

Best practice workbook 2020

France

Contributors

Carine Mutatayi, Anne-Claire Brisacier, Christophe Palle (OFDT)

2020 National report (2019 data) to the EMCDDA by the French Reitox National Focal Point

Supervision: Julien Morel d’Arleux

Coordination and editorial: Marc-Antoine Douchet

Contribution to the workbooks

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

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

Proofreading (English version): Anne de l’Eprevier

Bibliographic references: Isabelle Michot

Legal references: Anne de l’Eprevier

Table of Contents

- T0. Summary..... 3**
- T1. National profile 5**
 - T1.1. Policies and coordination 5**
 - T1.2. Organisation and functioning of best practice promotion..... 6**
- T2. Trends. Not applicable for this workbook. 11**
- T3. New developments..... 12**
- T4. Additional information 13**
- T5. Sources and methodology 13**

Definitions

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

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

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

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

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

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

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

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

T0. Summary

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

Summary of T1.1.1

- State whether your National Drug Strategy addresses quality assurance.

Summary of T.1.2.1

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

Summary of T1.2.2

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

Summary of T1.2.3

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

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

(T1.2.1) In France, quality assurance in Drug Demand Reduction (prevention, risk reduction, treatment and rehabilitation) builds on specific advocacy, guidelines or trainings from public health institutions or professional societies. It is in the remits of the French Public Health Agency (*Santé publique France* - SpF) and the French National Authority for Health (*Haute autorité de santé* - HAS). SpF disseminates evidence in drug prevention research and supports the local experimental transfer of international evidenced-base programmes like Unplugged (Lecrique 2019), GBG, SFP, etc. The HAS diffuses professional guidelines/recommendations on risk reduction and treatment addressing: (i) Opioid Substitution Treatment, (ii) Early intervention and risk/harm reduction for crack or free base

users, (iii) Clinics for young drug users, (iv) Treatment of cocaine users, (v) Harm and risk reduction in low threshold services (CAARUD) and lastly (vi) Prevention and harm reduction delivered by drug treatment centres (CSAPA) (released in December 2019). The two later guidelines (v and vi) serve as a baseline for compulsory evaluations of drug services but the fulfilment of the other guidelines is not a formal prerequisite for support or subsidies. Some tools exist to help decision makers to select quality prevention programmes (EDPQS materials and the ASPIRE toolkit adapted from them) and practitioners to develop quality programmes but the extent to which they are used is unknown.

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

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

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

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

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

(T3.1) An important dynamic has been engaged to support the extension of the Unplugged programme in France: in 2020, about 60 high schools in 5 regions will engaged 3 classes each in average in this experiment. Many guidelines were issued during the covid-19 epidemic to support help services to continue their activities during and after the lockdown while applying prophylactic conditions.

T1. National profile

T1.1. Policies and coordination

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

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

(T1.1.1)

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

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

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

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

T1.2. Organisation and functioning of best practice promotion

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

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

(T1.2.1)

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

In September 2018, the National Public Health Agency (SpF) inaugurated an online register of effective and promising interventions in prevention and health promotion: <https://www.santepubliquefrance.fr/a-propos/services/interventions-probantes-ou-prometteuses-en-prevention-et-promotion-de-la-sante/repertoire-des-interventions-efficaces->

[ou-prometteuses-en-prevention-et-promotion-de-la-sante](#). This register allows the capitalization, the provision and the diffusion of validated information regarding interventions in these fields. The selection and the description of evaluated interventions aim at supporting the decision-makers as well as the local stakeholders to identify relevant programmes to be developed in order to meet their needs and expectations. In the field of addictions (alcohol, tobacco, drugs), the register gives access to the description of 21 prevention programmes, evaluated in France or validated abroad and being adapted in France. Half of the addiction-based programmes (11) are targeted at tobacco use, 7 at alcohol use, 1 at cannabis use and 2 at any drug uses. Ten additional programmes based on the development of psychosocial skills (DPS) showed a potential curbing effect on youth' drug uses, three of which targeting more specifically parents with young children. In the register, these DPS programmes are classified in the "parenting", "health promotion" or "childhood/adolescence" headings.

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

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

The HAS absorbed the National Agency for the Quality Assessment of Health and Social Care Organisations and Services (ANESM) and has taken over its tasks. Therefore, the HAS is now responsible for supporting quality assurance in the service provision of Social and Medicosocial Establishments and Services (ESSMS), including specialised drug treatment centres (CSAPA) and low threshold facilities (CAARUD). It is now the HAS that accredits external evaluators to carry out the mandatory two independent external evaluations of the activities and service quality of the ESSMS during the 15-year license period. These evaluations must follow a set of specifications laid down by decree [[Décret du 15 mai 2007 fixant le contenu du cahier des charges pour l'évaluation des activités et de la qualité des prestations des établissements et services sociaux et médico-sociaux](#)]. This helps the Regional Health Agencies (ARS) to decide on the renewal of the operating authorizations for the addiction-related ESSMS. In addition, the HAS makes recommendations for professional best practices. In the drug field, two sets of recommendations were published dealing with: (i) Opioid Substitution Treatment (2004), (ii) Reducing misuse of opioid substitution medicines (2004), (iii) Treatment of cocaine users (2010), and recommendations elaborate by the former ANESM about (iv) Users' participation and expression within the addictology medical and social establishments" (2010), (v) "Drug-related risk and harm reduction in low-threshold facilities" (2017). Professional recommendations on prevention and risk reduction activities delivered by drug treatment centres should be issued in 2019 (this validation formerly scheduled in 2018 has been postponed to late 2019). Two other lists of recommendations were defined by professional organisations about "Early intervention and risk/harm reduction for crack or free base users" (2010) and "Clinics for young drug users" (2012).

The association "*Fédération Addiction*" coordinates the implementation of a multi-partnership portal for health professionals willing to engage in early intervention or outpatient care towards drug users (drug must be understood as licit or illicit drugs (alcohol, tobacco, cannabis, opioids, etc.): <https://intervenir-addictions.fr/>). This portal provides common law practitioners from the community or the school, workplace or emergency settings with guidance and tools to detect problematic drug use, to refer to specialised services or to prescribe/initiate opioid substitution treatment. Training materials and networking indications are also available. The scientific steering committee gathers professional, institutional and research partners: Respadd (Network for Addiction Prevention), Ippsa (Institute for Promoting Secondary

Prevention in Addictology), Certa (Addiction Treatment, Training and Research Centre), RISQ (Research and Intervention on psychoactive Substances – Quebec), GREA (Swiss Romand Group for Addiction Studies), MG Addiction (General Practitioners and Addiction unit), MILDECA (Interministerial Mission for Combatting Drugs and Addictive Behaviours) and Addiction Directorate of Health Department, French Public Health Agency (*Santé publique France*) and OFDT (French Monitoring Centre on Drugs and Drug Addictions).

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

(T1.2.2.)

a) Treatment provision:

With the support of the ministry of Health and professionals from the addiction field, the *Fédération Addiction* issued in 2019 a document on best practices for the intervention of reference CSAPA in prison settings (for more details, see section T1.3.2 and T5.2 of the Prison workbook).

In 2019, in collaboration with the ministry of Health and the MILDECA, the *Fédération Addiction* also published guidelines on early intervention for practitioners in Youth Outpatient Clinics (CJC) and for primary care professional. These guidelines are presented in an on-line video and come with an interactive operating tool (*Fédération Addiction* 2019b).

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

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

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

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

b) Prevention:

The ASPIRE guidelines are a French adaptation of the EDPQS standards aimed at decision makers were published in January 2017: "Appreciation and Selection of Prevention programs Issued from the Review of the EDPQS" (ASPIRE guidelines (https://www.ofdt.fr/BDD/publications/docs/GrilleASPIRE_Decideurs.pdf)).

In September 2019, the French National Authority for Health (HAS) issued the first professional [recommendations for CSAPA \(specialised addiction treatment centres\) in the fields of prevention and harm and risk reduction](#) (HAS 2019c). These guidelines aim at helping the addiction treatment centres to organise and to implement harm reduction and prevention activities, according individual or collective approach in their premises or in other settings (schools, workplace, ...). What is at stake is to support the articulation of harm reduction and prevention responses with treatment activities in a continuum of care, by integrating available scientific evidence as best possible.

c) Harm reduction:

- Risk and harm reduction in low-threshold facilities (CAARUD) (ANESM 2017).
- Publication of a guide "[Réduire les risques - éthique, posture et pratiques](#)" [Reducing risks - ethics, posture and practices] (Fédération Addiction and Collard 2017).
- The Ministry of Solidarity and Health has developed a list of prevention materials for risk reduction services that provides a state of the art on risk reduction tools, the effectiveness and acceptability of which are recognized (DGS 2020).

d) Social reintegration:

In the past 5 years, no national practice guidelines that deal specifically with drug users' social reintegration were issued. However, in guidelines addressed to general housing and social rehabilitation centres (so-called CHRS), the HAS encourages the professionals of these structures to exchange with their beneficiaries on their addiction problems in order to accompany them in the adoption or maintenance of prevention, risk and harm reduction or care practices, according to their need, thanks to partnerships built with specialised addiction centres (ANESM 2016).

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

(T1.2.3)

The French National Authority for Health (HAS: https://www.has-sante.fr/jcms/pprd_2986129/en/home) is an independent public body, with financial autonomy, set up in August 2004, which aims at improving the quality of patient care and guaranteeing equity within the healthcare system. Its activities range from the assessment of health products in view of their reimbursement, of medical devices and procedures, to the publication of guidelines, the certification of healthcare establishments and the accreditation of practitioners for specialities at risk.

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

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

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

Information relevant to this answer includes:

- specific academic curricula
- specific continued education/specialization courses

(T1.2.4.)

- Specific academic curricula

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

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

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

- The university graduate diploma (DESU) on managing addiction provides training at baccalaureate level + 4. It is aimed at any professionals who come across addicts: physicians, psychologists, educators, social workers, nurses, police officers, lawyers, CSAPA, CAARUD and ELSA (hospital-based addiction liaison and treatment team), national education workers, etc. It includes around 170 hours of courses on the theory and 150 hours of practical training.
- The university (or inter-university) degree in addiction medicine (<https://www.cunea.fr/>) is aimed at the same group, but with half the number of hours (around 60 hours of classes on theory and 35 hours of work experience) (CUNEA 2020).
- From September 2018 onwards, the curricula of health care students (medicine, nursing, pharmacy...) include a 6-week training dedicated to prevention and called health-promoting service (so-called *service sanitaire*). This health-promoting service implies a training on how to design and conduct health promotion actions and the delivery of prevention actions especially on the topic of addictions towards exposed public, in particular in schools (see workbook prevention). The University Network for Health Education (UNIRÉS) developed a distance learning course dedicated to health service students which aims in particular at teaching a project methodology in health education adapted to the school environment. The purpose is also to promote a common culture in health education among members of the school community and future health professionals. This training is available on the UNIRÉS protected training platform. It was carried out with the support of the General Students' Mutual insurance company (MGEN), the French Public Health Agency (SpF) and the Ministry of National Education, within the framework of the steering committee for the implementation of the Health Education Pathway (see workbook Prevention).

– Specific continued education/specialisation courses

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

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

Finally, every year, the *SOS Addictions* Association organises a virtual conference on addiction: E-ADD. The 4th annual conference entitled "Plural addictions, from clinic to therapy" ["Addictions plurielles de la clinique à la thérapeutique"] was held on 25 and 26 March 2020 (<https://www.ivmhealth.com/e-add2020#>). This interactive platform has enabled physicians, pharmacists, addiction specialists and anyone working with groups with addiction issues to access online content on new developments in addiction patterns and care.

– Specific training for peer helpers

In order to better inform and train people and drug service practitioners in first aid and administration of naloxone in case of opioid overdose, the NGO SAFE offers an online short training that explains how to use Naloxone, entitled "One Hour to Save a Life" (<https://naloxone.fr/>). The training is organised into 7 axes, each one being supported by an explanatory video. This training shows: essential information on opioid overdoses, how to ensure the protection of the victim and witnesses, how to make an alert, to administer Naloxone, how to free the airway and check the victim's condition, how to put the victim in Safety Side Position (PLS) and how to perform a cardiac massage.

The association *France Patients Experts Addictions* (FPEA) aims to strengthen the place given to Patients Experts within the processes of care in addictology (treatment, harm and risk reduction) and in other medical specialties. It has also the general purpose to enhance the commitment of civil society in these care processes. The FPEA coordinates a college of holders of the "Patients Experts Addictions" certification. This certification allows the "graduates" to intervene as employees, Liberals, entrepreneurs or volunteer, on a part-time or full-time basis.

T2. Trends. Not applicable for this workbook.

T3. New developments

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

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

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

As mentioned in T 1.2.2, in September 2019, the French National Authority for Health (HAS) issued professional [recommendations for CSAPA and CAARUD in the fields of prevention and harm and risk reduction](#) (HAS 2019c). These are the first professional recommendations addressed to addiction social and health practitioners with a clear reference to evidence-based knowledge.

In line with the objective 3.2 “Give the schools the resources for effective prevention”, a call for applications for the local deployment of Unplugged was launched in 2019 (see Workbook Prevention T1.2.2). Some 40 structures bade to implement this programme. The National Steering Committee (including the ministries of Health and of National Education (Department of Health, of National education (DGESCO), MILDECA, French Institute on Cancer (INCa) and the French Public Health Agency (SpF)) wanted to support two regions in priority that concentrated the most part of tenders and had contrasting characteristics: the Paris region (Île-de-France-IDF) and the Burgundy-Franche-Comté region. Finally, 11 structures (5 in IDF and 6 in Burgundy-Franche-Comté) were supported for the implementation of the programme in their territories, with the assistance of regional steering committees gathering professional and institutional stakeholders (school regional administration, health regional Agency, regional MILDECA representatives, etc.) to optimise their coordination. More than 35 prevention professionals have already been trained in the programme in February and March 2019 and 20 other ones will be trained in 2020. About 30 secondary schools (*collèges*) have agreed to participate in the experiment and to send staff members on training (between June and September 2019) who would coordinate Unplugged in their respective schools, from September 2019. The French Public Health Agency (SpF) monitors the implementation of the programme. From September 2020, about 60 high schools in 5 regions will engaged 3 classes each in average in this experiment. Unfortunately, the Covid-19 epidemic has interrupted the delivery of many scheduled sessions and has hindered the assessment of the experimentation.

In line with the objectives 6.4 “Renovate the professional practices” and 7.4 “Prevent overdoses” of the national drug strategy (see T1.1), there are new initiatives to help peer helpers and other members of the civil society to commit themselves or even take action in the addiction-related care processes. The online training on the use of Naloxone and the support given to the association *France Patients Experts Addictions* (FPEA) are illustration of this (see T1.2.4).

T4. Additional information

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

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

In mid-March 2020, the ministry of Health directed an instruction sheet to drug treatment services (CSAPA) and harm reduction services (CAARUD) on the continuity of their activities during the Covid 19-related lockdown (https://solidarites-sante.gouv.fr/IMG/pdf/covid-19-fiche_structures_prevention-pec.pdf). In mid-May 2020, new guidelines were provided to drug services to support them in the gradual post-lockdown resumption of activities: simplified fact sheets and infographics on the transmission of the virus, the identification of symptoms, the procedure to be followed in case of infection or in case of contact with an infected person (<https://solidarites-sante.gouv.fr/soins-et-maladies/maladies/maladies-infectieuses/coronavirus/professionnels-de-sante/article/dans-les-etablissements-de-sante-recommandations-covid-19-et-prise-en-charge>).

In April 2020, in the context of the lockdown related to the Covid epidemic the ministry of Health published a reminder about the properties of Naloxone, its available pharmaceutical specialities in France (nasal spray or injectable), the delivery patterns and specific resources like the SAFE's online training (https://solidarites-sante.gouv.fr/IMG/pdf/covid-fiche_naloxone.pdf). Two checklists were created, the first one for drug users (https://solidarites-sante.gouv.fr/IMG/pdf/covid_naloxone-annexe-fichememousagers.pdf) and the second one for health professionals (<https://solidarites-sante.gouv.fr/IMG/pdf/covid-naloxone-annexe-fichememopros.pdf>).

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

T5. Sources and methodology

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

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

Index based on use of literature and the Internet

ANESM (2016). Prise en compte de la santé physique et psychique des personnes accueillies en CHRS. Agence nationale de l'évaluation et de la qualité des établissements et services sociaux et médico-sociaux, Saint-Denis. Available: https://www.has-sante.fr/upload/docs/application/pdf/2018-03/anesm-rbpb-prise_en_compte_de_la_sante_en_chrs-pdf_interactif.pdf [accessed 04/05/2020].

- ANESM (2017). La réduction des risques et des dommages dans les Centres d'accueil et d'accompagnement à la réduction des risques pour usagers de drogues (CAARUD). Recommandations de bonnes pratiques professionnelles. Agence nationale de l'évaluation et de la qualité des établissements et services sociaux et médico-sociaux, Saint-Denis. Available: https://www.has-sante.fr/portail/jcms/c_2833717/fr/la-reduction-des-risques-et-des-dommages-dans-les-centres-d-accueil-et-d-accompagnement-a-la-reduction-des-risques-pour-usagers-de-drogues-caarud [accessed 18/06/2020].
- Conseil national de l'ordre des médecins and Conseil national de l'ordre des pharmaciens (2017). Recommandations ordinales. Prescription et dispensation des médicaments de substitution aux opiacés. CNOM, CNOP. Available: <http://www.ordre.pharmacien.fr/content/download/376626/1813620/version/1/file/Recommandations+ordinales++prescription+et+dispensation+des+m%C3%A9dicaments+de+substitution+aux+opiac%C3%A9s.pdf> [accessed 18/06/2020].
- CUNEA (2020). Collège national universitaire des enseignants d'addictologie [online]. Available: <https://cunea.fr/college-national-universitaire-des-enseignants-daddictologie> [accessed 18/06/2020].
- DGS (2020). Liste des matériels de préventions pour les services de réduction des risques. Ministère des Solidarités et de la Santé, Paris. Available: https://solidarites-sante.gouv.fr/IMG/pdf/outils_de_rdrd_2020.pdf [accessed 04/06/2020].
- Fédération Addiction (2016). Femmes & addictions. Accompagnement en CSAPA et CAARUD. Fédération Addiction, Paris. Available: <https://www.federationaddiction.fr/parution-du-guide-femmes-et-addictions-de-la-federation/> [accessed 18/06/2020].
- Fédération Addiction (2019a). Addictions et troubles psychiatriques. Fédération Addiction, Paris. Available: <https://www.federationaddiction.fr/parution-guide-addictions-et-troubles-psychiatriques/> [accessed 18/06/2020].
- Fédération Addiction (2019b). L'intervention précoce en pratiques : illustrations concrètes d'une stratégie efficace. Un guide pour les professionnels des CJC et de premier recours. Fédération Addiction, Paris. Available: <https://www.federationaddiction.fr/lintervention-precoce-en-pratiques-strategie/> [accessed 19/05/2020].
- Fédération addiction, Association des Professionnels de Santé Exerçant en Prison and Association des Professionnels des Addictions en milieu Carcéral (2014). Soins des personnes détenues. Addictions : la continuité des soins des personnes détenues / L'articulation entre les professionnels de santé de la prison et du milieu ouvert. Fédération Addiction, Paris. Available: <https://www.federationaddiction.fr/parution-du-guide-pratiques-continuite-soins-personnes-detenuess/> [accessed 18/06/2020].
- Fédération Addiction and Collard, L. (2017). Réduire les risques - éthique, posture et pratiques. Fédération Addiction, Paris. Available: <https://www.federationaddiction.fr/reduire-les-risques-ethique-posture-et-pratiques-le-guide-est-paru/> [accessed 18/06/2020].
- HAS (2014). Manuel de certification des établissements de santé. Haute Autorité de Santé, Saint-Denis. Available: http://www.has-sante.fr/portail/upload/docs/application/pdf/2014-03/manuel_v2010_janvier2014.pdf [accessed 18/06/2020].
- HAS (2019a). Hépatite C : prise en charge simplifiée chez l'adulte. Fiche mémo. Haute Autorité de Santé, Saint-Denis. Available: https://www.has-sante.fr/portail/upload/docs/application/pdf/2019-03/fiche_memo_hepatite_c.pdf [accessed 18/06/2020].
- HAS (2019b). Hépatite C : prise en charge simplifiée chez l'adulte. Rapport d'élaboration. Haute Autorité de Santé, Saint-Denis. Available: https://www.has-sante.fr/portail/upload/docs/application/pdf/2019-03/rapport_elaboration_hepatite_c.pdf [accessed 18/06/2020].

HAS (2019c). Prévention des addictions et réduction des risques et des dommages par les centres de soins, d'accompagnement et de prévention en addictologie (CSAPA). Recommandation de bonne pratique. Haute Autorité de santé, Saint-Denis. Available: https://www.has-sante.fr/upload/docs/application/pdf/2020-01/la_prevention_des_addictions_et_la_reduction_des_risques_et_des_dommages_par_les_csapa_recommandations.pdf [accessed 30/04/2020].

Lecrique, J.-M. (2019). Résultats de l'évaluation du programme "Unplugged" dans le Loiret. Projet de l'Association pour l'écoute et l'accueil en addictologie et toxicomanies (Orléans), évalué en 2016-2017 par Santé publique France. Santé publique France, Saint-Maurice. Available: <https://www.santepubliquefrance.fr/docs/resultats-de-l-evaluation-du-programme-unplugged-dans-le-loiret> [accessed 17/06/2020].

MILDECA (2018). Alcool, tabac, drogues, écrans : Plan national de mobilisation contre les addictions 2018-2022 [Alcohol, tobacco, drugs, screens: National plan for mobilisation against addictions 2018-2022]. Mission interministérielle de lutte contre les drogues et les conduites addictives, Paris. Available: <https://www.drogues.gouv.fr/la-mildeca/le-plan-gouvernemental/mobilisation-2018-2022> [accessed 17/06/2020].

RESPADD, OFMA and Association des CEIP-Addictovigilance (2018). Médicaments antalgiques opioïdes : ce qu'il faut savoir, ce qu'il faut faire. RESPADD, Paris. Available: <https://www.respadd.org/wp-content/uploads/2018/10/Livret-opio%C3%AFdes.pdf> [accessed 18/06/2020].

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

No studies used.