

Drug policy workbook

2020

France

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Table of contents

T0. Summary	3
T1. National profile	5
T1.1. National drugs strategies	5
T1.2. Evaluation of national drugs strategies	11
T1.3. Drug policy coordination	12
T1.4. Drug related public expenditure	13
T2. Trends. Not applicable for this workbook.	15
T3. New developments	15
T4. Additional information	17
T5. Sources and methodology	17

T0. Summary

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

The answers should include the following points:

Summary of T1.1.1

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

Summary of T.1.2

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

Summary of T.1.3

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

Summary of T1.4

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

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

Driven by a clear public speech on the risks and harm that psychoactive substance use and high-risk use can cause, the 2018-2022 National Plan for Mobilisation against Addictions, which was introduced by the government in December 2018, focuses on prevention and pays particular attention to the most vulnerable groups based on their age or other qualities that make them more at risk. It improves the quality of responses to the consequences of addiction for individuals and society and demonstrates a strong commitment to combatting trafficking. It suggests new measures for research, observation and developing international cooperation. Finally, it creates the conditions for effective public action in different regions, by improving coordination between different state departments and involving local authorities and civil society. Following on from the previous action plan on drugs and addictive behaviours (2013-2017), the 2018-2022 National Plan for Mobilisation against Addictions promotes an approach targeting all psychoactive substances (alcohol, tobacco, illegal drugs) and other forms of addictive behaviours (gambling, doping) with emphasis on screens.

It will be implemented over a 5-year period compatible with its objectives notably in terms of prevention. A striking aspect is its commitment to working in harmony with other governmental plans (health, prevention, road safety, child poverty, students, housing, doping, overseas). This plan is accompanied by indicators summarising the main challenges in terms of the envisaged results, and defining the targets to be reached. At regional and departmental levels, the orientations of the National Plan for Mobilisation against Addictions are set out in regional roadmaps for the period 2019-2022.

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

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

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

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

The directions of public policy in the field of drugs and addictions are defined by the "Interministerial Committee for Combatting Drugs and Addictive Behaviours", on the authority of the Prime Minister. This committee is made up of ministers and secretaries of State. Prior to this stage, MILDECA is responsible for drafting the decisions of the interministerial committee, then coordinating French government policy for combatting drugs and preventing addictive behaviours, and for ensuring that the decisions of the interministerial committee are implemented. On the authority of the Prime Minister, its scope of action includes prevention, treatment, harm reduction measures, integration, trafficking, law enforcement and research, monitoring and training of staff involved in activities to reduce supply and demand. A network of approximately 101 territorial representatives (generally the senior local government officers' general administrators of the "département" or "region") on a national scale guarantees the consistency of the implemented actions.

Summary of new developments (250 words)

Following the enactment of an implementation decree on 24 May 2020, experimentation with the introduction of a lump-sum fine for drug use began in 4 cities (Créteil, Boissy-Saint-Léger, Reims and Rennes) in June 2020. This new procedure, which applies to all drugs but primarily targets cannabis users is due to be extended to Lille and Marseille in mid-July before gradually covering the whole of mainland France. The Social Security Financing Bill for 2020 (promulgated on 24 December 2019) provides for experimentation with the use of cannabis for therapeutic purposes for a period of two years, which will be implemented by the ANSM.

A parliamentary information mission on cannabis also began its work in January 2020 with the aim of proposing an inventory and exploring the issues related to the various uses of cannabis. The French regulation on CBD is expected to be addressed there, pending the forthcoming (probably September) judgment of the Court of Justice of the European Union on French legislation. The year 2019 was also marked by a desire to step up the fight against trafficking with the presentation in Marseille on 17 September of the National Anti-Narcotics Plan and the creation of the Anti-Narcotics Office (OFAST).

Finally, the issue of crack cocaine remains a matter of concern in Paris, and is reflected in the programmes for the 2020 municipal elections, both in terms of health and public safety.

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

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

In 2018, total public spending on the fight against drugs and addictive behaviour is estimated at 2.56 billion euros. This estimate has been on the rise (+5%) since 2015 but the rate of increase is for the first time decreasing. The contribution from the State and from Health Insurance accounted for 0.11% of gross domestic product in 2018, with 51% of the total for demand reduction initiatives, 48% for supply reduction activities and almost 1% for the resources allocated to cross-disciplinary activities (coordination and international cooperation).

T1. National profile

T1.1. National drugs strategies

The purpose of this section is to summarise the main characteristics of your national drug strategy(ies). Where there is no national strategy, and regional strategies take the place of a national strategy, please summarise the characteristics of these. Please structure your answers around the following questions.

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

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

Timeframe	Title and web link	Scope (main substances / addictions addressed)
2013-2017	Plan gouvernemental de lutte contre les drogues et les conduites addictives 2013-2017 https://www.drogues.gouv.fr/sites/drogues.gouv.fr/files/atoms/files/plan_gouvernemental_drogues_2013-2017_df.pdf English version: Government plan for combating drugs and addictive behaviours 2013-2017 http://www.drogues.gouv.fr/sites/drogues.gouv.fr/files/atoms/files/plan_gouvernemental_drogues_2013-2017_eng_df_0.pdf	Alcohol, tobacco, psychotropic drugs, screens, Internet, gaming, doping and illicit drugs
2018-2022	Plan national de mobilisation contre les addictions 2018-2022 https://www.drogues.gouv.fr/sites/drogues.gouv.fr/files/atoms/files/plan_mildeca_2018-2022_def_190212_web.pdf English version: Alcohol, tobacco, drugs, screens: National plan for mobilisation against addictions 2018-2022 https://www.drogues.gouv.fr/sites/drogues.gouv.fr/files/atoms/files/national_plan_for_mobilisation_against_addictions_2018_-_2022_vdef_0.pdf	Alcohol, tobacco, psychotropic drugs, screens, Internet, gaming, doping and illicit drugs

T1.1.2. Please summarise your current national drugs strategy document.

Information relevant to this answer includes:

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

Since March 1, 2017, Doctor Nicolas Prisse is chairing the MILDECA. Under the authority of the Prime Minister, MILDECA has the task of coordinating governmental action and leading a cohesive policy involving ministerial departments and all local State representatives (general administrators of "départements", chief education officers, general directors of the Regional Health Agencies and public prosecutors).

The main orientations of the current French policy on drugs are included in the 2018-2022 National Plan for Mobilisation against Addictions, adopted by the Government in December 2018 (MILDECA 2018). Following on from the previous action plan on drugs and addictive behaviours (2013-2017) (MILDT 2013), the 2018-2022 National Plan for Mobilisation against Addictions promotes an approach targeting all psychoactive substances (alcohol, tobacco, illegal drugs) and other forms of addictive behaviours (gambling, doping, screens).

The objective is to have a clear and coherent policy concerning risks, along with schemes able to assist the general public concerned. This objective is based on the implementation of a sustained prevention and support policy among the youngest age groups concerned, taking into account living conditions and the vulnerabilities facing these populations. Another key government priority is the fight against trafficking. Emphasis is being placed on ambitious governmental action, based on investigation, cooperation and training for agents allowing them to target new threats more effectively in terms of national and local illicit drug supply, to increase monitoring of online supply channels and, lastly, to step up the fight against cannabis growing. On a European scale, one of the Prime Minister's objectives is to ensure harmony between governmental action and European strategy, and to encourage the EU to extend its approach to licit (alcohol, tobacco) substances and non-substance addictions.

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

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

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

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

The 2018-2022 National Plan for Mobilisation against Addictions was developed in line with 16 other strategic plans implemented by ministerial departments. The measures of the National Plan are therefore linked to those of other national strategies in the fields of health, justice, education, police and sports (for example, the National Health Strategy, the Priority Prevention Plan, the Action Plan decided by the interministerial committee on Road Safety, the Poverty Plan, the Student Plan, the five-year plan for 'Housing First', the Overseas Blue Book, the General States of new digital regulations).

In 2019, the Ministry of Health and Solidarity drew up a roadmap to prevent and act against opioid overdoses (Ministère des Solidarités et de la Santé 2019). (See T1.5.1 of the 2019 workbook on "Harms and harm reduction").

In September 2019, the Ministry of the Interior, in conjunction with the National Plan for Mobilisation against Addictions coordinated by the MILDECA [Interministerial Mission for Combating Drugs and Addictive Behaviours], adopted the "National Anti-Narcotics Plan", which sets out the mechanism for coordinating the interministerial policy to combat drug trafficking (Ministère de la Justice *et al.* 2019) (see workbook "Markets and Crime" 2020). With the adoption of this plan, the Government has affirmed its willingness to combat trafficking more effectively by establishing a new organisation at both central and territorial levels. The new Office for Anti-Narcotics (OFAST) is designated as the entity responsible for coordinating and facilitating, in conjunction with the judicial authority, the work of the police, the French military police [gendarmerie], Customs, the Ministry of Justice, the General Secretariat for the Sea, the Ministry for Europe and Foreign Affairs and the Ministry of the Armed Forces on this matter.

This plan brings together 55 measures to meet the following six objectives:

1. An improvement of trafficking knowledge;
2. Intensification and rationalisation of field activities;
3. An increase in the fight against the underground economy and the laundering of drug trafficking channels;
4. The strengthening of the seizure of criminal assets;
5. The development of international cooperation;
6. The strengthening of services abilities.

The measures of this plan have a threefold ambition: to make intelligence work more effective, to gain a better understanding of the state of the threat in order to anticipate (in particular in the framework of international cooperation) in order to better punish, and to put in place a reinforced prevention strategy. (see <https://www.interieur.gouv.fr/Actualites/L-actu-du-Ministere/Plan-national-de-lutte-contre-les-stupefiants>).

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

Additional national strategy documents for other substances and addictions	
Alcohol	
Strategy title	No specific strategy
Web address	
Tobacco	
Strategy title	Programme National de Lutte contre le Tabac (PNLT) 2018-2022 [National Tobacco Control Program]
Web address	https://solidarites-sante.gouv.fr/IMG/pdf/180702-pnlt_def.pdf
Image and performance enhancing drugs	
Strategy title	No specific strategy
Web address	
Gambling	
Strategy title	No specific strategy
Web address	
Gaming	
Strategy title	No specific strategy
Web address	
Internet	
Strategy title	No specific strategy
Web address	
Other addictions	
Strategy title	National Plan for the Prevention of Doping and Doping-Related Behaviour in Physical and Sports Activities 2019-2024
Web address	http://www.sports.gouv.fr/IMG/pdf/prevention_du_dopage_et_des_conduites_dopantes_dans_les_activites_physiques_et_sportives_2019_2024.pdf
*please include extra lines as necessary	

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

There is no regional plan to combat drugs and addiction, but in terms of implementing a plan on a national level, each regional prefecture (13 + 5 overseas) has been invited to draft a regional "roadmap" in line with regional health agencies (ARS), local education authorities and judicial authorities (https://www.drogues.gouv.fr/sites/drogues.gouv.fr/files/atoms/files/mildeca_circulaire_2019.pdf). These roadmaps, validated by the MILDECA, implement the plan's measures at the regional and local level in accordance with each territory's priorities. The following regional roadmaps are available online:

Region	Year	Title and web link	Scope (main substances / addictions addressed)	Pillars / action areas
Nouvelle Aquitaine	2018-2022	Regional Roadmap 2018-2022 Nouvelle-Aquitaine Region http://www.pyrenees-atlantiques.gouv.fr/content/download/32401/208832/file/2019-03-04%20MILDECA%20feuille%20de%20route%20version%20de%CC%81finitve-1.pdf	Alcohol, illicit drugs, screens	Axis 1: reduce addictions among young people Axis 2: act on festive alcoholism Axis 3: protect vulnerable groups Axis 4: reduce screen addiction
Grand Est	2019-2023	Regional Roadmap 2019-2023 Grand Est Region https://www.grand-est.ars.sante.fr/system/files/2020-04/ARS_MILDECA_Grand-Est_Feuille_route_Addictions_2019-2023_VFsignee.pdf	Alcohol, tobacco, illicit drugs and behavioural addiction	Axis 1: health promotion; Axis 2: prevention; Axis 3: improving the career paths of people in a situation of addiction; Axis 4: optimising harm reduction policies; Axis 5: strengthening the knowledge of professionals; Axis 6: compliance with regulations.
Normandie	2019-2022	Administrative offices of the Normandy Region Regional Roadmap 2019-2022 https://s1.or2s.fr/echange_fichiers/Documents/Feuille_de_route_MILD_ECA_Normandie.pdf	Alcohol, illicit drugs	Five main objectives: 1- Fostering social awareness and mobilising local actors around reliable data and objective and shared language elements; 2- Mobilise front-line players, with the support of players specialising in addictology, to act earlier, more widely and more effectively with priority populations; 3- Contribute to public peace and security by strengthening the coordination and effectiveness of addiction interventions; 4- Develop effective responses for the audiences identified by the justice and law enforcement agencies; 5- Fight against trafficking and enforce bans.
Provence-Alpes-Côte-d'Azur	2019-2022	Regional Roadmap 2019-2022 PACA [Provence-Alpes-Côte d'Azur] http://www.crespaca.org/depot_arkcms_crespaca/_depot_arko/articles/1773/2019-aap-mildeca-06-feuille-de-route-paca_doc.pdf	Alcohol, tobacco, illicit drugs and gambling	Objective 1: to strengthen prevention and act on early consumption; Objective 2: to support the development of harm reduction; Objective 3: to support the implementation of specific training programmes on addictive issues for front-line professionals.

Region	Year	Title and web link	Scope (main substances / addictions addressed)	Pillars / action areas
La Réunion- Mayotte	2019- 2022	Regional Roadmap 2019-2022 Reunion Island https://peidd.fr/IMG/pdf/frt_mildeca_reunion_2018-2022_version_definitive_.pdf	Alcohol, tobacco, illicit drugs	Axis 1: Prevent addictions and their consequences; Axis 2: Ensure compliance with protective bans and better supervise the sale of alcoholic beverages; Axis 3: Involve communities in the construction of local political projects; Axis 4: Support monitoring and research aimed at increasing the skills of actors built in a community manner; Axis 5: Take into account the environment, to improve the care of users in the Indian Ocean zone and to fight effectively against trafficking by anticipating so-called emerging phenomena.

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

No specific strategies or plans to combat drugs and addiction have been initiated at local level; these are, in fact, regional extensions of national policies, predominantly run by prefectures via regional "roadmaps" and also by the regional health agencies (ARS) as part of their regional health plans, according to local issues.

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

Since the plan was adopted in May 2019, one of its first flagship measures - the creation of a rest area for wandering crack users in the north-east of Paris - was implemented in November 2019. Managed by two associations (Aurore and Gaïa), the rest area has been set up near the former camp "la colline du crack" [the crack hill] at Porte de la Chapelle (XVIIIth) in containers designed to accommodate users. This rest area, which offers showers, sanitary facilities and medical-social follow-up for people wandering in the area, is open continuously from Monday to Sunday, with opening hours of 9am to 5pm. The harm reduction associations also strengthened their teams at the end of 2019 to ensure the conduct of regular patrols with users in the sector. The Coronavirus pandemic starting in March 2020 led the authorities to organise emergency shelter for the public on the street and to recover health support as soon as it was possible. (Gérome and Gandilhon 2020a, b).

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

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

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

The implementation of governmental action relies on all of the ministerial departments involved, local State departments and operators. The national strategy is also based on other public and private stakeholders defining their own action strategies, particularly in the prevention and health sphere. In the National Plan for Mobilisation against Addictions, the government emphasises the necessity of a strong interministerial cooperation, and also the need for a sustained nationwide leadership strategy, promoting links between local State departments and local authorities which also have expertise in this matter.

T1.2. Evaluation of national drugs strategies

The purpose of this section is to

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

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

The first evaluation conducted in France on government policy focused on the 1999-2000-2001 three-year plan (Setbon *et al.* 2003). The three-year plan itself provided for the evaluation of its government policy. The selected programme evaluations were conducted by the OFDT in collaboration with the institutions concerned and carried out by independent teams. These five specific evaluations were supplemented by a general evaluation report which, in addition to the contributions of these works, included a variety of information that is likely to report on the degree of implementation of the planned actions. The 2004-2008, 2008-2011 and 2013-2017 plans also included evaluations but in the form of external monitoring entrusted to the OFDT, which was based on developing and monitoring a dashboard with key indicators. In addition, the 2013-2017 government plan for combatting drugs and addictive behaviour was also evaluated by an external team from the academic world. For this evaluation, four flagship measures from the 2013-2017 plan were selected: the "Student liaison officers on health" scheme which took place in a university setting; an experiment with people living in the south districts of Marseille (mothers, professionals, young people in insertion and pre-adolescents) and the local authorities (town hall, police, prevention associations concerned, etc.); the new partnership between the MILDECA and the National Family Allowance Fund (CNAF), set up to convey the main public communication campaign; and finally, two regional intervention programmes that focus on early prevention and management of foetal alcohol syndrome. The final evaluation report was released on 16 January 2018. These guidelines inspired the 2018-

2022 National Plan for Mobilisation against Addictions, which makes the double challenge of placing its actions in a long-term perspective and transversally integrating the factor of territories, in order to create a real local dynamic on the policy for preventing and combatting addiction. The current plan includes key indicator monitoring. This monitoring mission was entrusted to the OFDT. It is also intended to conduct an external evaluation.

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

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

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

See T1.2.2 of the 2018 Policy workbook.

T1.2.3. Are there any evaluations planned, e.g. annual progress reviews, mid-term, or final evaluations of current national strategy? If yes, please specify the type of evaluation is planned.

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

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

At the beginning of 2020, the OFDT carried out an initial update of the dashboard data. However, it is too early to interpret these data.

T1.3. Drug policy coordination

The purpose of this section is to

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

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

See T1.3.1 of the 2018 Policy workbook.

T1.4. Drug related public expenditure

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

T1.4.1. Report on drug-related expenditure: the procedure followed to approve drug-related expenditure; drug budgets attached to national policy documents and provide a brief summary of recent estimates.

The social cost of drugs in France was estimated at three points, in 1996, 2003 and 2010 (Kopp 2015; Kopp and Fenoglio 2004, 2006). The most recent estimate of the social cost of drugs was published by the OFDT in September 2015: hence, for 2010, this cost amounted to 8.7 billion euros for illegal drugs, far behind the amount estimated for alcohol (118 billion euros) and tobacco (122 billion euros). Two other studies focused on public expenditure related to drugs (Ben Lakhdar 2007; Díaz Gómez 2012, 2013). Since 2008, State expenditure related to drug control has been presented annually in a budget document submitted to Parliament (Premier ministre 2019). National Health Insurance Fund expenditure, which also finances the healthcare system for drug users and drug substitution treatments should be added to this amount. The estimates show that public expenditure related to drugs amounted to 1.50 billion euros in 2010 (Díaz Gómez 2013).

The year 2018 is the first year of implementation of the National Plan for Mobilisation against Addictions 2018-2022. In 2018, costs were evaluated at 2.56 billion euros. For the third year in a row, this estimate is on the rise (+5%), but this increase follows a declining pace compared to 2016 (+10%) and 2015 (+9%). The trend observed since 2015 follows a stabilisation period (+1% change observed between 2015 and 2014) after the decline observed between 2014 and 2013 (- 6%) following the 2008 crisis. In 2013, the year in which the government plan for 2013-2017 was launched, effort from the State and Health Insurance was estimated at 2.16 billion euros, which represents an increase of 19% in public spending on the policy to combat drugs and addictive behaviour compared to 2013.

Unlike the previous action plan which had an allotted budget, the 2018-2022 National Plan for Mobilisation against Addictions does not provide any information on budget relating to the implementation of its measures. However, it provides for additional funding through the creation of a national fund for combatting addiction to psychoactive substances by the Social Security Financing Act for 2019 ([Law n° 2018-1203 of 22 December 2018](#)). This fund is topped up annually. The cumulative amount since 1998 from the Fund for Combating Addiction amounts to approximately 120 million euros (see also the WB on Research).

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

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

The bulk of drug-related expenditure is not identified as such in the public accountability documents ('unlabelled') and must be estimated. Since 2008, each Ministry provides an estimate indicating the budget to be allocated to the prevention of and fight against drugs (Premier ministre 2019). Much of the public health expenditure is covered by the social security system. Because of the methodological difficulties, only the labelled expenditure of the social security system is included in the estimate below. It includes expenditure for funding the specialised agencies providing treatment and harm reduction services and implementing prevention, recovery and social reintegration's activities (CAARUD, CSAPA and TC). The expenditure relating to the funding of medical-social facilities specialising in addiction medicine is directly provided by the Regional Health Agencies (ARS) based on the funds disbursed. Hospitals supplement addiction treatment through additional funding from the National Health Insurance Fund for Hospital-base Addiction Liaison and Treatment Teams (EHLISA) and hospital addiction medicine clinics, together with reimbursements for opioid substitution medications.

In 2018, the contribution from the State and Health Insurance represents 0.11% of the gross domestic product (GDP) (Eurostat 2020) with 51% of the total for demand reduction initiatives, 48% for supply reduction activities and almost 1% of the resources allocated to cross-disciplinary activities (coordination and international cooperation). Moreover, these percentages remain fairly stable compared to 2017.

Table IV. Break-down of drug related public expenditure

Expenditure	Year	COFOG classification	National accounting classification	Trace (Labelled, Unlabelled)	Name of the programme
15 301 053	2018	01.3 - General services	129	Labelled	Coordination of government activities
5 816 841	2018	01.3 - General services	209	Unlabelled	Solidarity with developing countries
611 919	2018	01.3 - General services	105	Unlabelled	Action by France in Europe and throughout the world
4 480 000	2018	09.4 - Tertiary Education	231	Labelled	University student life
110 000	2018	09.4 - Tertiary Education	163	Labelled	Youth and community life
5 536 490	2018	09.1 - Pre-primary and primary education	140	Unlabelled	Primary State school education
134 794 334	2018	09.2 - Secondary Education	141	Unlabelled	Secondary State school education
11 560 000	2018	09.2 - Secondary Education	143	Unlabelled	Technical agricultural training
163 791 363	2018	09.2 - Secondary Education	230	Unlabelled	Student life
6 388 000	2018	09.8 - Education n.e.c.	207	Unlabelled	Road safety and education
488 620	2018	09.8 - Education n.e.c.	147	Unlabelled	Urban policy
250 000	2018	09.4 - Tertiary Education	142	Unlabelled	Agricultural higher education and research
28 936 064	2018	07.4 - Public Health services	204	Unlabelled	Prevention, health safety and health care delivery

Expenditure	Year	COFOG classification	National accounting classification	Trace (Labelled, Unlabelled)	Name of the programme
11 020 000	2018	07.4 - Public Health services	219	Unlabelled	Sport
20 000	2018	07.4 - Public Health services	123	Labelled	Overseas living conditions
452 000 000	2018	07.4 - Public Health services	Social security Budget	Labelled	Specialised healthcare expenditure
109 822 415	2018	0.7.1 - Medical products, appliances and equipment	Social security Budget	Labelled	Reimbursement for opioid substitution medication by the National Health Insurance Fund
369 888 724	2018	07.3 - Hospital services	Social security Budget	Labelled	Hospital healthcare expenditure
6 945 677	2018	10.4 - Family and Children	304	Unlabelled	Social inclusion and protection of individuals (change in wording in 2016)
347 506 052	2018	03.1 - Police services	176	Unlabelled	National police force
3 245 082	2018	03.3 - Law courts	182	Unlabelled	Judicial youth protection service
146 274 746	2018	03.3 - Law courts	166	Unlabelled	Justice
4 777 476	2018	03.4 - Prisons	107	Unlabelled	Prison authorities
520 000 000	2018	03.6 - Public order and safety n.e.c.	302	Unlabelled	Facilitation and safeguarding of exchanges
214 415 960	2018	02.2 - Civil defence	152	Unlabelled	National <i>Gendarmerie</i>
273 546	2018	02.2 - Civil defence	178	Unlabelled	Preparation and use of forces

Source : based on the Finance Draft Law for 2020 (Premier ministre 2019), the National Health Insurance Fund Medic'AM database and the [directive of 4 May 2018](#) relating to the 2018 tariff and budget year for health care institutions.

T2. Trends. Not applicable for this workbook.

T3. New developments

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

T1 is used to establish the baseline of the topic in your country. Please focus on any new developments here.

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

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

The law creating a lump-sum criminal fine for the use of narcotic drugs was enacted in the Official Journal on 24 March 2019 [[Law No. 2019-222 of 23 March 2019 on 2018-2022 programming and justice reform](#)]. The measure was to be implemented following the adoption of an implementation decree on 24 May 2020 [[Decree No. 2019-507 implementing the criminal provisions of the Programming Act of 2018-2022 and the Justice Reform Act](#)]. Its experimentation finally started in June 2020 in 4 cities (Créteil, Boissy-Saint-Léger, Reims and Rennes). This new procedure, which applies to all drugs but primarily targets cannabis users is due to be extended to Lille and Marseille in mid-July before gradually covering the whole of mainland France.

Following the work begun in 2018 by the committee of experts of the National Agency for Medicines and Health Products Safety (ANSM), the Social Security Financing Act for 2020 ([Law no. 2019-1446 of 24 December 2019](#)) provides for experimentation with the use of cannabis for therapeutic purposes for a period of two years, to be implemented by the ANSM. It should be noted that due to the mobilisation of health authorities on the management of the COVID-19 epidemic, the start of the experiment, initially planned for September 2020, has been postponed to January 2021. A report to Parliament is planned 6 months before the end of the experiment in order to consider the possible follow-up. The core of the specifications provides in particular for securing the quality of the products, distribution, patients and training of professionals authorised to prescribe and provide cannabis for therapeutic use (see T3.1 in the 2020 "legal framework" workbook).

Concerning Cannabidiol (CBD), a judgment is expected in September 2020 from the Court of Justice of the European Union (CJEU). As a reminder, the managers of *Kanavape* had been convicted by the criminal court of Marseille for a dispute concerning the marketing in France of an electronic cigarette based on CBD imported from the Czech Republic. The court considered that the CBD oil contained in the cartridges was extracted from the entire hemp plant, including the leaves and flowers, whereas French regulations limit the cultivation, importation, exportation and industrial and commercial use of hemp to its fibres and seeds alone. Subsequently, the Aix-en-Provence Court of Appeal appealed to the CJEU.

It is in particular on several of these points that the parliamentary information mission on cannabis (see T.3.1 of the workbook "National policy and strategy" 2019) began its work in January 2020 with the aim of proposing an inventory and exploring the issues related to the various uses of cannabis. The deputy chairing this mission (also co-author of the report on the introduction of the lump-sum fine in 2018), Robin Reda (Poulliat and Reda 2018) states that it is a question of considering issues of health, public safety, economic development and land use planning.

Apart from these issues centred on cannabis, the year was more broadly marked by a political will to step up the fight against trafficking with the presentation in Marseille, on 17 September 2019, of the National Anti-Narcotics Plan and the creation of the Anti-Narcotics Office (OFAST) (see workbook "Market and Crime" 2020). This single lead agency has 16 territorial branches and the locally established operational drug intelligence units (CROSS) are intended to strengthen the strategic anchoring in the territories. OFAST and CROSS therefore aim to break down the barriers of information (as evidenced by the fact that this information will also be accessible to other actors such as the municipal police and social landlords).

As mentioned above, crack cocaine remains a major concern in Paris, and is reflected in the programmes for the 2020 municipal elections, both in terms of health and public safety (see T1.1.6). The users present until December 2019 at the "Colline du crack" located at Porte de la Chapelle (who had moved to Porte d'Aubervilliers, where a migrant camp was evacuated on Tuesday 28 January 2020) have gained visibility in the public space (10th, 18th and 19th districts in Paris) and the media, all the more so during confinement linked to the COVID-19 health crisis. It should be noted that the modification of the specifications for the drug consumption rooms (DCR), by the [decree of 15 July 2019](#) making it possible for users to access DCR for nasal or inhalation consumption, has not yet been implemented in Paris.

Finally, discussions are continuing on how to prevent the use of nitrous oxide/ laughing gas (see Workbook 2019), with a [proposal for a law to protect minors from the dangerous uses of nitrous oxide](#) (Senate - Committee text number 170 filed on 4 December 2019 and adopted by the Social Affairs Committee). On a local level, the significant increase in its visibility in the public space (where empty cartridges litter the pavements of certain neighbourhoods) has led to numerous municipal decrees to prohibit its use and sale to minors.

T4. Additional information

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

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

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

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

T4.3. **Optional.** Are you aware of any national estimate of the contribution of illicit drug market activity to the National Accounts? Please describe any sources of information, specific studies or data on the contribution of illicit drug activity to national accounts. Where possible, please provide references and/or links.

See T4.3 of the 2018 Policy workbook.

T5. Sources and methodology

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

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

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

- Díaz Gómez, C. (2012). Tendances récentes des dépenses publiques relatives aux réponses apportées aux drogues (thème spécifique 2) [Recent trends in drug-related public expenditure and drug-related services in France (Selected issue 2)]. In: Pousset, M. (Ed.), 2012 National report (2011 data) to the EMCDDA by the Reitox National Focal Point France. New development, trends and in-depth information on selected issues. OFDT, Saint-Denis.
- Díaz Gómez, C. (2013). Estimation des dépenses publiques en matière de lutte contre les drogues. In: OFDT (Ed.), Drogues et addictions, données essentielles. OFDT, Saint-Denis.
- Eurostat (2020). GDP and main aggregates - selected international annual data [online]. Available: https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=naida_10_gdp&lang=en [accessed 18/06/2020].
- Gérome, C. and Gandilhon, M. (2020a). Usages, offre de drogues et pratiques professionnelles au temps du COVID-19 : Les observations croisées du dispositif TREND [Drug use, drug supply and professional practices in France at the time of COVID-19: Qualitative cross-observations of the TREND scheme]. Bulletin TREND COVID-19. OFDT (1). Available: <https://www.ofdt.fr/BDD/publications/docs/Bulletin-TREND-COVID-1.pdf> ; <https://en.ofdt.fr/BDD/publications/docs/Synthese-Bulletin-TRENDcovid-EN.pdf> [accessed 31/07/2020].
- Gérome, C. and Gandilhon, M. (2020b). Evolution des usages et de l'offre de drogues au temps du COVID-19 : observations croisées du dispositif TREND. Bulletin TREND COVID-19. OFDT (2). Available: <https://www.ofdt.fr/BDD/publications/docs/Bulletin-TREND-COVID-2.pdf> [accessed 31/07/2020].
- Kopp, P. and Fenoglio, P. (2004). Coût et bénéfices économiques des drogues. OFDT, Saint-Denis. Available: <https://www.ofdt.fr/BDD/publications/docs/epfxpkk6.pdf> [accessed 18/06/2020].
- Kopp, P. and Fenoglio, P. (2006). Le coût des traitements et de la mise en œuvre de la loi dans le domaine des drogues. OFDT, Saint-Denis. Available: <https://www.ofdt.fr/publications/collections/rapports/rapports-d-etudes/rapports-detudes-ofdt-parus-en-2006/le-cout-des-traitements-et-de-la-mise-en-uvre-de-la-loi-dans-le-domaine-des-drogues-mai-2006/> [accessed 18/06/2020].
- Kopp, P. (2015). Le coût social des drogues en France [The social cost of drugs in France]. OFDT, Saint-Denis. Available: <https://www.ofdt.fr/BDD/publications/docs/eisxpkv9.pdf> [accessed 18/06/2020].
- MILDECA (2018). Alcool, tabac, drogues, écrans : Plan national de mobilisation contre les addictions 2018-2022 [Alcohol, tobacco, drugs, screens: National plan for mobilisation against addictions 2018-2022]. Mission interministérielle de lutte contre les drogues et les conduites addictives, Paris. Available: <https://www.drogues.gouv.fr/la-mildeca/le-plan-gouvernemental/mobilisation-2018-2022> [accessed 17/06/2020].
- MILDT (2013). Plan gouvernemental de lutte contre les drogues et les conduites addictives 2013-2017 [Government plan for combating drugs and addictive behaviours 2013-2017]. MILDT, Paris. Available: https://www.drogues.gouv.fr/sites/drogues.gouv.fr/files/atoms/files/plan_gouvernemental_drogues_2013-2017_df.pdf [accessed 18/06/2020].
- Ministère de la Justice, Ministère de l'Action et des Comptes publics and Ministère de l'Intérieur (2019). Plan national de lutte contre les stupéfiants. Dossier de presse du mardi 17 septembre 2019. Available: <https://www.interieur.gouv.fr/Actualites/L-actu-du-Ministere/Plan-national-de-lutte-contre-les-stupefiants> [accessed 18/06/2020].
- Ministère des Solidarités et de la Santé (2019). Priorité prévention. Rester en bonne santé tout au long de sa vie. Prévenir et agir face aux surdoses opioïdes. Feuille de route 2019-2022. Ministère des Solidarités et de la Santé, Paris. Available: https://solidarites-sante.gouv.fr/IMG/pdf/strategie_prevention_des_surdoses_opioides-juillet_2019.pdf [accessed 18/06/2020].

Poulliat, E. and Reda, R. (2018). Rapport d'information déposé [...] en conclusion des travaux d'une mission d'information relative à l'application d'une procédure d'amende forfaitaire au délit d'usage illicite de stupéfiants. Assemblée nationale, Paris. Available: <http://www.assemblee-nationale.fr/15/rap-info/i0595.asp> [accessed 18/06/2020].

Préfecture de la région d'Île-de-France - Préfecture de Paris, Préfecture de police de Paris, MILDECA, ARS Ile-de-France and Ville de Paris (2019). Protocole de mise en œuvre du plan de mobilisation coordonnée sur la problématique du crack à Paris 2019-2021. Available: <https://www.iledefrance.ars.sante.fr/system/files/2019-05/crack-plan-2019-2021-33-mesures.pdf> [accessed 18/06/2020].

Premier ministre (2019). Document de politique transversale. Politique de lutte contre les drogues et les conduites addictives. Projet de loi de finances pour 2020. Ministère de l'Action et des Comptes publics, Paris. Available: https://www.performance-publique.budget.gouv.fr/sites/performance-publique/files/farandole/ressources/2020/pap/pdf/DPT/DPT2020_drogues.pdf [accessed 18/06/2020].

Setbon, M., Guerin, O., Karsenty, S., Kopp, P., Costes, J.-M., Díaz Gómez, C. *et al.* (2003). Evaluation du plan triennal de lutte contre la drogue et de prévention des dépendances (1999-2002). Rapport général. OFDT, Paris. Available: <https://www.ofdt.fr/BDD/publications/docs/epfxmsj9.pdf> [accessed 18/06/2020].

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

- Medic'AM, CNAM-TS for the amounts reimbursed for opioid substitution medications. This source provides the amounts reimbursed by the National Health Insurance Fund based on the medication retail price. The reimbursed amount relating to community pharmacy dispensing fees should be added as this has not been included in the reimbursed sums recorded in Medic'AM since 1 January 2015. This estimate was calculated by the OFDT.
- Circulaire DGOS/R1 n°2018-114 du 4 mai 2018 relative à la campagne tarifaire et budgétaire 2018 des établissements de santé. [Directive on the 2018 tariff and budget year for health care institutions] (NOR: SSAH1812665C). Available: http://circulaire.legifrance.gouv.fr/pdf/2018/05/cir_43338.pdf [accessed 28/05/2020]
This source makes it possible to track National Health Insurance Fund expenditure under the Social Security Funding Act (LFSS) to finance the activity of addiction medicine liaison teams, specialised consultations and other expenditure specific to hospital addiction.

Regarding the cost of the medical-social system in the field of addiction medicine (CAARUD, CSAPA and therapeutic communities) as well as the expenses to finance the activity of the Hospital-based Addiction liaison and treatment team and the specialised consultations, the priority source is the "Transversal policy document. Policy against drugs and addictive behavior" (DPT) (Premier ministre 2019). Although this expenditure does not directly fall within the scope of the Budget Act, annual Social Security payments (funds disbursed) can be traced to specialised addiction medicine facilities for their annual operations, from the annexes of successive DPT. This information is sourced from the ARS directly responsible for the financial and accounting management of the subsidies paid.

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

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

French monitoring centre for drugs and drug addiction (OFDT)

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

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

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