

Prevention workbook

2019

France

Contributors

Carine Mutatayi (OFDT)

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

- National profile
- Summary of T1.1 on Policy and organization
 - overview of how prevention is addressed in your national drug strategy or other relevant drug policy document;
 - Highlight the organisations and structures responsible for developing and implementing prevention interventions in your country.
- Summary of T1.2 on prevention interventions:
 - Provide a succinct overview of prevention interventions in your country categorised by environmental, universal, selective and indicated prevention activities (focus on evaluated and evidence based activities, with examples of most important programmes implemented).
- Summary of T1.3 on quality assurance of prevention interventions: e.g. training, and accreditation of professionals and certification of evidence-based programmes, registries of interventions, conditional funding.
- Trends
- New developments

Policy and organisation

In France, the addictive behaviour prevention policy refer to licit (alcohol, tobacco and psychotropic medicines) and illicit psychoactive substances, but also to other forms of addiction (gambling, gaming). Under the State responsibility, this strategy is coordinated at central level by the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA) and implemented at local levels by deconcentrated services. General goals are not only to delay if not to prevent the onset of use, but also to curb addictive practices and the related abuses and risks. The 2018-2022 National Action Plan on Addictions emphasises the implementation of evidence-based approaches, particularly those focusing on psychosocial skills for children and adolescents, and on the early detection of addictive behaviours so that people in need can be guided more effectively to specialised support services.

In the prefectures, the MILDECA project managers outline, within the framework of regional roadmaps, their objectives to prevent addictive behaviour and share them with the State's territorial departments. They dedicate funding to prevention activities granted by the Finance Act and appropriated to them by the MILDECA as well as funding from the Interministerial Fund for Crime Prevention (FIPD). The intervention funding from the Regional Health Agencies (ARS), particularly the Regional Intervention Fund (FIR), and now the Fund for Combatting Addiction to Psychoactive Substances, constitute other sources of financing prevention.

At local level, school prevention activities are implemented by a range of professionals. Within the area of educative health pathway for pupils, school stakeholders are involved in commissioning, planning and implementing activities. In many cases, external interveners (NGO staff and/or specialised law enforcement officers) are solicited to address pupils. Prevention measures in schools focus on developing students' individual and social skills, teaching them to resist peer pressure and the temptation to drink and take drugs. Long-term educational projects are encouraged.

Prevention interventions

School-based universal prevention mostly in secondary schools and indicated prevention through the Youth Addiction Outpatient Clinics (CJC) which deliver 'early intervention' towards young users and their families (in 550 consultation points throughout France) are two pillars of the public responses. However, these previous years, preventive responses were enhanced towards priority publics, like youth in deprived urban areas, school drop-out kids and youth in contact with the judicial system. Major efforts have been made to develop collective prevention measures in the workplace as well (private companies and public services) beyond the remit of occupational

physicians. Environmental strategies to curb alcohol and tobacco use are well developed and have substantial political support. National media campaigns to prevent alcohol, tobacco or illicit drugs are regularly issued.

Trends & Quality assurance

During the 2010s, professionals and policymakers are showing increasing interest in the quality of prevention services and programmes offered and how to improve them. Prevention stakeholders are encouraged but free to refer to guidelines on drug prevention in school or other settings. The ASPIRE grid (Assessment and selection of prevention programmes arising from "EDPQS" quality standard overview) the French adaptation of the EDPQS, remains relatively unknown and appears to not be used very frequently. Since the end of September 2018, a directory of effective or promising prevention interventions that promote health « [Répertoire des interventions efficaces ou prometteuses en prévention et promotion de la santé](#) », managed by the French Public Health Agency (SpF), has been available and is still being expanded.

New development

The 2018-2022 National Action Plan on Addictions involves numerous new objectives in terms of prevention in the coming years.

T1. National profile

T1.1. Policy and organization

The purpose of this section is to

- Provide an overview of how prevention is addressed in your national drug strategy or other relevant drug policy document
- Describe the organisation and structure responsible for developing and implementing prevention interventions in your country
- Provide contextual information useful to understand the data submitted through SQ25 and SQ26.

T1.1.1. Please summarise the main prevention-related objectives of your national drug strategy or other key drug policy document (Cross-reference with the Policy workbook).

(T 1.1.1)

The main principles of the prevention policy are to prevent people from experimenting with drugs in the first place, or at least to delay first use, and to prevent or limit misuse or addictive behaviours whether they are related to psychoactive drugs or not (Internet, video games, gambling, etc.). The school-based universal prevention remains the preponderant field of development for drug prevention. The 2018-2022 National Action Plan on Addictions was adopted in December 2018 (MILDECA 2018) (see the Policy workbook for more details). Emphasis is generally placed on the need for evidence-based approaches, particularly those focusing on psychosocial skills, on the qualification of professionals in contact with young people in terms of early detection of addictive behaviours and awareness of the risks associated with alcohol use.

In school settings, the general intervention framework focuses on preventing addictive behaviour, which more generally falls within the province of health education. From now on, the framework for intervention should be a part of the health education pathway defined annually by each school, so as to plan the internal schemes for student health protection, educational activities related to the prevention of risk behaviour and teaching content relating to health in keeping with educational programmes.

The first national prevention plan known as "*Priorité Prévention. Rester en bonne santé tout au long de sa vie*" [Priority prevention. A lifetime of good health] was adopted in France in March 2018, comprising 25 key preventive measures to help French people stay in good health throughout their lives (Direction générale de la santé 2018). In keeping with the 2018-2022 National Action Plan on Addictions, it aims to improve information and prevention of substance use presenting a risk (alcohol, tobacco, and narcotics) during pregnancy, and to strengthen the partnership between educational institutions (middle and high schools) and Youth Addiction Outpatient Clinics.

T1.1.2. Please describe the organisational structure responsible for the development and implementation of prevention interventions.

Information relevant to this answer includes:

- Responsible institutional bodies and bodies of civil society
- the type of organisations delivering different types of interventions
- coordination and level of cooperation between the different actors involved (education, health, youth, criminal justice, academia, civil society)

(T 1.1.2)

Institutional bodies engaged in coordination and funding

The policies for preventing legal and illegal drug use are established by long-term Government plans, coordinated by the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA), and then adapted locally by its territorial representatives (usually the cabinet directors of the prefects, so-called "*chefs de projet*", see Drug policy workbook, part T1.3.1). The 2018-2022 National Action Plan on Addictions has been developed in the form of regional roadmaps by working with various different sectors, particularly with the Regional Health Agency, the rectorate (regional education authority) and the legal authorities. To implement these guidelines, the prefectures have several drivers at their disposal, including the policing powers of the senior local government officer and funding, appropriated by the MILDECA to the prefectures, for local action to prevent addictive behaviour, mainly selected by annual calls for tenders. Governmental priorities can be mirrored by or enhanced with national programmes from various ministries (of National education or Health in particular) or regional plans (e.g. from Regional Health Authorities, ARS).

Santé publique France (SpF) has the mission of effectively protecting public health, by acting on decisive factors for health, and places the fight against social inequality at the very centre of its priorities. Its responsibilities include promoting health and reducing health risks, together with developing prevention and education for health. The agency has a scientific and expert role in the field of health. The Health Promotion and Prevention Division within the National Public Health Agency brings its focus into two main lines of action: a) as a support for national health policies through both scientific expertise and population-oriented media campaign activities towards population to promote healthy lifestyle choices (TV, radio, Internet & social networks, bill boarding...) and b) as a support for regional policy or practitioner networks especially through the surveillance and monitoring of the population health. In this remit, SpF has to develop evidence-based interventions for prevention and health promotion. This strategy involves effectively using theoretical health prevention/promotion knowledge and developing evidence-based schemes based on data. Thus, SpF and the MILDECA accompany the experimental transfer of several international evidence-based programmes to local French context: e.g., *Unplugged*, Good Behavior Game-GBG, *Nurse Family Partnership-NFP* (entitled PANJO in France), *Strengthening Families Program-SFP*. Since autumn 2018, the Agency has also provided a Directory of Evaluated Interventions on its website (see T1.3) : <https://www.santepubliquefrance.fr/a-propos/services/interventions-probantes-ou-prometteuses-en-prevention-et-promotion-de-la-sante/repertoire-des-interventions-efficaces-ou-prometteuses-en-prevention-et-promotion-de-la-sante> [accessed 05/08/2019].

The Regional health authorities (ARS) define regional public health programmes which generally provide for lines of actions to curb health issues whether related to licit (alcohol, tobacco) or illicit drugs. They can be additional sources of drug prevention granting.

In secondary schools, including those of agricultural education, headmasters are relatively free to determine their level of commitment to prevention, even though they are strongly encouraged by their supervisory administrations (at regional and/or central levels) to invest in such efforts as local administrative authorities provide head teachers with recommendations based on ministerial guidelines. Hence, establishing Academic Health and Citizenship Educational Committees (CAESC) and departmental Health and Citizenship Educational Committees (CDESC) is an additional way of taking action. In each of the 17 academic regions, the CAESC, chaired by the Rector, outlines the strategic guidelines of the health and citizenship education policy. Prevention actions can be better coordinated, more comprehensive and better adapted to students' specific needs. Innovative programmes can be introduced. This strategy is carried out by involving interministerial partnerships, particularly ARS after agreements have been signed. The CAESC brings together the rector's consulting physician and nurse, ARS representatives, school directors, high school students from the high school council (CVL) and representatives of the students' parents. The CDESC, chaired by the Academic Director of Departmental National Education Services (IA-DASEN), relays the guidelines made in the CAESC, with regard to the territorial priorities outlined for young people by local political measures (regional health policy, priority education, urban policy), for managing conditions in the territory as closely as possible. Whether academic, departmental or local, CESC work together to introduce a school that promotes health both in primary and secondary education.

In 2018, the Student Prevention Conference was created to support the development of measures promoting behaviour that is good for student health, in line with national public health plans and the Student Plan (Ministère de l'Education nationale and Ministère de l'Enseignement supérieur de la Recherche et de l'Innovation 2017). Under the aegis of the general managers in charge of higher education, health and health care supply, the Student Prevention Conference brings together the MILDECA, the National Health Insurance Fund, university presidents, the National Centre for University and School works, student associations and student health insurances, the ARS and the French Public Health Agency, among others. The Conference aims to boost prevention policies for students by sharing knowledge and resources.

Organisations delivering interventions

Public services have the remit of implementing drug use prevention initiatives, but prevention programmes are often implemented by associations or NGOs.

Since 2006, preventing addictive behaviour may also rely on in the basic missions of the French education system through the "common base of knowledge and skills" ("socle commun de connaissances, de compétences et de culture") which encompasses all of the knowledge, skills, values and attitudes that every pupil must master by the end of mandatory schooling. Consequently, the educational, social and health school staffs are quite involved in coordinating prevention or even implementing prevention towards pupils, although external practitioners from prevention or health education NGOs and specially-trained law enforcement officers (FRAD and PFAD, respectively from gendarmerie or police) are most often entrusted to implement prevention actions (see the Best Practices workbook). By now, drug prevention is integrated in the educative health pathway for pupils (PES) which is defined in each secondary school by the Health and Citizenship Education Committees (CESC) (chaired by the school principal).

Actions intended for students in higher education are organised by (Inter) University Preventive Medicine and Health Promotion Services, S(I)UMPPS. Student associations and complementary student health insurance companies also participate in this area.

T1.1.3. **Optional.** Please provide a commentary on the funding system underlying prevention interventions.

Information relevant to this answer includes:

- alcohol and gambling taxes, confiscated assets
- quality criteria linked to funding

(T 1.1.3)

Since 1995, sales of assets seized through drug-trafficking repression have been turned over to the Narcotics support fund, under the MILDECA management. Most of the amount (90%) is used by the ministries of Interior, Justice and Customs for anti-trafficking purposes and prevention actions in custodial settings, while the remaining 10% are earmarked for prevention actions by the MILDECA.

With these funds, in 2018, MILDECA issued a national call for projects destined for local authorities: "*Conduire à l'échelle d'un territoire une action globale en direction des jeunes contre les consommations à risqué d'alcool, de cannabis et de tabac*" [Implementing a nationwide global action programme aimed at young people, targeting at-risk alcohol, cannabis, and tobacco use]. Eleven projects have been funded in this context, amounting to nearly one million euros. A second call for projects was launched in spring 2019. These calls for projects aim to support candidate cities in developing an integrated prevention policy, working with citizens to prevent at-risk behaviour related to psychoactive substances among young people (unsafe use or being involved in narcotic trafficking). Special attention is paid to improving compliance with the ban on selling tobacco and alcoholic products to minors (under 18s). An agreement is signed by each of the cities that won the call for projects and the MILDECA. The implementation of integrated prevention policy projects is monitored by a control committee that approves the various stages of the project.

With regards to funding for intervention that has been granted to them by the Finance Act, the MILDECA appropriates these funds to prevention, health, research and international cooperation actions and delegates nearly three quarters of these funds to the MILDECA project managers to finance local actions for combatting drugs and addictive behaviour (nearly 8.5 million euros).

The Tobacco Fund, which became the Fund for Combatting Addiction to Psychoactive Substances in 2019, is now a major source of funding in preventing addictive behaviour. Managed by the National Health Insurance Fund, this funding is mainly provided by levies on tobacco products for a total sum of 120 million euros in 2019 ([Arrêté du 2 août 2019 fixant la liste des bénéficiaires et les montants alloués par le fonds de lutte contre les addictions liées aux substances psychoactives au titre de 2019](#) [Legislative order of 2 August 2019 establishing the list of beneficiaries and sums appropriated by the 2019 Fund for Combatting Addiction to Psychoactive Substances]). It is governed by the National Health Insurance Fund, the MILDECA, the National Health Directorate (DGS), the Directorate of Health care supply (DGOS) and the Directorate of Social Security (DSS). On a national level, this funding finances projects on a national scale which are promoted by civil society, social marketing operations and research projects (see Research workbook). Just over 30 million euros are appropriated to regional health agencies (ARS), as well as the ARS' own funding for intervention actions, for local prevention projects.

Various cross-territorial local programmes (concerning health, social exclusion, public safety and/or urban policy) also make it possible to redistribute public credits for drug use prevention. Furthermore, the identification of priority areas for education and urban planning (based on socioeconomic, housing quality and educational indicators) makes it possible to channel additional resources into vulnerable populations.

In particular, the Interministerial Fund for Crime Prevention (FIPD) is managed by the General Commissioner for the equality of territories (CGET). The Interministerial Committee on Crime and Radicalisation Prevention (CIPDR in French) defines priorities and steers the use of these credits. Since 2016, the FIPD is intended to finance the implementation of actions within the framework of the local Crime prevention Plans. For this purpose, a partnership was established between

MILDECA and CIPDR since 2017, with a view to promoting the joint funding, at department level, of preventive actions targeting young people at risk of falling into criminality ([Circulaire du 28 février 2019 relative aux orientations pour l'emploi des crédits du Fonds interministériel de prévention de la délinquance \(FIPD\) pour 2019](#)). This partnership aims to:

- preventing young people from getting into or continuing to work in drug trafficking, particularly by strengthening psycho-social skills;
- support for young people, particularly those who are imprisoned, living in poverty or at risk of a subsequent offence because they are using psychoactive substances, especially narcotics, mainly as part of the TAPAJ scheme (TAPAJ is a social integration program aimed specifically at street youth who struggle to find employment, see section T1.2.1).

Starting in the 2019-2020 academic year, students must pay the Campus and Student Life Contribution (CVEC) when they enrol in university. Collected by the regional centres for university and school works (CROUS), it amounts to €91. It was established by the "Student Success and Orientation" Law ([Law of 8 March 2018](#)) and it should make it possible to create, improve and develop various services, including:

- making it easier for students to access care on campus and renew the prevention policy;
- developing university health centres;
- implementing the student liaison officers on health scheme (ERS scheme).

T1.1.4. **Optional.** National action plan for drug prevention in schools

Note: a national action plan breaks down a national strategy into concrete actions, aims and requirements, often within a time frame. It needs not necessarily to be a separate document from a strategy.

- Does a national action plan exist, which regulates and coordinates the drug prevention specifically for schools?
 - Yes
 - No
 - Planned
 - No information
- If yes, give details on main principles of action and actors. What interventions are discouraged, which are promoted?
- If yes, which professionals and/or institutions are carrying out school-based prevention?
- Who is predominantly defining the contents of school-based prevention?
 - Each school
 - School authorities
 - Ministries in charge of schools
 - Health authorities / Ministries
 - Interministerial bodies
- Comments and explanations

There is no national action plan, which regulates and coordinates the drug prevention specifically for schools. The contents of school-based prevention is predominantly defined by school heads within the framework of the Health and Citizenship Education Committees (CESC) and the educative health pathway scheme based on general guidance provided by the ministry of Education. (See section T 1.2.2 for more on the educative health pathway scheme).

T1.2. Prevention interventions

The purpose of this section is to provide an overview of prevention interventions in your country.

T1.2.1. Please provide an overview of Environmental prevention interventions and policies.

Information relevant to this answer includes:

- alcohol and tobacco policies/initiatives (including at local level, where possible)
- delinquency and crime prevention strategies
- environmental restructuring, e.g. of neighbourhoods and of nightlife settings

(T 1.2.1)

Tobacco and alcohol legislation

Public consumption, manufacture, trade, sale and promotion of alcohol and tobacco have been largely regulated in France for a long time. The main provisions are contained in the 1991 "Évin" law ([loi n° 91-32 du 10 janvier 1991 relative à la lutte contre le tabagisme et l'alcoolisme](#) [law on the fight against smoking and alcoholism]) and its 1992 implementing decree ([décret n° 92-478 du 29 mai 1992 fixant les conditions d'application de l'interdiction de fumer dans les lieux affectés à un usage collectif et modifiant le code de la santé publique](#) [decree laying down the conditions for implementing the ban on smoking in places used for collective purposes]), as well as in the HPST Act of 2009 ([loi n° 2009-879 du 21 juillet 2009 portant réforme de l'hôpital et relative aux patients, à la santé et aux territoires](#) [law on hospital reform and on patients, health and territories]) and in the 2016 Act to Modernize Our Health System ([law n° 2016-41 of 26 January 2016](#)). All are included in the Public Health Code.

In summary, French legislation on tobacco and alcohol regulates:

- use in public places;
- the ban of selling to minors;
- manufacturing and packaging;
- advertising;
- lobbying ;
- tax on alcohol and tobacco products, governed by European directives and, in terms of French regulations, the General Tax Code (CGI) and the Social Security Scheme Code (CSS).

The following table summarises the main elements of the French regulatory framework.

Areas of French legislation constituting an environmental prevention framework for tobacco products, e-cigarettes and alcohol

With regards to the places and contexts for its use and protecting non-users, the law ...

Tobacco and electronic cigarette

- Has prohibited smoking in public places since 1992 (Evin Law), which in 2007 was extended to all restaurants, leisure areas, public transport or enclosed or covered workplaces, as well as all areas, whether they are covered or not, where minors are accommodated (Art. R. 3511-1 of the Public Health Code);
- Prohibits smoking in a vehicle in the presence of a minor (Art. R. 3515-4 of the Public Health Code);
- Prohibits smoking e-cigarettes in youth establishments, on public transport or in enclosed or covered community workplaces.

Alcohol	<ul style="list-style-type: none"> • Prohibits being publicly and visibly intoxicated, which is punishable by a 2nd class fine or imprisonment, if it is detected in a sports venue, particularly in the event of violence; • Authorises employers to regulate or even prohibit the consumption of alcoholic beverages in professional environments (Art. R. 4228-20 of the Labour Code); • Limits the blood alcohol level when driving a vehicle to 0.5g/l, or 0.2g/l for people learning to drive or with a provisional licence (Art. R. 234-1 of the Traffic Code).
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With regards to selling it to and protecting minors, the law ...

Tobacco and electronic cigarette	<ul style="list-style-type: none"> • Prohibits selling or freely distributing tobacco products to minors (including paper and filters) and e-cigarettes (Art. 36 and l. 3513-5 of the Public Health Code).
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Alcohol	<ul style="list-style-type: none"> • Prohibits selling or freely distributing alcoholic beverages to minors; • Prohibits selling or freely distributing alcoholic beverages for commercial purposes ("open bar") (Art. L. 3322-9 of the Public Health Code), except during traditional festivals or authorised tastings; • Prohibits encouraging minors to consume alcohol regularly or in excess or encouraging them to become intoxicated; • Prohibits temporarily offering alcoholic beverages at a reduced price (happy hour) without also offering non-alcoholic beverages at a reduced price over the same period (Art. L. 3323-1 of the Public Health Code).
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With regards to manufacturing and packaging, the law ...

Tobacco and electronic cigarette	<ul style="list-style-type: none"> • Regulates the composition of tobacco products and prohibits processes that give tobacco products specific auditory, olfactory or visual characteristics; • Regulates the packaging of tobacco products and provides for the mandatory inclusion of a health warning (image and text) on all packaging; • Imposes neutral and standardised packaging units and packages for tobacco products (cigarettes, roll-your-own tobacco) or related products (cigarette paper) (Art. L. 3511-6-1 of the Public Health Code). The brand inscription is limited in size, is very discreet and is always positioned in the same place on the packaging.
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Alcohol	<ul style="list-style-type: none"> • Enforces that a health warning saying "alcohol abuse is dangerous to health" is provided on alcoholic beverage packaging units; • Enforces the use of a "zero alcohol during pregnancy" pictogram on alcoholic beverage packaging units.
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With regards to advertising and promotion, the law ...

Tobacco and electronic cigarette	<ul style="list-style-type: none"> • Introduced a complete ban on advertising tobacco (including at points of sale, since 2016).
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Alcohol	<ul style="list-style-type: none"> • Limits alcohol advertising materials and content (e.g. prohibits advertising at the cinema and on the television) and specifies the authorised media or materials allowed (effectively prohibiting all those that are not stipulated); • Authorises the promotion of alcoholic products with a quality appellation or linked to cultural heritage (2016 law on health system reform); • Has authorised advertising alcohol online since 2009, through traditional internet formats (e.g. banners) on websites aimed at an adult audience, provided that the advertising is "neither intrusive nor interstitial".
<i>With regards to lobbying, the law ...</i>	
Tobacco	<ul style="list-style-type: none"> • Requires tobacco manufacturers, importers or distributors and their representative organisations or companies to provide a detailed report of their expenses related to lobbying and interest representation activities, namely: subcontracting costs, salaries, benefits in kind or in cash provided to members of governmental or ministers' offices, parliamentarians, employees, experts or civil servants, called upon to take action, prepare actions or advise public authorities on tobacco products.
<i>With regards to tax, the law ...</i>	
Tobacco	<ul style="list-style-type: none"> • Subjects tobacco products sold for retail or imported into mainland France to an excise duty, comprising a specific share per product unit or weight and a share proportional to the mean retail price (Art. 575 of the General Tax Code) • Provides for the approval of tobacco prices by a collaborative legislative order from the health and budgeting ministries (Art. 572 of the General Tax Code) • Imposes a 74% tax on manufactured tobacco, to the benefit of the supplementary budget for agricultural social security benefits (Art. 1609t of the General Tax Code).
Alcohol	<ul style="list-style-type: none"> • Provides for an excise duty borne by alcoholic beverages, in compliance with the minimum tax determined by the European Council (directive 92/83/CEE and directive 92/84/CEE). This excise duty is increased on the 1st of January every year in line with the growth rate of the consumer price index, excluding tobacco, recorded for the penultimate year (Art. 403 of the General Tax Code). • Allocates to the Old-age Solidarity Fund the proceeds from the excise duties relating to the alcoholic beverages referred to in Articles 402 bis, 403, 406 A, 438 and 520 A of the CGI (Art. 43 of the General Tax Code). • Introduces a contribution levied on alcoholic beverages to go towards the National Health Insurance Fund (Art. L245-7 of the Social Security Scheme Code) because of the health risks involved in excessively using these products. This contribution is levied as a resource for prevention, health and social action for social security funds. • Provides for a tax applied to alcopops for the National Health Insurance Fund, provided that the beverage's alcohol proof is higher than 1.2% vol. and less than 12% vol. (Art.1613 bis of the General Tax Code).

Delinquency and crime prevention strategies

Over the last years, delinquency and crime prevention strategy has been implemented towards addicted/drug user offenders, with the aim to enhance collaboration and communication between judicial and medico-social stakeholders. Thereupon, the MILDECA funds local projects each year, such as prison staff training in the management of addiction issues, detection and support of addicted people; and detainees' awareness raising on addictions.

The TAPAJ programme ("Travail alternatif payé à la journée", TAPAJ is a social integration program aimed specifically at street youth who struggle to find employment) described in the 2017 Prevention workbook is part of such initiatives (<http://www.tapaj.org/>). The new national strategy encourages stronger partnership between the programmes "TAPAJ" and "Un chez soi d'abord" ("Housing first") and other programmes that encourage similar approaches.

T1.2.2. Please comment on Universal prevention interventions as reported to the EMCDDA in SQ25 or complement with information on new initiatives (activities/programmes currently implemented) or interventions (particularly their contents and outcomes).

Comment, if applicable, on the relevance (i.e. number, money spent) of mass media campaigns

(T 1.2.2)

Universal prevention is the predominant route of drug use/abuse prevention in France, especially in school settings, even though an extensive response to develop early intervention in the field of prevention has been developed since 2004, on the basis of the Youth Addiction Outpatient Clinics (CJC) (see T 1.2.4 and Treatment workbook).

Universal prevention in schools

In schools, the universal prevention of addictive behaviour is part of a global policy aimed at student and staff health and well-being: schools for health, which are based on the educative health pathway (PES) and categorised by the type of school, from nursery to high school. In order to reduce social inequalities in health and education and to promote all students being successful, the school for health must help create a calm and inclusive school environment, particularly through educational projects for developing life skills ([Circulaire n° 2016-008 du 28 janvier 2016 relative à la mise en place du parcours éducatif de santé pour tous les élèves](#) [Directive of 28 January 2016 on establishing an educative health pathway for pupils]).

From now on, addictive behaviour prevention is also organised within the framework of the guidelines outlined by the academic Health and Citizenship Educational Committees (CAESC) and departmental Health and Citizenship Educational Committees (CDESC - see T1.1.2).

With regards to student health, the national prevention plan adopted in March 2018 (Direction générale de la santé 2018) supports the principle of a health-promoting school. It supports the widespread implementation of the health education pathway (PES) to help schools promote health, and notably recommends partnering each establishment with a reference local CJC ([Note d'information du 7 juin 2019 relative au renforcement du partenariat entre les Consultations jeunes consommateurs et les établissements scolaires](#) [Information note of 7 June 2019 on strengthening the partnership between the Young Consumer Consultations and schools]), with a view to taking collective prevention action, or indeed holding advanced clinics within the establishment, with referrals to the CJC for young people in difficulty due to addictive practices (tobacco, alcohol, cannabis, screens, video games, etc.). The national prevention plan and the 2018-2022 National Action Plan on Addictions foresee the provision of a range of resources to help families in their role as prevention actors, through the "parents' kit", a national digital platform, revised in September 2018 (<https://mallettedesparents.education.gouv.fr/>, accessed 08/07/2019]). It provides parents and education professionals with information and advice to strengthen the bond among people involved in educational success. Addiction resources can be accessed via the "well-being" section.

The 2018-2022 National Action Plan on Addictions aims to roll out validated programmes in each academic region, for developing psychosocial skills, both contributing to a healthy school environment and the prevention of at-risk behaviour, including addictive behaviours. These programmes should bring together the educational community and hence parents. The national prevention plan reflects these recommendations, by reaffirming the need to develop psychosocial skills in children and adolescents related to a common base of knowledge, skills, culture, and teaching.

To build on this, in autumn 2018, the MILDECA and the National directorate on school teaching (DGESCO) signed an agreement aiming to implement coordinated prevention programmes designed to improve students' psychosocial skills. Professionals working in this field will be able to rely on this national convention for implementing such programmes.

Since the early 2010s, various initiatives centred on psychosocial skills have been encouraged by the last three governmental action plans on addiction, including the current plan. Several validated programmes (evidence-based) have been adapted to a local level, such as:

- a) *Unplugged* implemented in the department of Loiret (Orléans and surrounding areas, see below), in the Île-de-France region (5 establishments), in the Bourgogne-Franche Comté region (6 establishments), in Martinique (3 establishments), and adapted in Isère by the PAD programme;
- b) the PRIMAVERA programme implemented in Aisne;
- c) the Good Behaviour Game (GBG) programme, which started in Alpes-Maritimes, is being developed in other territories, including, as of September 2019, a total of: 11 schools in Alpes-Maritimes and 4 in Var (in the Provence-Alpes-Côte d'Azur region), 3 schools in La Marne (Grand Est), 4 schools in Loiret (Centre-Val de Loire), 2 schools in Eure and Calvados (Normandy) and two schools in Seine-Saint-Denis (Île-de-France) with administrative number 93. Therefore, in September 2019, 9 new primary schools are taking part in the GBG programme and 3 schools that were already involved are training all their teaching teams in GBG.

In 2018, the PAD programme was introduced in 30% of middle schools in the Isère department, with the aim to cover 100% of the 69 middle schools in the department in 2019. The PRIMAVERA programme is currently being evaluated, with the results expected by the end of 2020.

The *Unplugged*-Loiret programme was evaluated in 2018 by SpF under a working agreement with MILDECA (Lericque 2019). Performance indicators were collected from a sample of 1,091 middle school students in 6th grade to 8th grade in 12 middle schools (66 classes) before and after the intervention (1 month and 3 months in). The use of psychoactive substances (lifetime use and recent use) by students participating in the programme (n=491) was compared to use by students not receiving any prevention intervention (n=600). The study shows the short-term effectiveness of the *Unplugged* programme in Loiret on psychoactive substance use and its directly targeted psychosocial factors (attitudes, psychosocial skills, social norms). It proved the programme had a protective effect with regards to recent use or lifetime use of cigarettes, cannabis and experiencing episodes of intoxication. The extent of the impact on recent use is higher than that of the initial European evaluation (Faggiano *et al.* 2008), which is certainly due to adhering more closely to the programme in Loiret : 83% of classes provided the full programme (compared to 56% in the initial assessment) and 94% of the targeted students were reached (compared to 78% in the initial assessment). For the Loiret programme, process data was collected at the end of each of the 12 sessions. Finally, the effects seem to be more significant for middle school students, who are more exposed to certain risk factors (how strict their parents are with regards to them using, a low academic level and a poor socio-economic environment). Therefore, *Unplugged* is a useful prevention tool for groups showing vulnerability factors. The Fédération Addiction (federative association of professional workers in addiction facilities) has been appointed to assist in developing *Unplugged* in five French regions.

Between 2015 and 2017, the US programme "Good Behavior Game" (GBG) was trialled in three primary schools in Alpes-Maritimes, including one in the high-priority education network (REP), within the framework of a project piloted by the Research Group on Social Vulnerability (GRVS) and supported by the local community. It involved 35 teachers and 660 pupils. The project is the result of a long process of raising awareness among local decision makers and educational professionals, which began in 2006 (Reynaud-Maurupt 2015). Skills transfer from the organisation holding the rights to the programme (*American Institutes for Research*, AIR) to GRVS was carried out to allow for the implementation of the GBG in France from the beginning of autumn 2017. Adapting the programme resources to the French context involved using a vocabulary corresponding more to the expectations of French teachers and students, expanding these resources, and also creating new documents (introduction manual intended for teachers, reference documents, posters, training slide shows). The pilot study analyses the quality of programme set-up and includes an acceptability study (Reynaud-Maurupt 2017). The first was based on three types of data: measurement of the changes in disruptive behaviour in each school, measurement of the changes in social and school skills of the most disruptive pupils, and ethnographic data. GBG has been generally well received by teachers and especially by pupils. The two-year pilot study in France (2015-2017) confirmed its beneficial impact on classroom management and on reducing aggressive and disruptive behaviour, allowing for a better school environment. An impact assessment has started in September 2018, under the methodological supervision of SpF on the autonomous sites.

Drug prevention sometimes falls within the scope of general approaches, such as promoting wellness, a health school environment or perseverance at school, liable to have an impact on psychosocial skills and behaviours beneficial to health. Examples were provided in the 2016 Prevention Workbook. The national prevention plan (Direction générale de la santé 2018) notably cites the ABMA "Aller Bien pour Mieux Apprendre" programme as an example, in terms of the widespread implementation of programmes for promoting health in the school setting, including the development of psychosocial skills, bringing together the educational community, including parents. This plan also provides for the introduction of an intervention charter to promote health in the school setting, in the autumn term of 2018, in order to ensure the ethical nature of the interventions.

The health service for students in the health field (40,000 young people in higher education) has been launched in September 2018. Due to the inclusion of a module on the design and implementation of health promotion actions in all health courses (medicine, nursing, pharmacy, etc.), students on these courses are required to carry out prevention actions, particularly in the school setting, with their closeness in age allowing them to discuss delicate issues, such as emotions, sexuality or addictions, more easily.

Universal prevention in the workplace

The third occupational Health Plan 2016-2020 acknowledges addictive behaviours as a multifactor risk (lying in both personal and professional mediators) requiring to implement collective prevention responses in the workplace (Ministère du travail de l'emploi de la formation professionnelle et du dialogue social 2016). In keeping with this third plan, the 2018-2022 National Action Plan on Addictions (MILDECA 2018) aims to ensure that managers and staff representatives are better informed and trained in the prevention of addictive behaviours in the workplace, notably by introducing a specific training module.

This also aims to generally implement early detection and brief intervention alongside workers and young people in vocational training or apprenticeships, notably owing to training courses for occupational physicians and nurses, organised by MILDECA since 2015 in partnership with the Ministry of Labour and the French School of Public Health (EHESP). Since 2015, two two-day sessions have trained 120 occupational health physicians and nurses in implementing a comprehensive approach to preventing addictive behaviour in the workplace based on:

- developing a collaborative prevention plan to address the risk factors in the company;

- implementing early identification and brief intervention for alcohol, tobacco and cannabis;
- and developing trainers' skills to increase training in the region.

The 2018-2022 National Action Plan on Addictions also sets itself the objective of promoting the prevention of addictive behaviours in small and medium-sized businesses (SME), for instance, by including the issue in negotiations in professional sectors, particularly those including small businesses.

It aims more effectively to identify professional categories or sectors which are most at risk, in order to develop targeted measures. The "Workplace accidents/Occupational diseases" (AT-MP) sector of the National Health Insurance Fund should roll out new incentives for preventing addictive behaviours under the employer's responsibility, notably regarding occupational driving risks.

The promotion of preventive approaches to alcohol and drug use in a professional setting is also based on the organisation of national conferences; the national event for addiction prevention in the workplace (JNPCAMP) was held on 17 May 2018 for the third consecutive year (the previous events took place in October 2015 and December 2016), under the auspices of MILDECA, the Ministry of Public Function and the Ministry of Labour, Employment, Vocational Training and Social Dialogue. The 2018 edition focused more specifically on the link between alcohol and work.

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 (Uzan *et al.* 2019). These include, for example:

- integrating the fight against addictive behaviour into future managers' initial training (business, management and engineering schools), as well as into the training day undertaken by future managers of alcohol or tobacco points of sale before obtaining their business registration;
- paying particular attention to their employees' quality of life at work and the vulnerability of young people (trainees, apprentices, work-study trainees), who are particularly exposed to this risk, as well as relaying messages from the national prevention campaigns in the company and participating in the action programmes provided by social protection organisations;
- including the amount spent on lobbying elected representatives and public policymakers, as well as the opinions presented, in the non-financial performance declaration, and training professionals, particularly cashiers, who come into contact with users on the ban on selling substances to minors;
- establishing an engagement letter for people working in the alcohol and tobacco production or retail sectors.

In 2019, a project is being developed which is funded by the MILDECA to create a partnership between the National Agency for the Improvement of Working Conditions (ANACT) and the National Association for the Prevention of Alcoholism and Addiction (ANPAA). The aim is to experiment - in certain regions and in different business sectors - with support for preventing addictive behaviour in companies and public services. This will be undertaken by these two partners with complementary skills in organising work/working conditions and addiction prevention.

The MILDECA is funding a cohort study (based on the national "Constances" cohort, which receives its data from the national health insurance fund) that aims to better document the links between occupational exposure to certain risks and addictive behaviour, as well as the consequences on people's professional career (particularly occupational injuries).

Universal prevention targeting specific population groups

The 2018-2022 National Action Plan on Addictions also identifies specific audiences as the targets of future universal prevention measures:

As regards women of child-bearing potential, this involves:

- Increasing information for young women on the risks of substance use during pregnancy. The national prevention plan also supports this new direction.
- Increasing awareness among health professionals in the medical/social sector, in marital and family counselling centres and in family planning centres, on these risks and early detection practices for situations involving substance use in women of child-bearing potential. These topics should be part of the early prenatal interviews.

As regards young people in vocational training, this involves:

- Encouraging the institutions offering vocational training and apprenticeships for young people to roll out regional action plans including awareness-raising and training actions for professionals, prevention programmes for young people, and referring these young people into early detection and care services (see T1.2.3).
- Informing young people starting employment or in training on the risks of addictive behaviours directly relating to the occupations and professional sectors in which they wish to work;
- Training professionals from community social centres (including local youth employment support schemes) in the early detection of addictive behaviours and appropriate referral.

As regards students in higher education, this involves promoting the involvement of university preventive medicine and health promotion services (SUMPPS) in the prevention of addictive behaviours, particularly binge drinking, tobacco and cannabis use, notably by supporting the development of the "student liaison officers on health" (ERS) scheme. ERS can now be trained at the same time as PACES students (First common core year for health studies), who are required to do the health service. This also involves improving education on road safety, concerning the risks related to the use of substances and psychoactive medicines among students, notably through training offered to student association leaders at all higher education institutions (measure falling within the scope of the Interministerial Road Safety Committee, CISR).

Two new driving forces for prevention in universities are being implemented in 2019: the Student Prevention Conference and the Campus and Student Life Contribution (see T1.1.2 and T1.1.3 respectively).

Media campaigns

No national media campaigns on illegal drugs took place between January 2018 and June 2019.

On World Foetal Alcohol Syndrome Awareness Day (09/09/2018), the French Public Health Agency (SpF) launched a one-month national information campaign in the press and online for the public and health professionals. The central message was that drinking any alcohol during pregnancy poses a risk to the foetus and can lead to various complications, which is why the precautionary principle of "zero alcohol during pregnancy" is in place. This campaign was turned down in the French overseas departments.

The "Mois sans tabac" [Month without tobacco] campaign, which has been organised every November since 2016 (inspired by the English programme Stoptober), and the World No Tobacco Day which has taken place on 31 May every year since 1988 under the aegis of the World Health Organisation, receive dedicated media coverage every year. Over the last few years, these campaigns have used social marketing approaches promoting "social disease": spreading ideas, attitudes or behaviours in a group by imitating others and conforming with them (Laws of imitation

by Gabriel Tarde, 1890). This is the case with the “Mois sans tabac” campaign which, as well as having a big public communication campaign, provides free tools (online service www.tabac-info-service.fr, help kit for quitting smoking) that aim to make it easier to stop smoking and take part in the campaign. A second example is the influence campaign for preventing foetal alcohol syndrome, led by bloggers and celebrities.

In March and April 2019, the French Public Health Agency launched an information campaign under the aegis of the Ministry of Solidarity and Health to remind the general public that all alcohol consumption involves risks and to promote consuming alcohol within the new recommendations, developed as part of the expert work carried out by SpF and INCa. The slogan "To look after your health, only consume a maximum of 2 glasses of alcohol a day and not every day" summarises these new advices. This scheme is based on a spot broadcasted on television, online video platforms and social networks, as well as radio columns and press inserts. A tool for evaluating alcoholic consumption and the risks involved, the Alcoholometer, is also available on the website www.alcool-info-service.fr.

T1.2.3. Please comment on Selective prevention interventions as reported to the EMCDDA in SQ26 or complement with information on new initiatives (activities/programmes currently implemented) or interventions (including their contents and outcomes).

(T 1.2.3)

Selective prevention aimed at audiences at greater risk than the general population is the result of dispersed local measures which has not been widely evaluated. Mainly taking place in at-risk neighbourhoods (outside the school setting) for illegal drugs or in urban recreational settings for alcohol, these actions are carried out by specialist associations or, more rarely, by law-enforcement services or Gendarmerie.

The 2018-2022 National Action Plan on Addictions identifies several avenues for selective prevention. It aims to particularly focus on children falling within the child welfare service (ASE) and judicial youth protection service (PJJ), and to emphasise prevention aimed at individuals referred by the justice system. It charges the MILDECA representatives (in prefectures) with accompanying the festive life and events to ensure criminality prevention and public safety, in the urban and rural areas. A guide for local authorities is being prepared to guide mayors and civil servants in implementing an integrated prevention policy in their territory, particularly when it comes to managing party events and venues.

School environment (secondary vocational education)

The National Cancer Institute (INCa) is conducting a call for tenders to support the deployment of the TABADO programme among young people attending vocational high schools, apprenticeship training centres (CFA) or rural family homes (MFR) in order to help young smokers quit smoking. The programme, developed by the Universities of Lorraine and Bordeaux, was initially tested in normal high schools and has been carried out in such schools since 2008. It consists of three elements: an initial information session for the whole class, and then for smokers who want to, individual consultations are available, where they will be provided with nicotine substitution treatment and motivational workshops. On being evaluated, this programme proved to be effective: the adjusted withdrawal rate (by age, gender, training route, dependency score, average amount of tobacco and cannabis smoked) was higher in the establishments that had experienced the TABADO intervention than in reference establishments (17% compared to 12%) (Minary *et al.* 2010; Minary *et al.* 2013). An implementation guide is available (Vallata and Alla 2019). The first deployment phase coordinated by INCa ran from September 2018 to June 2019 in 7 French regions, with 6 to 10 establishments per region. It allowed the intervention to be adapted to different contexts. To launch the second phase of deployment in all regions during the 2019-2020 school year, INCa published a second call for applications in spring 2019. An evaluation covers these experiments, particularly based on ex-ante and ex-post questionnaires given out to target audiences.

Recreational settings

The 2018 annual directive sent to MILDECA project managers reflects the 2018-2022 National Action Plan on Addictions by highlighting the need for "better guidance in the recreational nightlife scene" and for promoting "the collective management of health risks and associated disturbances in public order", both in the alternative recreational setting (e.g.: *free parties*) and in the urban setting, through charters on night life, mobile prevention, and partnerships with student associations [[Note du 18 décembre 2017 aux chefs de projets relative à l'organisation du réseau territorial de la Mildeca](#)].

Numerous French cities have drawn up charters with the professional representatives of nightlife establishments, the local police and prevention associations working in the party scene. Furthermore, there are various examples of local actions for alcohol and drug abuse prevention. In cities, most of the actions in the recreational context involve "seeking contact" and are carried out by associations at local level. Some large cities (which generally have a large student population) fund local teams to intervene in the "places of use". These include, for instance, the Noctambule scheme in Lyon, Noxambules in Angers, Festiv'attitude and Somm'en Bus (bus with a *chill out* area (for relaxation and reassurance) run by a harm reduction professional) in Bordeaux. These schemes provide guidance, prevention and harm reduction materials concerning alcohol, drugs, HIV, and sexuality.

In 2017, the European Forum for Urban Safety, in partnership with the MILDECA, published the « Alcool, ville et vie nocturne » [Alcohol, City and Nightlife] guide, which analyses and evaluates the actions and programmes implemented in eight French cities (Angers, Besançon, Bordeaux, Brest, Lille, Lorient, Nantes and La Rochelle) to combat the phenomenon of heavy episodic drinking (HED) or "binge drinking". The guide provides a variety of guidelines (FESU / EFUS 2017).

As a reminder, a national referee for festive events organised by the young people, placed under the responsibility of the interministerial delegate for youth, can advocate stakeholders in the territories where large-scale festive events are organized (e.g., teknivals, free parties, etc.) for a scaling-up of competencies. There is a governmental will of developing such profile of recreational event mediator in any County Service of Social Cohesion, with the specific aim of responding to training needs among event organizers.

Deprived neighbourhoods

There is an important territorial dynamic to develop selective prevention in sensitive or deprived neighbourhoods, specially Priority Security zones (ZSP), with the financial support from the MILDECA and the Interministerial Fund for Crime prevention (FIPD) through territorial representatives in prefectures.

The "Urban policy" Directorate has implemented an interactive mapping that allows spotting medico-social addiction structures in the defined priority districts in order to better refer young people to addiction specialised professionals and to develop prevention. This mapping is on the "Urban policy" Directorate website: <http://sig.ville.gouv.fr/Cartographie/1193>.

individuals referred by the justice system

The Judicial Youth Protection Directorate (DPJJ) confirmed its commitment to promoting general health for young people in its care, over the 2017-2021 period, by extending the implementation of the "judicial youth protection service health promotion" approach launched in 2013. The main objective is to allow these young people (minors) at risk, to take measures to protect their health, so as to take charge of their own lives, with addictions and mental disorders identified as severe hindrances to their chosen path.

In addition to the resources currently used (interactive health self-assessment tool, which also covers addictive behaviours, accessible at all judicial youth protection service establishments, prevention programme based on the "Kusa" manga (see details in the 2017 Prevention

workbook)), according to the National Action Plan on Addictions, this involves promoting the development of psychosocial skills in young people and empowering them and their families. For this purpose, the Ministry of Justice will propose quality criteria to select the actions requiring funding, the relevance of a long-term approach and complementary nature of stakeholders. Nationwide trials are encouraged thanks to the financial support of the Narcotics support fund.

As regards individuals referred by the justice system – outside or inside the prison setting, for minors (PJJ) or adults – the National Action Plan on Addictions supports the introduction of prevention programmes on tobacco and cannabis use and the elimination of the exposure to passive smoking, pursuant to the *Loi Evin*, as is the case outside prison.

The "Health for imprisoned people (2019-2021)" [roadmap](#) provides for a series of specific actions for promoting the health of inmates and minors in judicial youth protection service (PJJ) care: developing health promotion (action 4), student intervention (action 5), facilitating thorough health check-ups for young people in judicial youth protection services (action 6) and greater involvement in the tobacco-free month in prison and in the judicial youth protection centres (action 7) (See section T1.3.1 of the Prison Workbook).

At-risk families

With support from the MILDECA, several experiences of Multidimensional Family Therapy (MDFT) have been tested out as pilot stage in different places, including some judicial youth protection services. MILDECA will continue to support the MDFT method in regions not benefiting from an addiction medicine team trained in this approach, notably for young families dependent on cannabis, particularly among the very young or children with psychiatric or behavioural disorders. The 2018-2022 National Action Plan on Addictions envisages extending the implementation of validated programmes aiming to jointly develop psychosocial skills in young people and parenting skills, in particular the French adaptation of the *Strengthening Families Program-SFP* in France, entitled « Programme de soutien aux familles et aux parents » (PSFP) (see details in the 2017 Prevention workbook).

Selective prevention programmes aimed at children of addicts will be encouraged in the research-action framework, so as to reduce the high risk of developing addictive behaviours themselves.

T1.2.4. Please provide an overview of Indicated prevention interventions (activities/programmes currently implemented).

Information relevant to this answer includes:

- interventions for children at risk with individually attributable risk factors e.g. children with Attention Deficit (Hyperactivity) Disorder, children with externalising or internalising disorders, low-responders to alcohol, brief Interventions in school and street work settings, and in emergency rooms,...

T1.2.5. **Optional.** Please provide any additional information you feel is important to understand prevention activities within your country.

T1.3. Quality assurance of prevention interventions

The purpose of this section is to provide information on quality assurance systems such as training and accreditation of professionals and certification of evidence-based programmes, registries of interventions, and on conditional funding for interventions or service providers depending on quality criteria.

Note: cross-reference with the Best Practice Workbook.

T1.5.1. *Optional. Please provide an overview of the main prevention quality assurance standards, guidelines and targets within your country.*

The 2018-2022 National Action Plan on Addictions makes provision for major efforts in terms of training for professionals working on the front line in contact with young people, in psychosocial skill development or early detection and referral of young users (see T1.2.2). In its 2018 annual directive, laying down the objectives for project managers, published back in January 2018, MILDECA provided its nationwide representatives with methodological and operational support via an online toolbox, consisting of ASPIRE tools to help process applications for subsidies related to prevention programmes. As a reminder, the ASPIRE guide to selecting quality prevention programmes was adapted from EDPQS (<https://www.ofdt.fr/aide-aux-acteurs/prevention/grille-aspire-adaptation-francaise-des-edpqs-pour-la-selection-de-programmes-prometteurs/>). The

Ministry of Justice will propose the quality criteria to be selected for the actions requiring funding, alongside minors under judicial protection and their families, to help them develop their psychosocial skills. The long-term approach of the programmes and the complementary nature of internal stakeholders and external partners will be considered.

In September 2018, the French Public Health Agency published an online directory of effective or promising interventions for prevention and health promotion. In terms of addiction (alcohol, tobacco, illegal drugs), the directory provides access to a description of 21 prevention programmes assessed in France or approved abroad and that are being adapted in France : <https://www.santepubliquefrance.fr/a-propos/services/interventions-probantes-ou-prometteuses-en-prevention-et-promotion-de-la-sante/repertoire-des-interventions-efficaces-ou-prometteuses-en-prevention-et-promotion-de-la-sante> [accessed 05/08/2019] This directory is incomplete at this stage but must gradually be supplemented with validated national intervention programmes and local experiences, with reliability indicators.

T2. Trends

The purpose of this section is to provide a commentary on the context and possible explanations of trends in prevention within your country.

T2.1. Please comment on the main changes in prevention interventions in the last 10 years and if possible discuss the possible reasons for change.
For example, changes in demography, in patterns of drug use, in policy and methodology, in target groups or in types of interventions.

See T2.1 of 2018 workbook.

T3. New developments

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

(T.3.1)

New developments are clarified in the various sections throughout the document. This information is covered here for greater clarity.

Principle, policy and organisation (T1.1.1): The 2018-2022 National Action Plan on Addictions (MILDECA 2018) adopted in December 2018 for a 5-year period emphasizes the need for evidence-based approaches, particularly those focusing on psychosocial skills, the qualification of individuals in contact with young people in terms of early detection of addictive behaviours and awareness of the risks associated with alcohol use.

The first national prevention plan in France was adopted in March 2018 (Direction générale de la santé 2018). This reflects the 2018-2022 National Action Plan on Addictions as regards the relevance of programmes based on psychosocial skills to be implemented in the school setting and on the partnership between Youth Addiction Outpatient Clinics (CJC) and schools or judicial establishments working with young people.

In 2019, the Combatting Tobacco Fund became the Fund for Combatting Addiction linked to Psychoactive Substances ("Addiction Fund"), that is designed to finance studies and prevention initiatives and to support the implementation of programmes based on developing psychosocial skills, particularly the *Unplugged* and GBG programmes (see section T1.1.2). With regard to the university sector, the Student Prevention Conference was created in October 2018 to support and stimulate the development of actions promoting behaviour conducive to students' health, in line with national public health plans and the Student Plan (see section T1.1.2). As of the 2019-2020 academic year, the Student and Campus Life Contribution (CVEC), paid when matriculating, should make it possible to renew the prevention policy for students, among others, by developing university health centres and introducing the student liaison officers on health scheme (ERS) (see section T1.1.3).

Universal prevention (T1.2.2): The 2018-2022 National Action Plan on Addictions aims to roll out validated programmes for developing psychosocial skills in each academic region, liable to encourage a favourable school environment and prevent at-risk behaviour, including addictive behaviours.

Thanks to the national prevention plan, a digital platform was updated to support parents and education professionals: the "parents' kit". In autumn 2018, an agreement was signed between the MILDECA and the National directorate on school teaching (DGESCO) to support the academic services of the French Ministry of Education and schools by implementing evidence-based prevention programmes. This implementation process will be able to rely on new academic and departmental bodies to oversee actions with the aim to look after and improve students' health and give them a greater sense of belonging: the Academic Health and Citizenship Educational Committees (CAESC) and the Departmental Health and Citizenship Educational Committees (CDESC).

Since the 2018-2019 university year, as part of the "health service", students in the health field (40,000 in medicine, nursing, pharmacy, etc.) carry out prevention actions for risk behaviour, particularly in the school setting, with their closeness in age allowing them to discuss delicate issues such as emotions, sexuality or addictions more easily. For this purpose, a module on the design and implementation of health promotion actions has been included in all health courses.

"Student liaison officers on health" (ERS) can now be trained at the same time as PACES students (first common core year for health studies), who are required to do the health service. In January 2019, the "Corporate Social Responsibility" platform of the research and forward-thinking organisation "France stratégie", under the Prime Minister, published around fifteen guidelines in order to promote a global approach to preventing and reducing risks in companies. Finally, the National Agency for the Improvement of Working Conditions (ANACT) is partnering with the National Association for the Prevention of Alcoholism and Addiction (ANPAA) to develop "tailor-made" support measures for addiction prevention in companies and institutions.

Selective prevention (T1.2.3): As part of the new national strategy, the local representatives of MILDECA (*chefs de projet*) should better accompany the recreational night-life and festive events to promote the collective management of health risks and disturbances in public order in particular when associated with alternative recreational settings (e.g. free parties) as in the urban environment (e.g.: charter on night life, mobile prevention, partnership with student associations). A guide for local authorities is being prepared to guide civil servants in implementing an integrated prevention policy in their territory, particularly when it comes to managing party events and venues. The process for introducing the TABADO programme in secondary vocational education across the nation was initiated in September 2018 by the National Cancer Institute (INCa).

Quality assurance: Substantial efforts will be undertaken aimed at professionals on the front line in contact with young people for training them in developing psychosocial skills, early detection and referral to local support services.

In September 2018, the French Public Health Agency published an online directory of effective or promising interventions for prevention and health promotion. In terms of addiction (alcohol, tobacco, drugs), the directory provides access to a description of 21 prevention programs assessed in France or approved abroad and that are being adapted in France : <https://www.santepubliquefrance.fr/a-propos/services/interventions-probantes-ou-prometteuses-en-prevention-et-promotion-de-la-sante/repertoire-des-interventions-efficaces-ou-prometteuses-en-prevention-et-promotion-de-la-sante> [accessed 05/08/2019].

The national prevention plan (*Priority prevention. A lifetime of good health*) (Direction générale de la santé 2018) provides for the introduction of an intervention charter to promote health in the school setting, in the autumn term of 2018, in order to ensure the ethical nature of the interventions. The Ministry of Justice will propose the quality criteria to be selected for the actions requiring funding, alongside minors under judicial protection and their families, to help them develop their psychosocial skills. The long-term approach of the programmes and the complementary nature of internal stakeholders and external partners will be considered.

T4. Additional information

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

T4.1. **Optional.** Please describe any additional important sources of information, specific studies or data on prevention. Where possible, please provide references and/or links.

T4.2. **Optional.** Please describe any other important aspect of prevention that has not been covered in the specific questions above. This may be additional information or new areas of specific importance for your country.

T5. Sources and methodology

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

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

The report is mostly based on information reviewed by OFDT in collaboration with MILDECA representatives who are in relation with the involved Departments.

Direction générale de la santé (2018). Priorité prévention : rester en bonne santé tout au long de sa vie. Comité interministériel de la Santé. Dossier de presse - 26 mars 2018. Ministère des solidarités et de la santé, Paris. Available: https://solidarites-sante.gouv.fr/IMG/pdf/plan_national_de_sante_publique_psnp.pdf [accessed 19/06/2019].

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

Internet :

- ASPIRE Guide: <https://www.ofdt.fr/aide-aux-acteurs/prevention/grille-aspire-adaptation-francaise-des-edpqs-pour-la-selection-de-programmes-prometteurs/>
- The social reintegration TAPAJ programme (Paid by the day Alternative Job) has a website: <http://www.tapaj.org/>
- Experts' advice to renew public discourse on alcohol consumption: <https://www.santepubliquefrance.fr/les-actualites/2017/avis-d-experts-relatif-a-l-evolution-du-discours-public-en-matiere-de-consommation-d-alcool-en-france-organise-par-sante-publique-france-et-l-insti>