the implementing decrees have been published.

With regards to cannabidiol (CBD), in 2018 the MILDECA led a working group, recalling in particular that it is prohibited to present CBD-based substances as having therapeutic properties and to advertise them (<https://www.drogues.gouv.fr/actualites/cannabidiol-cbd-point-legislation>). Several cannabidiol retailers are currently being prosecuted. However, in a case concerning a company that marketed CBD as e-liquid, the Court of Appeal in charge of the case brought an action before the European Union Court of Justice (https://www.lemonde.fr/societe/article/2018/10/23/cigarette-electronique-au-cbd-la-cour-d-appel-d-aix-en-provence-saisit-la-justice-europeenne_5373549_3224.html) which will have to adjudicate, which could possibly lead to changes in regulations.

In terms of therapeutic cannabis, the National Agency for Medicines and Health Products Safety (ANSM) set up a temporary scientific committee on therapeutic cannabis in September 2018, which in December deemed it acceptable to authorise its use in certain therapeutic situations (see Legal Framework workbook). Six months later, at the end of June 2019, this committee of experts published its draft framework for five pathologies for an experimental phase, starting in mid-2020. On 11 July 2019, the ANSM announced its support for these proposals, stating that "the agency and the Ministry of Solidarity and Health are already starting the necessary work to set up the experiment". This subject does not raise any major

controversy: the results of the OFDT's survey, EROPP (Survey on representations, opinions and perceptions regarding psychoactive drugs), which included a question on using cannabis for medical purposes, were published in April 2019 and showed that this idea was approved by 91% of respondents (Spilka *et al.* 2019).

This broad consensus is not reflected in the legalisation of cannabis, where, according to the same survey, 45% of respondents strongly or somewhat agreed. Furthermore, a minority of respondents (38%) were in favour of over-the-counter sales for cannabis such as alcohol or tobacco.

There therefore remains a distinct divide on these issues. It is in this context that the Economic Analysis Council, a pluralist body under the authority of the Prime Minister, published a memorandum on 20 June entitled "Cannabis: how can we regain control?" (Auriol and Geoffard 2019). The authors recommend legalising the process, establishing a public monopoly on cannabis production and sales which, depending on the situation, could create 20,000 to 80,000 jobs and bring in 2 to 2.8 billion euros to the French State, according to estimates.

On the day this was published, a bill proposing the creation of a Company for developing cannabis (SECA) was tabled by 17 parliamentarians in the National Assembly. It also proposed a ban on selling to minors and using the profits to fund risk prevention and reduction policy. At the same time, a forum of more than 70 people (physicians, economists, lawyers, elected officials) appeared in the weekly newspaper *L'Obs*, which had the headline "Cannabis: let's legalise it!", where they promoted the benefits of the State regulating the market.

Opposing this view, the government immediately rejected the Economic Analysis Council's working hypotheses through its spokesperson Sibeth Ndiaye: "*The government is not moving towards legalising cannabis.*" Physicians and professionals in addiction care have also expressed their reluctance, highlighting, among other things, the need to protect young people not only from somatic harm, but also damage to their psychiatric state and cognitive development. This recurring debate on French policy will probably continue with the implementation of a mission to research different cannabis uses announced for September 2019 in the National Assembly. It is expected that four committees (legal, social affairs, sustainable development, economic affairs) will be involved.

With regard to harm reduction measures, two highlights from 2019 were the adoption of the strategy to combat crack cocaine in the Île-de-France region and the amendments of the specifications for drug consumption rooms, which were initially only intended for injecting drug users, and now also allow access for users with a different route of administration (see the Harm reduction workbook for more details). At the end of May 2019, Paris City Hall announced the signing of a new control plan against crack cocaine (<https://www.nytimes.com/2019/08/18/world/europe/paris-crack-cocaine-la-colline.html?smid=tw-nytimes&smtyp=cur®ister=email&auth=register-email>) involving the police and regional prefectures, the Regional Health Agency (ARS) and the Interministerial Mission for Combating Drugs and Addictive Behaviours (Mildeca), among others. This plan, which will be implemented until 2021, particularly aims to promote the care route for users and to improve housing capacities, while guaranteeing residents' safety.

Examination of the situation regarding abuse and dependence on opioid painkillers on the other side of the Atlantic also draws French observers' attention. The unprecedented health crisis in the United States and Canada is very widely discussed and analysed. It is disproportionate by scale to what is reported in France. However, its coverage has helped bring to the public debate the subject of people overdosing and dying who were not initially drug users and who started out consuming these opioids as pain relief.

Finally, nitrous oxide (laughing gas) is a rare substance which has been reported to have become more prominent in recent years. The fact that it is easy to access explains its popularity with young people. Two bills (one in the National Assembly¹ and the other in the Senate²) that relay concerns about this consumption, were introduced in 2019. Both emanate from elected officials in the North, while Lille Metropolis seems to be particularly affected by this use. In addition, various municipalities have issued municipal legislative orders prohibiting the sale of the substance to minors.

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.

T4.1. **Optional.** Describe additional important drug policy information, studies or data, providing references and/or links.

In January 2019, the CSR (Corporate Social Responsibility) platform for "France stratégie", an organisation for studying, forward-thinking and evaluating public policies and proposals, under the authority of the Prime Minister, and upon request of the Mildeca, provided around fifteen guidelines to the government, companies, companies producing or distributing alcohol or tobacco and to professional federations, in order to promote a global approach to preventing and reducing risks in companies (see section T1.2.2 of the Prevention WB).

T4.2. **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

T4.3. **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.

See T4.3 of the 2018 Policy workbook.

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.

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

Auriol, E. and Geoffard, P.Y. (2019). Cannabis : comment reprendre le contrôle ? Conseil d'analyse économique (CAE), Paris. Available: <http://www.cae-eco.fr/Cannabis-comment-reprendre-le-contrôle> [accessed 07/08/2019].

¹ Proposition de loi visant à encadrer la vente de protoxyde d'azote et à renforcer les actions de prévention : <http://www.assemblee-nationale.fr/15/propositions/pion1590.asp> (accès le 09/08/2019)

² Proposition de loi tendant à protéger les mineurs des usages dangereux du protoxyde d'azote : <http://www.senat.fr/leg/pp18-438.html> (accès le 09/08/2019).

- Ben Lakhdar, C. (2007). Les dépenses publiques attribuables aux drogues illicites en France en 2005 (thème spécifique 1) [Public expenditures related to illicit drugs in France in 2005 (Selected issue 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.
- Díaz Gómez, C. (2012). Tendances récentes des dépenses publiques relatives aux réponses apportées aux drogues (thème spécifique 2) [Recent trends in drug-related public expenditure and drug-related services in France (Selected issue 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. (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].
- 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].
- MILDECA (2018). Alcool, tabac, drogues, écrans : Plan national de mobilisation contre les addictions 2018-2022 [Alcohol, tobacco, drugs, screens: National plan for mobilisation against addictions 2018-2022]. Mission interministérielle de lutte contre les drogues et les conduites addictives, Paris. Available: <https://www.drogues.gouv.fr/la-mildeca/le-plan-gouvernemental/mobilisation-2018-2022> [accessed 19/06/2019].
- MILDT (2013). Plan gouvernemental de lutte contre les drogues et les conduites addictives 2013-2017 [Government plan for combating drugs and addictive behaviours 2013-2017]. MILDT, Paris. Available: https://www.drogues.gouv.fr/sites/drogues.gouv.fr/files/atoms/files/plan_gouvernemental_drogues_2013-2017_df.pdf [accessed 10/08/2017].
- Ministère des solidarités et de la santé (2019). Priorité prévention. Rester en bonne santé tout au long de sa vie. Prévenir et agir face aux surdoses opioïdes. Feuille de route 2019-2022. Ministère des solidarités et de la santé, Paris. Available: https://solidarites-sante.gouv.fr/IMG/pdf/strategie_prevention_des_surdoses_opioides-juillet_2019.pdf [accessed 01/08/2019].
- Préfecture de la région d'Île-de-France - préfecture de Paris, Préfecture de police de Paris, MILDECA, ARS Ile-de-France and Ville de Paris (2019). Protocole de mise en œuvre du plan de mobilisation coordonnée sur la problématique du crack à Paris 2019-2021. Available: <https://www.iledefrance.ars.sante.fr/system/files/2019-05/crack-plan-2019-2021-33-mesures.pdf> [accessed 20/06/2019].
- Premier ministre (2019). Document de politique transversale. Politique de lutte contre les drogues et les conduites addictives. Projet de loi de finances pour 2019. Ministère de l'action et des comptes publics, Paris. Available: https://www.performance-publique.budget.gouv.fr/sites/performance-publique/files/files/documents/dpt-2019/DPT2019_drogues.pdf [accessed 07/08/2019].

Spilka, S., Le Nézet, O., Janssen, E., Brissot, A., Philippon, A. and Chyderiotis, S. (2019). Drogues : perceptions des produits, des politiques publiques et des usagers. *Tendances*. OFDT (131). Available: <https://www.ofdt.fr/publications/collections/periodiques/lettre-tendances/drogues-perceptions-des-produits-des-politiques-publiques-et-des-usagers-tendances-131-avril-2019/> [accessed 09/08/2019].

For health expenditure recorded in the Social Security Funding Act (LFSS), it was necessary to use the National Health Insurance Fund's Medic'AM database and the directives relating to the tariff and budget year for health care institutions:

- 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.
- Circulaire DGOS/R1 n°2017-164 du 9 mai 2017 relative à la campagne tarifaire et budgétaire 2017 des établissements de santé [Directive on the 2017 tariff and budget year for health care institutions] (NOR AFSH1714644J). Available: https://solidarites-sante.gouv.fr/fichiers/bo/2017/17-06/ste_20170006_0000_0078.pdf (accessed 08/08/2019)

Circulaire DGOS/R1 n°2019-111 du 07 mai 2019 relative à la campagne tarifaire et budgétaire 2019 des établissements de santé [Directive on the 2019 tariff and budget year for health care institutions] (NOR SSAH1913536C). Available: http://circulaire.legifrance.gouv.fr/pdf/2019/06/cir_44729.pdf (accessed 12/08/2019)

This source makes it possible to track National Health Insurance Fund expenditure under the Social Security Funding Act (LFSS) to finance the activity of addiction medicine liaison teams, specialised consultations and other expenditure specific to hospital addiction.

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) (Premier ministre 2019). 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?

EROPP: Survey on representations, opinions and perceptions regarding psychoactive drugs

French monitoring centre for drugs and drug addiction (OFDT)

Established in 1999, the EROPP telephone survey focuses on French people's representations and opinions on licit and illicit psychoactive substances, as well as any related public actions. The survey was conducted for the fifth time from 12 November to 18 December 2018, interviewing 2,001 individuals over the phone. The survey relies on quota sampling, an empirical method adapted to small samples (2,000 individuals or less) even if theoretically the results cannot be applied to the whole population. The 2018 survey was limited to people aged between 18 and 75 (unlike the previous ones that questioned a population aged between 15 and 75).

The IFOP survey institute was in charge of the data collection, using the computer-assisted telephone interview system (CATI system). Two randomly generated sampling frames of telephone numbers were established, the first being made up of landline numbers (45%) and the second of mobile numbers (55%).

The sampling design is based on data from the INSEE employment survey. The data was ensured representativeness based on the following criteria: age and sex, socio-professional category of the respondent, the region where the house is located and the size of the city.