

# Best practice workbook 2019

*France*

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## Definitions

**Best practice:** the best application of the available evidence to current activities.

**Evidence base:** a concept imported from the medical field, defined as 'the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients' (Sackett, 1996). When applied to drug demand reduction, this refers to the use of scientific results to inform interventions decisions.

**Guidelines:** 'statements that include recommendations intended to optimise patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options' (Institute of Medicine, 2011).

**Protocols:** documents that specify the procedures to follow for the performance of certain tasks.

**Standards and quality standards:** principles and sets of rules based on evidence (Brunsson and Jacobsson, 2000), used to implement the interventions recommended in guidelines. They can refer to content issues, processes, or to structural aspects.

**Accreditation:** the process by which an institution delivering a service is independently assessed for quality against pre-defined criteria and standards, which are set by the accrediting body.

**Benchmarking:** the process of comparing service processes and performance to best practices from other services. Dimensions typically measured are quality, time and cost.

**Certification:** is a process to recognize that a specific service provider is in line with predefined quality standards.

## T0. Summary

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

Summary of T1.1.1

- State whether your National Drug Strategy addresses quality assurance.

Summary of T1.2.1

- Report the type of organization(s) responsible for quality assurance (or promotion of Best Practices) in your country.

Summary of T1.2.2

- State whether an accreditation system for intervention providers in drug demand reduction exists in your country.

Summary of T1.2.3

- State if an academic curricula or continuing education programmes for professionals working in the field of drug demand reduction exist in your country.

(T1.1.1) The new national action plan on addiction for the 2018-2022 period reaffirms the government's willingness to reinforce quality in public responses on the basis of observation, research, evaluation and a reinforced training strategy, with a special impetus on prevention. Under the prevention, care and research strategical pillars, it defines quality assurance objectives with regards to the promotion and the implementation of evidence-based knowledge, evaluation and skill raising through training and scientific mediation. The Interministerial Commission for the Prevention of Addictive Behaviours (CIPCA), that ceased its activities in 2018, reflects the political will of developing evidence-based prevention knowledge.

(T1.2.1) In France, quality assurance in Drug Demand Reduction (prevention, risk reduction, treatment and rehabilitation) builds on specific advocacy, guidelines or trainings from public health institutions or professional societies. It is in the remits of the French Public Health Agency (*Santé publique France* - SpF) and the French National Authority for Health (*Haute autorité de santé* - HAS). SpF disseminates evidence in drug prevention research and

supports the local experimental transfer of international evidenced-base programmes like Unplugged (Lecrique 2019), GBG, SFP, etc. The HAS diffuses professional guidelines/recommendations on risk reduction and treatment addressing: (i) Opioid Substitution Treatment, (ii) Early intervention and risk/harm reduction for crack or free base users, (iii) Clinics for young drug users, (iv) Treatment of cocaine users, (v) Harm and risk reduction in low threshold services (CAARUD) and (vi) Prevention and risk reduction delivered by drug treatment centres (CSAPA) (released in Autumn 2018). The two later documents (v and vi) serve as a baseline for compulsory evaluations of drug services but the fulfilment of the other guidelines is not a formal prerequisite for support or subsidies. Tools exist to help decision makers to select quality prevention programmes (EDPQS materials and the ASPIRE toolkit adapted from them) but the extent to which they are used is unknown.

Professional federations are also engaged in developing quality and professional supports: the new portal on addictions for primary care professionals (GPs, school nurses, dentists, pharmacists, midwives, emergency doctors) is an example: <https://intervenir-addictions.fr/>. This portal was created by the Fédération Addiction with support from the public authorities, the French Public Health Agency (*Santé publique France*), the OFDT and various other partners in the field of addiction.

(T1.2.2) The addiction treatment services (so-called CSAPA) are marginally impacted by the existing accreditation and certification systems applied to health establishments and processed by the HAS (French National Authority for Health). However, the CSAPA, most of which were authorised as medico-social establishments at the beginning of the 2010s for a period of 15 years, are required to provide two external evaluations during this period. These evaluations must be carried out by a body approved by the HAS and follow a set of specifications outlined by decree.

In the 2010's, although many resource services in prevention engineering have collapsed at local level, there is a noticeable willing at national level to enhance quality in the programmes and services delivered, especially in prevention.

(T1.2.3) The National training Institute of the National Police (INFPN) provides specialised law enforcement agents with four-week training on drug issues and prevention intervention towards adults and adolescents. In the recent years, several initiatives were undertaken to:

- develop knowledge and competence on addictions in medical studies. Endeavours will be extended to other health studies (nursing, pharmacy);
- integrate a module on early detection of addictive behaviours and early intervention in the curricula of future school agents (educational advisers, education professionals and teachers).

(T3.1) The first national prevention plan calls for a charter of ethics for school health promotion interventions from September 2018 onwards.

## T1. National profile

### T1.1. Policies and coordination

The purpose of this section is to provide a brief summary of quality assurance-related objectives, if any, within your national drug strategy.

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

(T1.1.1)

The new National Drug Action Plan was adopted in December 2018 (MILDECA 2018). The Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA) which reports to Prime Minister is responsible for its implementation. The strategy reaffirms the need to base public action on the available scientific knowledge across its five areas of action among which one is directly related to observation, research and evaluation. It is aimed at reinforcing quality in responses to the consequences of addictions for the individuals and the society.

The National Plan defines several objectives of quality assurance, with a particular focus on training supply and evaluation, under the prevention, care and research pillars:

- Under the prevention objective 3.2 “Give the schools the resources for effective prevention”:
  - Train teachers and school health staff to the promotion of psychosocial skills (through initial, continued, categorical or inter-categorical curricula), thanks to the network of health education universities and using educational resources integrating the acquisition of the psychosocial skills in teaching (updating and development of the *Profédus* tool).
  - Commission an inter-ministerial inspection to draw recommendations on the relevance and the organisation of the informative school interventions on drugs and addictive behaviours (contents, operators, frequency).
- Under the prevention objective 3.3 “Help professionals to know how to take action at the first signs of problematic addictive behaviours related to substances or screen/gaming”:
  - Reinforce the early detection abilities among the professionals in contact with children and adolescents, by disseminating simple warning criteria (regarding problematic drug use and problematic gambling and gaming) and by helping them to give fitted responses.
- Under the treatment objective 6.3 “Develop good practice recommendations in addictology and facilitate their adoption”:
  - Schedule in partnership with the French National Authority for Health (HAS) the pursuit of the updating and/or the elaboration of benchmarks for interventions in addictology. Adapt the detection tools to the new benchmark about alcohol use.
  - Disseminate these benchmarks and encourage their appropriation by all the practitioners addressing addicted people.
- Under the treatment objective 6.4 “Renovate the professional practices”:
  - Develop the training of peer helpers and their integration within addiction care teams.
- Under the treatment objective 7.4 “Prevent overdoses”:
  - Develop training and support tools for health professionals, in particular as regards as the delivery of naloxone® and the prescription and the delivery of the opioid substitution medicines.

- Under the research objective 15.1 “Tighten the links between researchers, decision-makers, professionals and citizens”:
  - Create an interministerial interface « science - decision makers », consisting in regular meetings for a scheduled dissemination of knowledge with particular focuses on the penal responses, the fight against drug trafficking and school prevention. It will aim (i) to disseminate and share scientific knowledge with ministerial departments, (ii) to decide on joint commission for expertise or impact evaluations on identified gaps or needs, (iii) to enhance the joint organisation of scientific mediation events for knowledge transfer (symposiums, public consultations, debates and consensus conferences).
- Under the research objective 16.2 “Widen knowledge to better prevent”:
  - Reinforce the resources for interventional research in the framework of Tobacco Funds call for tenders, in particular to assess the quality of school-based or occupational preventive interventions.
  - Reinforce the resources allocated to the transfer of knowledge for higher quality prevention interventions.
  - Strengthen the pool of researchers in economic and social human sciences, in particular in behavioural sciences in order to optimize the public health strategies in addiction prevention.
- Under the research objective 16.3 “Widen knowledge to improve risk reduction and care”:
  - Better document the cost-efficacy ratio of policies and interventions in the field of drug treatment and harm and risk reduction.
- Under the research objective 16.4 “Widen knowledge in the field of criminal justice response”:
  - Evaluate the impact of judicial responses to addiction-related delinquency.
  - Study the change in drug law in foreign countries.

## T1.2. Organisation and functioning of best practice promotion

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

- T1.2.1. What are the national organizations/institutions promoting quality assurance of drug demand reduction interventions and their function? Please provide a brief description of each body and their relationship, including the following information:  
In which of the following areas are they responsible for quality control a) treatment provision, b) prevention, c) harm reduction and d) social integration.

(T1.2.1)

The French Public Health Agency (SpF) has a scientific and expertise remit in the health field. Developing health promotion, prevention and health education as well as the reduction of health-related risks are part of its duties. Therefore, it sustains the dissemination of knowledge on science-based prevention methods or evidence-based programmes. But documents are diffused for information purposes only as no drug prevention protocol is imposed to prevention providers or public services. It provides for expertise or funding to support the experimental transfer of several international evidenced-base programmes to local French context, e.g. Unplugged, GBG, PANJO (Nurse Family Partnership - NFP), SFP, Break the cycle.

The MILDECA is responsible for the implementation of the French Government Drug Strategy towards more quality assurance in drug-related public responses.

In the field of drug prevention, the Interministerial Commission for the Prevention of Addictive Behaviours (CIPCA), created by the MILDECA in 2014, has ceased its activities in 2018. It was within the framework of the CIPCA that the ASPIRE toolkit was adapted from the EDPQS material to help decision makers to select quality prevention programmes. The effective use of this toolkit is unknown. In drug prevention, quality assurance lies on the Public Health Agency and some professional federative networks in the field of addictology.

In this context, in 2017-2018, the CIPCA also oversaw the evaluation of 5 promising prevention programmes or interventions for young people in various contexts: in school or in training (including a peer-led prevention programme), in recreational settings. All the evaluations, whether the results were convincing, positive or had the opposite effect to 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 MILDECA and the French Public Health Agency.]

In September 2018, SpF inaugurated an online register of effective and promising interventions in prevention and health promotion: <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 06/08/2019].

This register allows the capitalization, the provision and the diffusion of validated information regarding interventions in these fields. The selection and the description of evaluated interventions aim at supporting the decision-makers as well as the local stakeholders to identify relevant programmes to be developed in order to meet their needs and expectations. In the field of addictions (alcohol, tobacco, drugs), the register gives access to the description of 21 prevention programmes evaluated in France or validated abroad and being adapted in France

The National association “*Fédération Addiction*” (wide federative association of specialised drug abuse and addiction professional workers) has been commissioned to develop the implementation of the Unplugged programme at national level. The Network for Addiction Prevention (Respadd) is involved in the development of an online version of the Universal prevention Curricula.

The French National Authority for Health (*Haute autorité de santé* - HAS) is an independent scientific public authority that aims at regulating the quality of the health system. It has a specific remit of developing guidance and disseminating evidence-based information among health professionals. For instance, the HAS’s website includes a section on tools for early detection and brief intervention with regards to alcohol, cannabis and tobacco uses in adults.

The HAS absorbed the National Agency for the Quality Assessment of Health and Social Care Organisations and Services (ANESM) and has taken over its tasks. Therefore the HAS is now responsible for supporting quality assurance in the service provision of Social and Medicosocial Establishments and Services (ESSMS), including specialised drug treatment centres (CSAPA) and low threshold facilities (CAARUD). It is now the HAS that accredits external evaluators to carry out the mandatory two independent external evaluations of the activities and service quality of the ESSMS during the 15-year license period. These evaluations must follow a set of specifications laid down by decree [[Décret du 15 mai 2007 fixant le contenu du cahier des charges pour l'évaluation des activités et de la qualité des prestations des établissements et services sociaux et médico-sociaux](#)]. This helps the Regional Health Agencies (ARS) to decide on the renewal of the operating authorizations for the addiction-related ESSMS. In addition the HAS makes recommendations for professional best practices. In the drug field, two sets of recommendations were published dealing with: (i) Opioid Substitution Treatment (2004), (ii) Reducing misuse of opioid substitution medicines (2004), (iii) Treatment of cocaine users (2010), and recommendations elaborate by the former ANESM about (iv) Users’ participation and expression within the addictology medical and



social establishments" (2010), (v) "Drug-related risk and harm reduction in low-threshold facilities" (2017). Professional recommendations on prevention and risk reduction activities delivered by drug treatment centres should be issued in 2019 (this validation formerly scheduled in 2018 has been postponed to late 2019): [https://www.has-sante.fr/portail/jcms/c\\_1101438/fr/tableau-des-recommandations-ou-travaux-relatifs-a-la-bonne-pratique](https://www.has-sante.fr/portail/jcms/c_1101438/fr/tableau-des-recommandations-ou-travaux-relatifs-a-la-bonne-pratique) [accessed on 04/07/2019]. Two other lists of recommendations were defined by professional organisations about "Early intervention and risk/harm reduction for crack or free base users" (2010) and "Clinics for young drug users" (2012).

The association "*Fédération Addiction*" coordinates the implementation of a multi-partnership portal for health professionals willing to engage in early intervention or outpatient care towards drug users (drug must be understood as licit or illicit drugs (alcohol, tobacco, cannabis, opioids, etc.): <https://intervenir-addictions.fr/>). This portal provides common law practitioners from the community or the school, workplace or emergency settings with guidance and tools to detect problematic drug use, to refer to specialised services or to prescribe/initiate opioid substitution treatment. Training materials and networking indications are also available. The scientific steering committee gathers professional, institutional and research partners: Respadd (Network for Addiction Prevention), Ippsa (Institute for Promoting Secondary Prevention in Addictology), Certa (Addiction Treatment, Training and Research Centre), RISQ (Research and Intervention on psychoactive Substances – Quebec), GREA (Swiss Romand Group for Addiction Studies), MG Addiction (General Practitioners and Addiction unit), MILDECA (Interministerial Mission for Combatting Drugs and Addictive Behaviours) and Addiction Directorate of Health Department, French Public Health Agency (*Santé publique France*) and OFDT (French Monitoring Centre on Drugs and Drug Addictions).

As mentioned in the Workbook Treatment (see section T1.5.1), an interministerial guide provides for details on the legal and regulatory framework for OST in the French prison setting and gives recommendations for best practices (Ministère des affaires sociales et de la santé and MILDT 2013).

T1.2.2. Please provide a reference to any national practice guidelines published in the last five years in the areas of control a) treatment provision, b) prevention, c) harm reduction and d) social reintegration (URL, PDF, English Title).

(T1.2.2.)

a) Treatment provision:

The national medical and pharmaceutical associations revised in 2017 their joint professional guidelines for prescribing and dispensing opioid substitution medications (Conseil national de l'ordre des médecins and Conseil national de l'ordre des pharmaciens 2017) (for more details, see section T1.5.1 of the Treatment workbook).

The *Fédération Addiction* developed a guide on addiction and psychiatric disorders to help professionals better support people with related psychiatric and addiction disorders (*Fédération Addiction* 2019). It also published a guide on support in CSAPA and CAARUD for women with addiction problems (*Fédération Addiction* 2016) as well as a guide on care for inmates (*Fédération addiction et al.* 2014).

Respadd developed a guide for professionals gathering the information required for opioid analgesic drugs to be used properly (RESPADD *et al.* 2018).

The HAS developed a worksheet for health professionals on the simplified management of hepatitis C in adults (HAS 2019a; HAS 2019b).



b) Prevention:

There were no national practice guidelines issued in the last 5 years but the ASPIRE guidelines providing the French adaptation of the EDPQS standards aimed at decision makers were published in January 2017: "Appreciation and Selection of Prevention programs Issued from the Review of the EDPQS" (ASPIRE guidelines ([https://www.ofdt.fr/BDD/publications/docs/GrilleASPIRE\\_Decideurs.pdf](https://www.ofdt.fr/BDD/publications/docs/GrilleASPIRE_Decideurs.pdf))).

c) Harm reduction:

- Risk and harm reduction in low-threshold facilities (CAARUD) (ANESM 2017).
- Publication of a guide "[Réduire les risques - éthique, posture et pratiques](#)" [Reducing risks - ethics, posture and practices] (Fédération Addiction and Collard 2017).

d) Social reintegration:

There were no national practice guidelines issued in the past 5 years.

T1.2.3. Do you have any accreditation systems for intervention providers in drug demand reduction? If yes, please provide a brief description of the system. If a list of accredited organizations is published in online (online portal), please provide a brief description of the portal and the URL?

(T1.2.3)

The French National Authority for Health (HAS: <http://www.has-sante.fr/portail/jcms/1249588/fr/accueil-2012>) is an independent public body, with financial autonomy, set up in August 2004, which aims at improving the quality of patient care and guaranteeing equity within the healthcare system. Its activities range from the assessment of health products in view of their reimbursement, of medical devices and procedures, to the publication of guidelines, the certification of healthcare establishments and the accreditation of practitioners for specialities at risk.

The certification process of health establishments is structured around two main areas, i.e. the establishment management and the patient management, as formalised in the 2014 Manual on certification of healthcare establishments (HAS 2014). However, the addiction treatment services (so-called CSAPA) are marginally impacted by these processes:

- The accreditation procedures are applied to high-risk medical or surgery specialities, which are not the ones generally engaged in addiction treatment.
- The certification process has little inference as to addiction issues:
  - (i) Certificated establishments have to define an integrated programme on the management of quality and safety of care, which includes "addictovigilance" as part of their warning system for the earliest detection of any unusual health events and for the response to health alert.
  - (ii) With regards to the patient management, the only criterion related to addiction issues is directed to the establishments that address inmates. These establishments/services must develop adapted therapies taking into account the higher iatrogenic and suicidal risk related to the frequent poly-use of addictive substances among inmates.

T1.2.4. Do you have specific education systems for professionals working in the field of demand reduction? If yes, please provide a brief description.

Information relevant to this answer includes:

- specific academic curricula
- specific continued education/specialization courses

(T1.2.4.)

– Specific academic curricula

The 2017 reform of the third cycle of medical studies introduced a one year transversal specialised training programme in addiction medicine, including clinical internships and training in the theory ([Arrêté du 21 avril 2017 relatif aux connaissances, aux compétences et aux maquettes de formation des diplômes d'études spécialisées et fixant la liste de ces diplômes et des options et formations spécialisées transversales du troisième cycle des études de médecine](#) [Legislative order of 21 April 2017 on the knowledge, skills and training models for postgraduate degrees and establishing the list of these degrees and the options and transversal specialised training programmes for students in their third cycle of medical studies]). Students may apply for this training when preparing their postgraduate degree in general medicine, psychiatry, pneumology, hepato-gastroenterology, internal medicine, occupational medicine or public health.

A degree in addiction medicine takes two years, involves 108 hours of training and is aimed at physicians.

Other university courses on addiction, which are aimed at a wider audience, are offered in several universities:

- The university graduate diploma (DESU) on managing addiction provides training at baccalaureate level + 4. It is aimed at any professionals who come across addicts: physicians, psychologists, educators, social workers, nurses, police officers, lawyers, CSAPA, CAARUD and ELSA (hospital-based addiction liaison and treatment team), national education workers, etc. It includes around 170 hours of courses on the theory and 150 hours of practical training.
- The university (or inter-university) degree in addiction medicine is aimed at the same group, but with half the number of hours (around 60 hours of classes on theory and 35 hours of work experience) (CUNEA 2019).

– Specific continued education/specialisation courses

Specific continuing education is provided to drug specialised law enforcement officers, i.e. FRAD (national *Gendarmerie*) or PFAD (national Police), who are likely to train their colleagues and deliver prevention interventions on topics like drugs, alcohol or violence, in various settings (mainly schools, and also occupational settings, common touristic sites...). From February 2013, the National Institute for Training of the National Police (INFPN) is the unique service for continuing education of the agents of the two corpuses. These specialised law enforcement agents/trainers (FRAD or PFAD) are assigned to local units or services throughout France and there is a variation of their involvement and experience in drug prevention: in general, prevention interventions are a limited part of their activities, though some of them work full time in this field. The four-week training is based on multidisciplinary sessions in respect to the current scientific knowledge. It includes interventions from a psychologist, health promotion professionals, epidemiologist on topics like the psychological development of teenagers, health promotion principles. Trainees can practice conducting a prevention session towards adults (school staff, teenagers' parents...) or adolescents. Each exercise gives rise to a complete collective debriefing by the trainer and the psychologist, about the content and forms. Skill updating can be undertaken on a voluntary basis, according a 2 or 4-year cycle.

From September 2018 onwards, the implementation of the health-promoting service (so-called *service sanitaire*) implies the inclusion of a module on how to design and conduct health promotion actions in all the health curricula (medicine, nursing, pharmacy...). These students have to carry prevention actions out, in particular in schools. Their close-in-age with young public is seen as a lever to tackle more easily delicate topics such as emotional life, sexuality or addictions.

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

Finally, every year, the SOS Addictions Association organises a virtual conference on addiction: E-ADD. The third annual conference entitled « [Médecine, santé des addictions et réductions des risques](#) » [Medicine, addiction health and harm reduction] was held on 27 and 28 March 2019 and 2,300 people registered in March 2019. This interactive platform has enabled physicians, pharmacists, addiction specialists and anyone working with groups with addiction issues to access online content on identifying addiction, new treatments and harm reduction.

## T2. Trends. Not applicable for this workbook.

## T3. New developments

The purpose of this section is to provide information on any notable or topical developments observed in best practice promotion in your country **since your last report**. T1 is used to establish the baseline of the topic in your country. Please focus on any new developments here.

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

T.3.1. Please comment on any notable new or topical developments observed in best practice promotion in your country (eg. new standards/guidelines/protocols developed).

**Prevention:** In September 2018, the National Public Health Agency (SpF) inaugurated an online register of effective and promising interventions in prevention and health promotion (see. Section T1.2.1), offering a methodological description of 21 prevention programmes in the field of addictions: <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 on 07/08/2019]. This register gathers and disseminates knowledge on evidence-based interventions and programmes with the aim of helping decision-makers and practitioners to identify and implement relevant programmes adapted to local needs.

## T4. Additional information

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

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

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

## T5. Sources and methodology

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

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

Index based on use of literature and the Internet

ANESM (2017). La réduction des risques et des dommages dans les Centres d'accueil et d'accompagnement à la réduction des risques pour usagers de drogues (CAARUD). Recommandations de bonnes pratiques professionnelles. Agence nationale de l'évaluation et de la qualité des établissements et services sociaux et médico-sociaux, Saint-Denis. Available: [https://www.has-sante.fr/portail/jcms/c\\_2833717/fr/la-reduction-des-risques-et-des-dommages-dans-les-centres-d-accueil-et-d-accompagnement-a-la-reduction-des-risques-pour-usagers-de-drogues-caarud](https://www.has-sante.fr/portail/jcms/c_2833717/fr/la-reduction-des-risques-et-des-dommages-dans-les-centres-d-accueil-et-d-accompagnement-a-la-reduction-des-risques-pour-usagers-de-drogues-caarud) [accessed 07/08/2019].

Conseil national de l'ordre des médecins and Conseil national de l'ordre des pharmaciens (2017). Recommandations ordinales. Prescription et dispensation des médicaments de substitution aux opiacés. CNOM, CNOP. Available: <http://www.ordre.pharmacien.fr/content/download/376626/1813620/version/1/file/Recommandations+ordinales++prescription+et+dispensation+des+m%C3%A9dicaments+de+substitution+aux+opiac%C3%A9s.pdf> [accessed 14/08/2018].

CUNEA (2019). Collège national universitaire des enseignants d'adictologie [online]. Available: <https://cunea.fr/college-national-universitaire-des-enseignants-daddictologie> [accessed 25/06/2019].

Fédération addiction, Association des Professionnels de Santé Exerçant en Prison and Association des Professionnels des Addictions en milieu Carcéral (2014). Soins des personnes détenues. Addictions : la continuité des soins des personnes détenues / L'articulation entre les professionnels de santé de la prison et du milieu ouvert. Fédération Addiction, Paris. Available: <https://www.federationaddiction.fr/parution-du-guide-pratiques-continue-soins-personnes-detenuess/> [accessed 07/08/2019].

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T.5.2. Where studies or surveys have been used please list them and where appropriate describe the methodology?

No studies used.