

Prevention workbook

2020

France

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Table of contents

T0. Summary3

T1. National profile5

T1.1.Policy and organization5

T1.2. Prevention interventions9

T1.3.Quality assurance of prevention interventions23

T2. Trends23

T3. New developments24

T4. Additional information25

T5. Sources and methodology25

T0. Summary

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

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

Policy and organisation

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

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

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

Prevention interventions

School-based universal prevention mostly in secondary schools and indicated prevention through the Youth Addiction Outpatient Clinics (CJC) which deliver 'early intervention' towards young users and their families (in 550 consultation points throughout France) are two pillars of the public responses. However, these previous years, preventive responses were enhanced towards priority publics, like youth in deprived urban areas, school drop-out kids and youth in contact with the judicial system. Major efforts have been made to develop collective prevention measures in the workplace as well (private companies and public services) beyond the remit of occupational physicians. Environmental strategies to curb alcohol and tobacco use are well developed and have substantial political support. National media campaigns to prevent alcohol and tobacco are regularly issued, less often on illicit drugs.

Trends & Quality assurance

During the 2010s, professionals and policymakers are showing increasing interest in the quality of prevention services and programmes offered and how to improve them. Special efforts are being made to extend versions adapted to the French context of the *Unplugged* and *GBG [Good Behaviour Game]* programme to primary school classes, as part of a cross initiative between professional organisations and decision-makers. Prevention stakeholders are encouraged but free to refer to guidelines on drug prevention in school or other settings. The ASPIRE grid (Assessment and selection of prevention programmes arising from "EDPQS" quality standard overview) the French adaptation of the EDPQS, remains relatively unknown and appears to not be used very frequently. Since the end of September 2018, a directory of effective or promising prevention interventions that promote health « [Répertoire des interventions efficaces ou prometteuses en prévention et promotion de la santé](#) », managed by the French Public Health Agency (SpF-Santé publique France), has been available and is still being expanded.

New development

The 2018-2022 National Plan for Mobilisation against Addictions involves numerous new objectives in terms of prevention in the coming years.

T1. National profile

T1.1. Policy and organization

The purpose of this section is to

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

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

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

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

The first national prevention plan known as "*Priorité Prévention. Rester en bonne santé tout au long de sa vie*" [Priority prevention. A lifetime of good health] was adopted in France in March 2018, comprising 25 key preventive measures to help French people stay in good health throughout their lives (Direction générale de la santé 2018). In keeping with the 2018-2022 National Plan for Mobilisation against Addictions, it aims to improve information and prevention of substance use presenting a risk (alcohol, tobacco, and narcotics) during pregnancy, and to strengthen the partnership between educational institutions (middle and high schools) and Youth Addiction Outpatient Clinics. The government's "Ma santé 22" [My health 22] strategy, which was launched in November 2018, also places the expansion of the health service (from 47 000 students in 2018 to 50 000 in 2019) among the priority actions for the development of prevention, particularly in the fields of addiction and among young people (see T1.2) (Ministère des Solidarités et de la Santé 2018).

T1.1.2. Please describe the organisational structure responsible for the development and implementation of prevention interventions. Information relevant to this answer includes:

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

Institutional bodies engaged in coordination and funding

The policies for preventing legal and illegal drug use are established by long-term Government plans, coordinated by the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA), and then adapted locally by its territorial representatives (usually the cabinet directors of the prefects, so-called "*chefs de projet*", see Drug policy workbook, part T1.3.1). The 2018-2022 National Plan for Mobilisation against Addictions has been developed in the form of

regional roadmaps by working with various different sectors, particularly with the Regional Health Agency, the rectorate (regional education authority) and the legal authorities. To implement these guidelines, the prefectures have several drivers at their disposal, including the policing powers of the senior local government officer and funding, appropriated by the MILDECA to the prefectures, for local action to prevent addictive behaviour, mainly selected by annual calls for tenders (MILDECA 2019). Every year, MILDECA sends its territorial network of project managers in the prefecture a circular to guide the actions to be carried out and the use of the budgets delegated to them ([Circular of 17 December 2019 to MILDECA project managers concerning the regional road maps of the 2018-2022 National Plan for Mobilisation against Addictions](#)). Governmental priorities can be mirrored by or enhanced with national programmes from various ministries (of National education or Health in particular) or regional plans (e.g. from Regional Health Authorities, ARS).

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

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

In secondary schools, including those of agricultural education, headmasters are relatively free to determine their level of commitment to prevention, even though they are strongly encouraged by their supervisory administrations (at regional and/or central levels) to invest in such efforts as local administrative authorities provide head teachers with recommendations based on ministerial guidelines.

Hence, establishing academic Health and Citizenship Educational Committees (CAESC) and departmental Health and Citizenship Educational Committees (CDESC) is an additional way of taking action. In each of the 17 academic regions, the CAESC, chaired by the Rector, outlines the strategic guidelines of the health and citizenship education policy. Prevention actions can be better coordinated, more comprehensive and better adapted to students' specific needs Innovative programmes can be introduced. This strategy is carried out by involving interministerial partnerships, particularly ARS after agreements have been signed. The CAESC brings together the rector's consulting physician and nurse, ARS representatives, school directors, high school students from the high school council (CVL) and representatives of the students' parents. The CDESC, chaired by the Academic Director of Departmental National Education Services (IA-DASEN), relays the guidelines made in the CAESC, with regard to the territorial priorities outlined for young people by local political measures (regional health policy, priority education, urban policy), for managing conditions in the territory as closely as possible. Whether academic,

departmental or local, CESC work together to introduce a school that promotes health both in primary and secondary education.

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

Organisations delivering interventions

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

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

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

T1.1.3. Optional. Please provide a commentary on the funding system underlying prevention interventions. Information relevant to this answer includes:

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

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

With these funds, in 2018 and 2019, MILDECA issued a national call for projects destined for local authorities: "*Conduire à l'échelle d'un territoire une action globale en direction des jeunes contre les consommations à risqué d'alcool, de cannabis et de tabac*" [Implementing a nationwide global action programme aimed at young people, targeting at-risk alcohol, cannabis, and tobacco use]. 24 projects have been funded in this context, amounting to nearly 2 million euros. A second call for projects was launched in spring 2019. These calls for projects aim to support candidate cities in developing an integrated prevention policy, working with citizens to prevent at-risk behaviour related to psychoactive substances among young people (unsafe use or being involved in narcotic trafficking). Special attention is paid to improving compliance with the ban on selling tobacco and alcoholic products to minors (under 18s). An agreement is signed by each of the cities that won the call for projects and the MILDECA. The implementation of integrated prevention policy projects is monitored by a control committee that approves the various stages of the project.

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

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

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

In particular, the Interministerial Fund for Crime Prevention (FIPD) is managed by the General Commissioner for the equality of territories (CGET). The Interministerial Committee on Crime and Radicalisation Prevention (CIPDR in French) defines priorities and decides on the use of these funds, according to a now three-year framework established by the 2020/2024 National Crime Prevention Strategy (SNPD in French) (Ministère de l'Intérieur 2020) (see also T1.2.1). Since 2016, the FIPD is intended to finance the implementation of actions within the framework of the local Crime prevention Plans. For this purpose, a partnership was established between MILDECA and CIPDR since 2017, with a view to promoting the joint funding, at department level, of preventive actions targeting young people at risk of falling into criminality ([Circulaire du 28 février 2019 relative aux orientations pour l'emploi des crédits du Fonds interministériel de prévention de la délinquance \(FIPD\) pour 2019](#)). The [circular of 5 March 2020](#) (Framework circular for the territorial application of crime prevention and radicalisation prevention policies for the years 2020 to 2022) reaffirms the two main objectives of this partnership:

- preventing young people (under 25) from getting into or continuing to work in drug trafficking, particularly by strengthening psycho-social skills;
- support for young people, particularly those who are imprisoned, living in poverty or at risk of a subsequent offence because they are using psychoactive substances, especially narcotics, mainly as part of the TAPAJ scheme (TAPAJ is a social integration program aimed specifically at street youth who struggle to find employment, see section T1.2.1).

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

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

On 8 November 2018, a joint national seminar on the CVEC brought together the *Centre National des Œuvres Universitaires et Scolaires* (CNOUS) [the National Centre for University and School Life], the Conference of University Presidents (CPU), the Conference of Grandes Ecoles (CGE) and the Conference of Directors of French Engineering Schools (CDEFI), in the presence of representatives of the Ministry of Higher Education, Research and Innovation. Approximately 300 people were able to share their ideas on the use of the CVEC and health priorities.

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

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

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

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

T1.2. Prevention interventions

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

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

Information relevant to this answer includes:

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

Tobacco and alcohol legislation

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

In summary, French legislation on tobacco and alcohol regulates:

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

With regard to drinking establishments, the [law no. 2019-1461 of 27 December 2019](#) on involvement in local life and proximity to public action aims at simplifying regulations in order to encourage better application. This concerns in particular compliance with public health requirements (in particular for the protection of minors) and better control of the supply and accessibility of alcoholic products on the territory. This law revises the Public Health Code by authorising mayors to set by decree a time slot for prohibiting the sale of alcoholic beverages on the territory of the municipality between 8 p.m. and 8 a.m. and for a maximum duration of 12 hours. It empowers the Government to adapt by ordinance, in metropolitan France and the overseas territories:

- the conditions for the opening, transfer, relocation and transformation of drinking establishments, as well as the categories of alcoholic beverages and the introduction of a tool for the electronic management of licences;
- the conditions for the operation of drinking establishments, including in terms of training, posters and signage, as well as the methods of sale, manufacturing and trade in alcoholic beverages with a view to preventing harmful consumption of alcohol and protecting the youngest.

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

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

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

Tobacco and electronic cigarette

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

Alcohol

- Prohibits being publicly and visibly intoxicated, which is punishable by a 2nd class fine or imprisonment, if it is detected in a sports venue, particularly in the event of violence;
- It allows the mayor to prohibit the sale of alcoholic beverages to take away in the municipality, during a defined maximum time slot of between 8 p.m. and 8 a.m.
- Authorises employers to regulate or even prohibit the consumption of alcoholic beverages in professional environments (Art. R. 4228-20 of the Labour Code);
- Limits the blood alcohol level when driving a vehicle to 0.5g/l, or 0.2g/l for people learning to drive or with a provisional licence (Art. R. 234-1 of the Traffic Code).

With regards to selling it to and protecting minors, the law ...

Tobacco and electronic cigarette

- Prohibits selling or freely distributing tobacco products to minors (including paper and filters) and e-cigarettes (Art. 36 and l. 3513-5 of the Public Health Code).

Alcohol

- Prohibits selling or freely distributing alcoholic beverages to minors;
- Prohibits selling or freely distributing alcoholic beverages for commercial purposes ("open bar") (Art. L. 3322-9 of the Public Health Code), except during traditional festivals or authorised tastings;
- Prohibits encouraging minors to consume alcohol regularly or in excess or encouraging them to become intoxicated;
- Prohibits temporarily offering alcoholic beverages at a reduced price (happy hour) without also offering non-alcoholic beverages at a reduced price over the same period (Art. L. 3323-1 of the Public Health Code).

With regards to manufacturing and packaging, the law ...

Tobacco and electronic cigarette

- Regulates the composition of tobacco products and prohibits processes that give tobacco products specific auditory, olfactory or visual characteristics;
- Regulates the packaging of tobacco products and provides for the mandatory inclusion of a health warning (image and text) on all packaging;
- Imposes neutral and standardised packaging units and packages for tobacco products (cigarettes, roll-your-own tobacco) or related products (cigarette paper) (Art. L. 3511-6-1 of the Public Health Code). The brand inscription is limited in size, is very discreet and is always positioned in the same place on the packaging.

Alcohol

- Enforces that a health warning saying "alcohol abuse is dangerous to health" is provided on alcoholic beverage packaging units;
- Enforces the use of a "zero alcohol during pregnancy" pictogram on alcoholic beverage packaging units.

With regards to advertising and promotion, the law ...

Tobacco and electronic cigarette

- Introduced a complete ban on advertising tobacco (including at points of sale, since 2016).

Alcohol

- Limits alcohol advertising materials and content (e.g. prohibits advertising at the cinema and on the television) and specifies the authorised media or materials allowed (effectively prohibiting all those that are not stipulated);
- Authorises the promotion of alcoholic products with a quality appellation or linked to cultural heritage (2016 law on health system reform);
- Has authorised advertising alcohol online since 2009, through traditional internet formats (e.g. banners) on websites aimed at an adult audience, provided that the advertising is "neither intrusive nor interstitial".

With regards to lobbying, the law ...

Tobacco

- Requires tobacco manufacturers, importers or distributors and their representative organisations or companies to provide a detailed report of their expenses related to lobbying and interest representation activities, namely: subcontracting costs, salaries, benefits in kind or in cash provided to members of governmental or ministers' offices, parliamentarians, employees, experts or civil servants, called upon to take action, prepare actions or advise public authorities on tobacco products.

With regards to tax, the law ...

Tobacco

- Subjects tobacco products sold for retail or imported into mainland France to an excise duty, comprising a specific share per product unit or weight and a share proportional to the mean retail price (Art. 575 of the General Tax Code)
- Provides for the approval of tobacco prices by a collaborative legislative order from the health and budgeting ministries (Art. 572 of the General Tax Code)
- Imposes a 0.74% tax on manufactured tobacco, to the benefit of the supplementary budget for agricultural social security benefits (Art. 1609t of the General Tax Code).

Alcohol

- Provides for an excise duty borne by alcoholic beverages, in compliance with the minimum tax determined by the European Council ([directive 92/83/CEE](#) and [directive 92/84/CEE](#)). This excise duty is increased on the 1st of January every year in line with the growth rate of the consumer price index, excluding tobacco, recorded for the penultimate year (Art. 403 of the General Tax Code).
- Allocates to the Old-age Solidarity Fund the proceeds from the excise duties relating to the alcoholic beverages referred to in Articles 402 bis, 403, 406 A, 438 and 520 A of the CGI (Art. 43 of the General Tax Code).
- Introduces a contribution levied on alcoholic beverages to go towards the National Health Insurance Fund (Art. L245-7 of the Social Security Scheme Code) because of the health risks involved in excessively using these products. This contribution is levied as a resource for prevention, health and social action for social security funds.
- Provides for a tax applied to alcopops for the National Health Insurance Fund, provided that the beverage's alcohol proof is higher than 1.2% vol. and less than 12% vol. (Art.1613 bis of the General Tax Code)

Delinquency and crime prevention strategies

Over the last years, delinquency and crime prevention strategy has been implemented towards addicted/drug user offenders, with the aim to enhance collaboration and communication between judicial and medico-social stakeholders. The National Crime Prevention Strategy 2020/2024 (SNPD), adopted on 9 March 2020, urges law enforcement services and prefectures to create better dynamics around health, including with treatment services (CSAPA) and harm reduction facilities (CAARUD) (measure 8). It also reaffirms the role of prefects in steering the prevention of delinquency and radicalisation and the fight against drugs (measure 30). Thereupon, the MILDECA funds local projects each year, such as prison staff training in the management of addiction issues, detection and support of addicted people; and detainees' awareness raising on addictions (see T 1.2.3).

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

T1.2.2. Please comment on Universal prevention interventions as reported to the EMCDDA in SQ25 or complement with information on new initiatives (activities/programmes currently implemented) or interventions (particularly their contents and outcomes).
Comment, if applicable, on the relevance (i.e. number, money spent) of mass media campaigns

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

Universal prevention in schools

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

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

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

The 2018-2022 National Plan for Mobilisation against Addictions aims to roll out validated programmes in each academic region, for developing psychosocial skills, both contributing to a healthy school environment and the prevention of at-risk behaviour, including addictive behaviours. These programmes should bring together the educational community and hence parents. The national prevention plan reflects these recommendations, by reaffirming the need to develop psychosocial skills in children and adolescents related to a common base of knowledge, skills, culture, and teaching. The *Conseil Scientifique de l'Éducation Nationale* (Scientific Council of National Education) develops pedagogical resources so that primary school teachers can implement "professional gestures" that promote the acquisition of psychosocial skills. The primary aim is to combat educational inequalities induced by social inequalities, but this pedagogical aid will also contribute to the fight against risky behaviour.

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

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

- a) *Unplugged*;
- b) The PRIMAVERA programme implemented in the Amiens and Paris academies, the evaluation results of which are expected at the end of 2020;
- c) the Good Behaviour Game (GBG).

Over the course of 2010, a small number of organisations began to adapt the *Unplugged* programme on their territory, on an experimental basis and therefore with a small number of establishments. It has been implemented in the department of Loiret (Orléans and its outskirts, see below), in Île-de-France (5 schools), in Bourgogne-Franche Comté (6 schools), in Martinique (3 schools), in Reunion Island (6 schools) and adapted in Isère by the PAD programme (Prevention of addiction in schools). In 2018, the PAD programme was deployed in 30% of the high schools in the department of Isère and aimed to cover 100% of the department's high schools in 2019. The 4 pioneering organisations, together with the association *Fédération Addiction*, have created a space for exchanges on the tools and methods tested and have begun to reflect on the conditions for extending this programme, in the face of growing demand from the Regional Health Agencies for the implementation of evidence-based programmes.

The *Unplugged* programme, as implemented in the Loiret department, is aimed at pupils aged 11 to 13 years (6th and 5th year classes according to the French system) and is based on a pair of one professional prevention officer and a teacher, on the principle of co-leading the entire first year with a gradual withdrawal in the second and third years. The *Unplugged-Loiret* programme was evaluated in 2018 by SpF (the French Public Health Agency) under a working agreement with MILDECA (Lecrique 2019). Performance indicators were collected from a sample of 1 091 middle school students in 6th grade to 8th grade in 12 middle schools (66 classes) before and after the intervention (1 month and 3 months in). The use of psychoactive substances (lifetime use and recent use) by students participating in the programme (n = 491) was compared to use by students not receiving any prevention intervention (n = 600). The study shows the short-term effectiveness of the *Unplugged* programme in Loiret on psychoactive substance use and its directly targeted psychosocial factors (attitudes, psychosocial skills, social norms). It proved the programme had a protective effect with regards to recent use or lifetime use of cigarettes, cannabis and experiencing episodes of intoxication. The extent of the impact on recent use is higher than that of the initial European evaluation (Faggiano *et al.* 2008), which is certainly due to adhering more closely to the programme in Loiret : 83% of classes provided the full programme (compared to 56% in the initial assessment) and 94% of the targeted students were reached (compared to 78% in the initial assessment). For the Loiret programme, process data was collected at the end of each of the 12 sessions. Finally, the effects seem to be more significant for middle school students, who are more exposed to certain risk factors (how strict their parents are with regards to them using, a low academic level and a poor socio-economic environment). Therefore, *Unplugged* is a useful prevention tool for groups showing vulnerability factors.

With the financial support of the National Cancer Institute (call for tenders), this resource centre under the coordination of the *Fédération Addiction* was commissioned from 2018 to 2020 to design and test a regional deployment model based on a pool of trainers, the *Unplugged-Loiret* model (see above) and the application of a quality approach. This experiment was initiated in two pilot regions (Île-de-France and Bourgogne-Franche-Comté), with the support of a national steering committee (National Health Directorate-DGS, DGESCO, MILDECA, National Cancer Institute-INCa and *Santé publique France*) and a regional steering committee, in order to bring together all the institutional stakeholders (schools, health services and prefectures) likely to support this dynamic. Thus 11 addictology organisations and 20 high schools have invested in the implementation of the *Unplugged-Loiret* model during the 2019-2020 school year. Pools of

trainers were trained to a master's degree by an official trainer (Daniel Pellaux) and in turn trained 35 prevention officers. Between June and September 2019, the members of the colleges volunteering to work in pairs with the prevention officers (at least two people from among the teaching or educational staff) also underwent a two-day *ad hoc* training course, specially integrated into the academic training plan. Implementation started in September 2019 with an average of 3 classes per school, but the closure of schools due to the COVID-19 epidemic interrupted the process early in 2020. In July 2020, 20 additional prevention officers are to be trained in order to continue the extension from September 2020, mobilising two new regions and a growing number of high schools: 6 high schools and 20 classes in Île-de-France, 14 high schools and 40 classes in Bourgogne-Franche-Comté, and in the last new regions, 20 high schools and 31 classes in Occitanie and 11 high schools and 33 classes in Nouvelle-Aquitaine. In the light of the recent upheavals caused by the COVID-19 lockdown period, the *Fédération Addiction* (coordinator) asked the international trainer to explore the new challenge for practitioners to implement remote interventions.

Between 2015 and 2017, the US programme "Good Behavior Game" (GBG) was trialled in three primary schools in Alpes-Maritimes, including one in the high-priority education network (REP), within the framework of a project piloted by the Research Group on Social Vulnerability (GRVS) and supported by the local community. It involved 35 teachers and 660 pupils. The project is the result of a long process of raising awareness among local decision makers and educational professionals, which began in 2006 (Reynaud-Maurupt 2015). Skills transfer from the organisation holding the rights to the programme (*American Institutes for Research*, AIR) to GRVS was carried out to allow for the implementation of the GBG in France from the beginning of autumn 2017. Adapting the programme resources to the French context involved using a vocabulary corresponding more to the expectations of French teachers and students, expanding these resources, and also creating new documents (introduction manual intended for teachers, reference documents, posters, training slide shows). The pilot study analyses the quality of programme set-up and includes an acceptability study (Reynaud-Maurupt 2017). The first was based on three types of data: measurement of the changes in disruptive behaviour in each school, measurement of the changes in social and school skills of the most disruptive pupils, and ethnographic data. GBG has been generally well received by teachers and especially by pupils. The two-year pilot study in France (2015-2017) confirmed its beneficial impact on the classroom ambience as proved by less aggressive and disruptive behaviours. An impact assessment has started in September 2018, under the methodological supervision of SpF on the autonomous sites. The GBG programme, which started in Alpes-Maritimes, is being developed in other territories, including, as of September 2019, a total of: 11 schools in Alpes-Maritimes and 4 in Var (in the Provence-Alpes-Côte d'Azur region), 3 schools in La Marne (Grand Est), 4 schools in Loiret (Centre-Val de Loire), 2 schools in Eure and Calvados (Normandy) and two schools in Seine-Saint-Denis (Île-de-France) with administrative number 93. Therefore, in September 2019, 9 new primary schools are taking part in the GBG programme and 3 schools that were already involved are training all their teaching teams in GBG.

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

The health service for health students was initiated in September 2018 with 47 000 of these future practitioners ([décret n°2018-472 du 12 juin 2018](#)). From 2019 onwards, it will apply to all health training courses, i.e. around 50 000 students per year, an increase announced in the government strategy "Ma santé 2022" [My Health 2022] (Ministère des Solidarités et de la Santé 2018). Due to the inclusion of a module on the design and implementation of health promotion actions in all

health courses (medicine, nursing, pharmacy, etc.), students on these courses are required to carry out prevention actions, particularly in the school setting, with their closeness in age allowing them to discuss delicate issues, such as emotions, sexuality or addictions, more easily. These students can be involved in the implementation of programmes to prevent addictive behaviour by reinforcing psychosocial skills, as in the Grenoble academy. The Health Education Network for French Universities (UNIRÈS) has developed a remote course to support the health service in order to provide these students with a project methodology in health education adapted to the school environment and to foster a common culture of health education between them and the educational community (see also workbook Best Practices).

Universal prevention in the workplace

The third occupational Health Plan 2016-2020 acknowledges addictive behaviours as a multifactor risk (lying on both personal and professional factors) requiring to implement collective prevention responses in the workplace (Ministère du Travail de l'Emploi de la Formation professionnelle et du Dialogue social 2016). In connection with this third plan and following on from the previous government plan (2013-2017), the National Plan for Mobilisation against Addictions 2018-2022 (MILDECA 2018) makes the fight against addictive behaviour a priority of occupational health and confirms the need to develop prevention, in particular primary prevention linked to working conditions and work organisation. Several types of actions are planned to improve prevention in companies and in the public sector.

The first axis aims to improve the addiction knowledge and skills of workplace professionals. To this end, managers and employee representatives are to be made more aware of the prevention of addictive behaviours at work, in particular by introducing a specific training module into management courses. A website (Addict' Aide-pro) [Addict' pro-help] dedicated to addiction prevention in the workplace has also been created in partnership with the Fund for Combatting Addiction (See the Research workbook).

The plan also aims to strengthen the role of occupational health services in the prevention of addictive behaviours, in particular through the generalisation of early identification and brief intervention among workers and young people undergoing vocational training or apprenticeship. Within this framework, a national training plan for occupational health doctors and nurses has been implemented by MILDECA since 2015 in partnership with the Ministry of Labour and the *Ecole des hautes études en santé publique* [School of Public Health] (EHESP). Two three-day sessions are organised each year and have trained 180 occupational health physicians and nurses in implementing a comprehensive approach to preventing addictive behaviour in the workplace based on:

- developing a collaborative prevention plan to address the risk factors in the company;
- implementing early identification and brief intervention for alcohol, tobacco and cannabis;
- and developing trainers' skills to increase training in the region.

The 2018-2022 National Plan for Mobilisation against Addictions also sets itself the objective of promoting the prevention of addictive behaviours in small and medium-sized businesses (SME). It aims more effectively to identify professional categories or sectors which are most at risk, in order to develop targeted measures. This project, financed in particular by the MILDECA, was launched at the end of 2019 to experiment in certain territories and sectors of activity, in companies and local authorities, with support for the prevention of addictive behaviour by the National Agency for the Improvement of Working Conditions (ANACT) and the National Association for the Prevention of Alcoholism and Addiction (ANPAA), two partners with complementary skills.

The "Workplace accidents/Occupational diseases" (AT-MP) sector of the National Health Insurance Fund is called upon as a player in the prevention of work accidents to offer new incentives for preventing occupational driving risks in relation to consumption of psychoactive substances.

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

In January 2019, the CSR (Corporate Social Responsibility) platform for "France stratégie", an organisation for studying, forward-thinking and evaluating public policies and proposals, under the authority of the Prime Minister, and upon request of the Mildeca, published an overview report on the current state of consumption of psychoactive substances in companies that provided around fifteen guidelines to the government, companies, companies producing or distributing alcohol or tobacco and to professional federations, in order to promote a global approach to preventing and reducing risks in companies (Uzan *et al.* 2019). These include, for example:

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

In terms of research, since 2016 MILDECA has been funding a cohort study (the national "Constances" cohort, including 200 000 people and fed in particular by data from the National Health Insurance Fund) aimed at better highlighting and documenting the links between occupational exposure to certain risks and addictive behaviour as well as the consequences on professional careers (particularly on the risks of job loss, stoppages and accidents at work).

Universal prevention targeting specific population groups

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

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

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

As regards young people in vocational training, this involves:

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

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

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

Media campaigns

A single media campaign on illicit drugs has been conducted over the period from 2019 to mid-2020. Aimed at young people aged 17 to 25, the *Amis aussi la nuit* [Friends also at night] campaign was broadcast in October 2019 by the French Public Health Agency, mainly via digital levers. It aimed to reinforce protective peer-to-peer behaviours, encouraging young people to pay attention to each other and, in particular, to reduce their use of psychoactive substances.

The "Mois sans tabac" [Month without tobacco] campaign, which has been organised every November since 2016 (inspired by the English programme Stoptober), and the World No Tobacco Day which has taken place on 31 May every year since 1988 under the aegis of the World Health Organisation, receive dedicated media coverage every year. Over the last few years, these campaigns have used social marketing approaches promoting "social disease": spreading ideas, attitudes or behaviours in a group by imitating others and conforming with them (Laws of imitation by Gabriel Tarde, 1890). This is the case with the "Mois sans tabac" campaign which, as well as having a big public communication campaign, provides free tools (online service www.tabac-info-service.fr, help kit for quitting smoking) that aim to make it easier to stop smoking and take part in the campaign. For the 2020 edition of World No-Tobacco Day, the campaign's main theme is to protect the younger generations from the industry's manipulation to prevent them from using tobacco and nicotine. A digital campaign has been launched on the theme "*Quitting smoking is always a good idea*" advertising the Tobacco Information Service telephone quitline, the rebroadcasting of 3 videos on the site, the app and the number 3989. A theme that is particularly relevant in view of the initial findings on the increase in tobacco consumption reported since the beginning of the lockdown period: on 30 March and 1 April 2020, according to a CAWI (Computer Assisted Web Interview) [survey](#) of the French Public Health Agency (SpF), 27% of smokers declared that their tobacco consumption had increased since confinement, with an average increase of 5 cigarettes smoked per day.

In March and April 2019, the French Public Health Agency SpF launched an information campaign under the aegis of the Ministry of Solidarity and Health to remind the general public that all alcohol consumption involves risks and to promote consuming alcohol within the new recommendations, developed as part of the expert work carried out by SpF and INCa. The slogan "To look after your health, only consume a maximum of 2 glasses of alcohol a day and not every day" summarises these new advices. This scheme is based on a spot broadcasted on television, online video platforms and social networks, as well as radio columns and press inserts. A tool for evaluating alcoholic consumption and the risks involved, the Alcoholmeter, is also available on the website www.alcool-info-service.fr. This campaign (15-second video spot) was to be renewed from 2 to 29 March 2020 but was suspended with the occurrence of the COVID-19 outbreak. It is to be rescheduled in the autumn of 2020.

Nevertheless, faced with the foreseeable problems of over-consumption of psychoactive substances, shortages linked to difficulties in accessing substances and care during the lockdown period from March to May 2020, the MILDECA has developed and published a library of images

with preventive messages that can be used on the Internet and social networks. Topics covered include alcohol, also domestic violence, tobacco, screens (increased connectivity for younger people to online education and social networks), remote support services and measures to reduce risks and harm in relation to drugs (<https://www.drogues.gouv.fr/actualites/covid-19-substances-psychoactives-bibliotheques-dimages-telecharger-reseaux-sociaux>). According to a survey by the French Public Health Agency (online data collection on 30 March and 1 April 2020), 27% of smokers increased their tobacco consumption during confinement and 24% of French people decreased their alcohol consumption.

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

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

The 2018-2022 National Plan for Mobilisation against Addictions identifies several avenues for selective prevention. It aims to particularly focus on children falling within the child welfare service (ASE) and judicial youth protection service (PJJ), and to emphasise prevention aimed at individuals referred by the justice system. It charges the MILDECA representatives (in prefectures) with accompanying the festive life and events to ensure criminality prevention and public safety, in the urban and rural areas. A Mayor's guide to addictive behaviours, developed in partnership with the Association "Mayors of France", was published in November 2019 to steer mayors and civil servants in implementing an integrated prevention policy in their territory, particularly when it comes to managing party events and venues (MILDECA and Association des Maires de France 2019).

School environment (secondary vocational education)

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

Recreational settings

As a reminder, a campaign to reduce the risks of alcohol or cannabis consumption in a festive context, *Amis aussi la nuit* [Friends also at night], was broadcast in October 2019 by the French Public Health Agency, mainly via digital levers, aimed at young people aged 17 to 25. It encouraged young people to pay attention to each others on festive evenings and, as a result, to reduce their use of psychoactive substances.

Numerous French cities have drawn up charters with the professional representatives of night-life establishments, the local police and prevention associations working in the party scene. Furthermore, there are various examples of local actions for alcohol and drug abuse prevention. In cities, most of the actions in the recreational context involve "seeking contact" and are carried out by associations at local level. Some large cities (which generally have a large student population) fund local teams to intervene in the "places of use". These include, for instance, the *Noctambule* scheme in Lyon, *Noxambules* in Angers, *Festiv'attitude* and *Somm'en Bus* (a bus with a chill-out area for relaxation and reassurance run by a harm reduction professional) in Bordeaux and "*fêtons plus, risquons moins*" [let's celebrate more and risk less] in Toulouse. There is also "*Fêtez Clairs*" (<https://fetez-clairs.org/>), a system designed to integrate health promotion, prevention of risky behaviours and harm reduction in festive practices in Paris, notably through urban *chill outs*, mobile teams and a duty period every Friday (17:00-19:00). These schemes provide guidance, prevention and harm reduction materials concerning alcohol, drugs, HIV, and sexuality. During the COVID-19 epidemic, the "Fêtez Clairs" system provided a dedicated email address (confinezclairs@gmail.com) allowing users and professionals to ask questions about how to manage their consumption (of alcohol, tobacco, cannabis and other drugs) or how best to accompany a person in difficulty with their consumption, at the time of lockdown and then after confinement (see poster below). According to a CAWI (Computer Assisted Web Interview) [survey](#) from the French Public Health Agency conducted on 30 March and 1 April 2020, 51% of alcohol users declared they had increased their drinking frequency, 10% increased the number of drinks drunk on the days they drink alcohol and 23% increased both parameters.

DÉCONFINEZ [CLAIRS]

Appliquer les conseils de réduction des risques permet d'éviter les contaminations au Covid-19, de réduire les risques de tomber malade et de limiter les risques de surdose (mortelle) dans un contexte où les services de santé sont débordés.

- LAVEZ-VOUS LES MAINS**
Au moins 20 secondes après chaque contact avec d'autres personnes, après avoir touché de l'argent, avant et après la consommation et après avoir reçu / acheté vos produits. Si vous n'avez pas de savon, utiliser du gel hydro alcoolique ou des lingettes à base d'alcool.
- PRÉPAREZ VOS PRODUITS VOUS-MÊME**
Ne touchez pas les produits et matériel des autres et limitez le nombre de personnes qui touchent les vôtres. Évitez les achats collectifs. Si le produit doit être partagé, la personne en charge doit veiller à bien se laver les mains.
- NE PARTAGEZ NI VOTRE MATÉRIEL NI VOS PRODUITS**
Pailles, verres, joints, cigarettes, canettes, seringues, bongis, bouteilles, etc.
- NETTOYEZ LE PAQUET OU SACHET CONTENANT VOTRE PRODUIT**
- NETTOYEZ VOTRE MATÉRIEL DE CONSOMMATION ET LES SURFACES**

Take Care. L'équipe de Fêtez Clairs

DÉCONFINEZ [CLAIRS]

Quelques conseils pour éviter une surdose après une période de non-consommation :

- COMMENCEZ PAR UNE PETITE QUANTITÉ DE PRODUIT ET ESPACEZ VOS CONSOMMATIONS**
Attendez de constater les effets avant de re-consommer.
- DIVISEZ VOS CONSOMMATIONS**
Par exemple si vous consommez en général 1 ml de GBL, n'en consommez pas plus de 0,5 ml lors de votre première consommation. La même règle doit s'appliquer à l'ensemble des substances.
- ÉVITEZ DE CONSOMMER SEUL-E, ET PAS TOU-TE-S EN MÊME TEMPS**
En particulier si vous consommez des drogues susceptibles d'engendrer des surdoses mortelles ou pouvant provoquer des détresses psychologiques (fortes quantités d'alcool, LSD, MDMA, héroïne et dérivés, cocaïne, speed, kétamine, etc.). Si vous êtes en groupe, il est important qu'une personne garde les idées claires pour pouvoir intervenir et prévenir les secours au cas où l'une d'entre vous se trouve en difficulté.
- SI VOUS VOUS SENTEZ MAL, PARLEZ-EN**
Informez vos ami-es et ne restez pas seul-e. Si vous êtes en détresse respiratoire, appelez ou faites appeler le 112 ou le 15.

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

As a reminder, a national referee for festive events organised by the young people, placed under the responsibility of the interministerial delegate for youth, as well as correspondents in the prefecture, can advocate stakeholders in the territories when large-scale festive events are organized (e.g., teknivals, free parties, etc.).

Priority security zones and deprived neighbourhoods

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

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

Individuals referred by the justice system

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

As a follow-up, an experiment is under way in the Provence-Alpes-Côte d'Azur region for young people under the care of the PJJ [judicial youth protection service] with addictive behaviour: the coordinated "sport addiction" course, piloted by the MILDECA and set up by the DPJJ [Directorate of Judicial Youth Protection] with the support of the French Union of Secular Works and Physical Education (UFOLEP) and the National Federation for Education and Health Promotion (FNES). It aims to promote the socio-professional integration of young people through individual and collective support over several months. Tested in Var in 2019, the system is currently being extended, particularly in Alpes-Maritimes. A guide for youth and special education professionals is being developed to provide educators with the main theoretical bases on addictive behaviour and knowledge about psychoactive products as well as practical keys to facilitate identification. An external evaluation is planned in the long term.

In addition to the resources currently used (interactive health self-assessment tool, which also covers addictive behaviours, accessible at all judicial youth protection service establishments, prevention programme based on the "Kusa" manga (see details in the 2017 Prevention workbook)), according to the National Plan for Mobilisation against Addictions, this involves promoting the development of psychosocial skills in young people and empowering them and their families. For this purpose, the Ministry of Justice will propose quality criteria to select the actions requiring funding, the relevance of a long-term approach and complementary nature of stakeholders. Nationwide trials are encouraged thanks to the financial support of the Narcotics support fund.

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

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

In prisons, tobacco is an object of transaction and sociability, but in France, while 80% of prisoners smoke, 60% of them have expressed the wish to stop smoking (Sannier *et al.* 2009). In 2019, the project "Reducing Smoking in Prisons", known as TABAPRI, was launched. This is intervention research applied to the design, implementation and evaluation of a prison-based intervention aimed at reducing individual exposure to tobacco (active and secondary smoking). It is aimed at

the entire population attending 16 voluntary prisons, including inmates, prison officers and health and socio-educational professionals. The intervention must be adapted to the local configurations of the institutions concerned, through a participatory process of co-construction of the intervention with the stakeholders. The aim will be to identify and put in place the conditions for its acceptability, both at individual and organisational levels in the 16 prisons concerned in order to optimise the conditions of implementation. The main objective of the evaluation will be to assess the effectiveness and efficiency of the intervention tested and to produce evidence and tools for optimal implementation. It is based on three complementary studies as part of a collaboration between the French National Institute for Health and Medical Research (INSERM) and the OFDT. A two-armed randomised cluster trial (8 centres in the experimental group and 8 centres in the control group) will evaluate the effectiveness of the intervention in increasing the smoking abstinence rate at 6 months among 5 000 inmates and staff members. Other indicators will also be analysed: passive exposure to tobacco, access to smoking withdrawal treatments, number of cigarettes smoked per day, number of opioid substitution medicines consumed, etc. A cost-effectiveness analysis will also be carried out with respect to the intervention dose delivered, the scope of the intervention, the level of commitment with the intervention initially planned and the degrees of adaptation. Depending on the initial results, a budgetary impact assessment will be carried out. A sociological study carried out on the basis of observations and group interviews with inmates and professionals will help to refine the assessment of implementation. It will focus on identifying levers and barriers at an individual and collective level in order to analyse the transferability of the intervention.

At-risk families

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

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

Persons with a disability or difficulty

The government's Plan for Mobilisation against Addictions considers the issue of disability. It calls for health pathways to be made accessible to people with disabilities (Objective 6.6) and, in the area of prevention: (i) to adapt the prevention of addictive behaviour to children living with a disability, whether they are cared for in ordinary classes or in specialised organisations; (ii) to develop programmes for the prevention, identification and support of addiction in an "inclusive" manner (accessible to all); (iii) to adapt the professional practices of Youth Addiction Outpatient Clinics (CJC) and Youth Counselling and Care Centres (MDA in French) to welcome people living with a physical or mental disability.

While the national strategy has the merit of highlighting the problem of equity in public responses to addictions, this work is progressing slowly. However, it is worth noting the *Santebd.org* initiative, implemented in 2013 by the association *CoActis Santé* with the aim of promoting information that is accessible to the greatest number of citizens, including the most vulnerable in various fields of health, such as addiction (<https://santebd.org/les-fiches-santebd/addictions>). The goal is to enable them to be actors in their own health and to participate in an informed manner in medical decisions that concern them.

T1.2.4. Please provide an overview of **Indicated** prevention interventions (activities/programmes currently implemented). Information relevant to this answer includes:

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

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

T1.3. Quality assurance of prevention interventions

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

T1.3.1. **Optional.** Please provide an overview of the main prevention quality assurance standards, guidelines and targets within your country.

The 2018-2022 National Plan for Mobilisation against Addictions makes provision for major efforts in terms of training for professionals working on the front line in contact with young people, in psychosocial skill development or early detection and referral of young users (see T1.2.2). In its 2018 annual directive, laying down the objectives for project managers, published back in January 2018, MILDECA provided its nationwide representatives with methodological and operational support via an online toolbox, consisting of ASPIRE tools to help process applications for subsidies related to prevention programmes. As a reminder, the ASPIRE guide to selecting quality prevention programmes was adapted from EDPQS (<https://www.ofdt.fr/aide-aux-acteurs/prevention/grille-aspire-adaptation-francaise-des-edpqs-pour-la-selection-de-programmes-prometteurs/>). The Ministry of Justice will propose the quality criteria to be selected for the actions requiring funding, alongside minors under judicial protection and their families, to help them develop their psychosocial skills. The long-term approach of the programmes and the complementary nature of internal stakeholders and external partners will be considered.

In September 2018, the French Public Health Agency published an online directory of effective or promising interventions for prevention and health promotion. In terms of addiction (alcohol, tobacco, illegal drugs), the directory provides access to a description of 21 prevention programmes assessed in France or approved abroad and that are being adapted in France : <https://www.santepubliquefrance.fr/a-propos/services/interventions-probantes-ou-prometteuses-en-prevention-et-promotion-de-la-sante/repertoire-des-interventions-efficaces-ou-prometteuses-en-prevention-et-promotion-de-la-sante> [accessed 06/08/2020] This directory is incomplete at this stage but must gradually be supplemented with validated national intervention programmes and local experiences, with reliability indicators.

T2. Trends

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

T2.1. Please comment on the main changes in prevention interventions in the last 10 years and if possible discuss the possible reasons for change.

For example, changes in demography, in patterns of drug use, in policy and methodology, in target groups or in types of interventions.

See T2.1 of 2018 workbook

T3. New developments

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

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

T3.1. Please report on any notable new or innovative developments observed in prevention in your country since your last report.

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

(T 1.2.1) Alcohol legislation

The [law no. 2019-1461 of 27 December 2019](#) on involvement in local life and proximity to public action revises the Public Health Code by allowing mayors to prohibit the sale of alcoholic beverages on the premises of municipalities in a maximum defined time slot between 8 p.m. and 8 a.m. It empowers the Government to adapt by ordinance, in metropolitan France and the overseas territories, the conditions for opening and transferring licensed premises, as well as the categories of beverages authorised, the use of a new tool for the electronic management of licences and the operating conditions (including training, signage and posters).

(T 1.2.1) Delinquency and crime prevention strategies

The National Crime Prevention Strategy 2020/2024, adopted on 9 March 2020, reaffirms the role of prefects in steering the prevention of delinquency and radicalisation and the fight against drugs (measure 30). It enjoins law enforcement services and prefectures to promote collaboration among health actors, including in the field of addictions (measure 8).

(T 1.2.2) Universal prevention in schools

The Scientific Council of National Education is developing educational resources to help primary school teachers promote psychosocial skills, with a view to reducing risk behaviour and educational and social inequalities, which are recognised as correlated.

The deployment and adaptation of the *Unplugged* programme according to the model tested in the Loiret department is continuing under the coordination of the *Fédération Addiction* as part of a national (DGS, DGESCO, MILDECA, INCa and Santé publique France) and regional pilot programme in two pilot regions in 2019-2020 (Île-de-France and Bourgogne-Franche-Comté) and, from September 2020, two new regions are planned (Occitanie and Nouvelle-Aquitaine). In light of the upheavals caused by COVID-19, the notion of distance intervention in its teaching must be integrated into training.

The Health Education Network for French Universities (UNIRÈS) has developed a remote course for students in the health service (medicine, nursing, physiotherapy, dentistry, etc.) on the methodology of health education projects adapted to the school environment and cultural integration between the educational community and health professionals.

(T 1.2.1) Preventive media campaigns to prevent COVID-19.

A single media campaign on illicit drugs was conducted over the period 2019 to mid-2020. Aimed at young people aged 17 to 25, the *Amis aussi la nuit* "Friends also at night" campaign was broadcast in October 2019 by the French Public Health Agency, mainly via digital levers. It aimed to reinforce protective peer-to-peer behaviours, encouraging young people to pay attention to each other and, in particular, to reduce their use of psychoactive substances.

For the 2020 edition of World No-Tobacco Day, a digital campaign has been launched on the theme "Quitting smoking is always a good idea" highlighting the Tobacco Information Service telephone helpline (3 videos rebroadcast on the Tobacco Info Service website, application and

help line 39 89). This theme is particularly relevant in view of the initial findings on the increase in tobacco consumption reported during confinement (an average increase of 5 cigarettes smoked per day for 27% of smokers, according to a CAWI [survey](#)).

Faced with the problems of overuse of psychoactive substances, shortages linked to difficulties in accessing substances and care during the lockdown period from March to May 2020, MILDECA has created and published a library of images with preventive messages that can be used on the Internet and social networks. Topics covered include alcohol, the associated risks of domestic violence, tobacco, screens and hyperconnectivity, and measures to reduce drug-related risks and harm, and remote assistance services (<https://www.drogues.gouv.fr/actualites/covid-19-substances-psychoactives-bibliotheques-dimages-telecharger-reseaux-sociaux>).

T4. Additional information

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

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

A MOOC (*Massive Open Online Course*) was organised by the *Fédération Addiction* on the accompaniment of drug users during confinement (<https://www.federationaddiction.fr/covid-19-le-mooc-6-cles-sur-les-addictions-et-pour-le-pouvoir-dagir/>)

The MILDECA disseminated on its website a special advice section relating to the period of lockdown during the COVID-19 epidemic, notably through a digital information campaign: <https://www.drogues.gouv.fr/actualites/covid-19-tabac-alcool-drogues-risques-precautions>

Financed by the Auvergne Rhône-Alpes Regional Health Agency, the project "Psychosocial skills: health promotion in and out of school" was implemented from 2013 to 2018 by the Auvergne-Rhône-Alpes Regional Authority for Health and Education Promotion (IREPS ARA), in five towns in the region. The main objective of the programme was to strengthen the psychosocial skills of children between 7 and 12 years of age by promoting an environment that allows them to express themselves and thus become actors in their health and well-being. It has been the subject of a research-intervention study (IREPS Auvergne-Rhône-Alpes 2019).

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

T5. Sources and methodology

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

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

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

- Direction générale de la santé (2018). Priorité prévention : rester en bonne santé tout au long de sa vie. Comité interministériel de la Santé. Dossier de presse - 26 mars 2018. Ministère des Solidarités et de la Santé, Paris. Available: https://solidarites-sante.gouv.fr/IMG/pdf/plan_national_de_sante_publicque_psnp.pdf [accessed 19/06/2020].
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- MILDECA (2019). Une « boîte à outils » pour accompagner l'action des chefs de projet [online]. Available: <https://www.drogues.gouv.fr/laction-publique/une-boite-outils-accompagner-laction-chefs-de-projet> [accessed 17/06/2020].
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T5.2. Where studies or surveys have been used please list them and where appropriate describe the methodology?

Internet:

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