# Drug policy workbook 2021

# **France**

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### 2021 National report (2020 data) to the EMCDDA by the French Reitox National Focal Point

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The text highlighted in blue is new compared to the 2020 WB.
This file is intended solely for EMCDDA staff experts.
Please do not disseminate this working version.

# T0. Summary

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

The answers should include the following points:

### Summary of T1.1.1

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

### Summary of T.1.2

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

### Summary of T.1.3

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

### Summary of T1.4

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

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

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

A striking aspect is its commitment to working in harmony with other governmental plans (health, prevention, road safety, child poverty, students, people in contact with the criminal justice system, housing, doping, overseas). At regional and departmental levels, the orientations of the National Plan for Mobilisation against Addictions are set out in regional roadmaps for the period 2019-2022.

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

The most recent evaluation concerned the 2013-2017 government action plan on drugs and addictive behaviours. An external team of academics was entrusted with the task of evaluation. The recommendations of the final evaluation report served as inspiration for the directions of the 2018-2022 National Plan for Mobilisation against Addictions, which makes the double challenge of including its actions in a long-term perspective and integrating the territorial dimension in a transversal way, with a view to creating a local dynamic on the prevention and fight against addiction policy. The current government plan is accompanied by a roadmap that brings together some fifteen priority themes with monitoring indicators. The OFDT is responsible for reporting on the development of the plan's indicators and targets. The plan also provides for an external evaluation of the achievement of results to measure the effectiveness of the policy.

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

The directions of public policy in the field of drugs and addictions are defined by the "Interministerial Committee for Combatting Drugs and Addictive Behaviours", under the authority of the Prime Minister. Prior to this stage, MILDECA is responsible for drafting the decisions of the interministerial committee, then coordinating French government policy for combatting drugs and preventing addictive behaviours, and for ensuring that the decisions of the interministerial committee are implemented. On the authority of the Prime Minister, its scope of action includes prevention, treatment, harm reduction measures, integration, trafficking, law enforcement and research, monitoring and training of staff involved in activities to reduce supply and demand. A network of approximately 101 territorial representatives (generally the senior local government officers' general administrators of the "département" or "region") on a national scale guarantees the consistency of the implemented actions. Since 1st January 2020, the Anti-Narcotics Office (OFAST) - a service attached to the General Directorate of the National Police (DGPN) - has been designated as the lead agency for the internal security forces, customs officers and the national navy, as well as the judicial authority in the fight against trafficking. As of 1st April 2021, the service has 158 officers including police, gendarmerie, customs and liaison officers. At the territorial level, just over 400 agents have been mobilised through a hundred or so "Operational Drug Intelligence Units" (CROSS).

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

The social cost of drugs in France was estimated at three points, in 1996, 2003 and 2010. The most recent estimate of the social cost of drugs was published by the OFDT in September 2015: hence, for 2010, this cost amounted to 8.7 billion euros for illegal drugs, far behind the amount estimated for alcohol (118 billion euros) and tobacco (122 billion euros). A new estimate of the social cost of drugs is being carried out under the coordination of the OFDT. This study has been financed by the Addiction Fund. The results will be available at the end of 2021.

In 2019, total public spending on the fight against drugs and addictive behaviour is estimated at 2.80 billion euros. This estimate is up for the fourth consecutive year since 2015. It shows a greater increase than that observed over the period of the launch of the 2018-2022 National Plan for Mobilisation against Addictions (+9% change between 2019-2018 *versus* +5% change between 2018-2017).

### Summary of new developments (250 words)

The 2018-2022 National Plan for Mobilisation against Addictions, coordinated by the French Interministerial Mission for Combatting Drugs and Addictive Behaviours (MILDECA), continued to focus this year on prevention and strengthening the French State's mobilisation in the fight against trafficking, as well as on territorial action.

In response to a recurring public debate on the changing legal status of cannabis, the prohibition of drug use and trafficking has been reaffirmed by the French government, in line with the international framework.

In addition, the significant increase in the visibility of nitrous oxide in the public space has led to the adoption by the French Parliament on 25 May 2021 of a text that provides for a ban on its sale to minors and a ban on its marketing in drinking establishments.

Lastly, new projects to open experimental drug consumption rooms are being studied at a time when the derogatory framework allowing DCRs to operate ends in 2022 and the results of a rigorous assessment (carried out by INSERM) have demonstrated the interest of these facilities from a public health point of view.

# T1. National profile

# T1.1. National drugs strategies

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

Please structure your answers around the following questions.

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

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

Timeframe	Title and web link	Scope (main substances / addictions addressed)
2013-2017	Plan gouvernemental de lutte contre les drogues et les conduites addictives 2013-2017	Alcohol, tobacco, psychotropic
	https://www.drogues.gouv.fr/sites/drogues.gouv.fr/	drugs, screens,
	files/atoms/files/plan gouvernemental drogues 201	Internet, gaming,
	3-2017 df.pdf	doping and illicit
	English version: Government plan for combating	drugs
	drugs and addictive behaviours 2013-2017	
	http://www.drogues.gouv.fr/sites/drogues.gouv.fr/	
	files/atoms/files/plan gouvernemental drogues 201	
0040.0000	3-2017 eng df 0.pdf	AL L L L
2018-2022	Plan national de mobilisation contre les addictions 2018-2022	Alcohol, tobacco,
	https://www.drogues.gouv.fr/sites/drogues.gouv.fr/fil	psychotropic drugs, screens,
	es/atoms/files/plan mildeca 2018-	Internet, gaming,
	2022 def 190212 web.pdf	doping and illicit
	English version: Alcohol, tobacco, drugs, screens:	drugs
	National plan for mobilisation against addictions	
	2018-2022	
	https://www.drogues.gouv.fr/sites/drogues.gouv.fr/	
	files/atoms/files/national_plan_for_mobilisation_agai	
	nst addictions 2018 - 2022 vdef 0.pdf	

### T1.1.2. Please summarise your <u>current national drugs strategy</u> document.

Information relevant to this answer includes:

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

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

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

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

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

The 2018-2022 National Plan for Mobilisation against Addictions was developed in line with 16 other strategic plans implemented by ministerial departments. The measures of the National Plan are therefore linked to those of other national strategies in the fields of health, justice, education, police and sports (for example, the National Health Strategy, the Plan defining the health strategy for inmates (see T.1.3.1 of the 2021 Prison workbook), the Priority Prevention Plan, the Action Plan decided by the interministerial committee on Road Safety, the Poverty Plan, the Student Plan, the five-year plan for 'Housing First', the Overseas Blue Book, the General States of new digital regulations).

In conjunction with the National Plan for Mobilisation against Addictions coordinated by the MILDECA, the "National Anti-Narcotics Plan" adopted in 2019 specifies the coordination mechanism for the interministerial policy to combat drug trafficking (Ministère de la Justice *et al.* 2019) (see T.3.1 of the 2020 Policy workbook). With the adoption of this plan, the Government has affirmed its willingness to combat trafficking more effectively.

Under the coordination of the Office for Anti-Narcotics (OFAST) - designated as the lead agency in the fight against drug trafficking, this plan brings together 55 measures to meet the following six objectives:

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

The measures of this plan have a threefold ambition: to make intelligence work more effective, to gain a better understanding of the state of the threat in order to anticipate (in particular in the framework of international cooperation) in order to better punish, and to put in place a reinforced prevention strategy (Ministère de la Justice *et al.* 2019). In May 2021, the French government presented its first progress report on these 55 measures as well as the new instructions given by the French Interministerial Committee for the Fight against Narcotics in order to bolster the fight against drugs trafficking (Premier ministre 2021). In strengthening the coordination role of OFAST in the fight against narcotics, this new part of the plan provides for greater involvement of the intelligence services and for simplification of the criminal fixed fine, which has been in force throughout France since September 2020, in particular by aligning practices throughout France and improving the recovery system.

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

Additional national strategy documents for other substances and addictions						
Alcohol						
Strategy title	No specific strategy					
	It should be noted that, as part of the 2021-2025 roadmap resulting from the 2021-2030					
	ten-year cancer control strategy, it is planned to set up a national "alcohol" risk					
	prevention programme which would mobilise the following levers in particular: research,					
	regulation (marketing, accessibility of supply, etc.), reinforcement of information (public					
	discourse and benchmarks for lower-risk consumption) with particular attention paid to					
	young people. INSERM's collective expert report (French National Institute for Health					
	and Medical Research) on reducing alcohol-related harm, published in May 2021, will					
	feed into this work (INSERM 2021a).					

Web address	https://solidarites-sante.gouv.fr/IMG/pdf/feuille de route - strategie decennale de lutte contre les cancers.pdf
Tobacco	
Strategy title	Programme National de Lutte contre le Tabac (PNLT) 2018-2022 [National Tobacco Control Program]
Web address	https://solidarites-sante.gouv.fr/IMG/pdf/180702-pnlt_def.pdf
Image and per	formance enhancing drugs
Strategy title	No specific strategy
Web address	
Gambling	
Strategy title	No specific strategy
Web address	
Gaming	
Strategy title	No specific strategy
Web address	
Internet	
Strategy title	No specific strategy
Web address	
Other addiction	ons
Strategy title	National Plan for the Prevention of Doping and Doping-Related Behaviour in Physical and Sports Activities 2019-2024
Web address	http://www.sports.gouv.fr/IMG/pdf/prevention du dopage et des conduites dopantes dans les activites physiques et sportives 2019 2024.pdf
*please include	extra lines as necessary

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

There is no regional plan to combat drugs and addiction, but in terms of implementing a plan on a national level, each regional prefecture (13 + 5 overseas) has been invited to draft a regional "roadmap" in line with regional health agencies (ARS), local education authorities and judicial authorities

(<a href="https://www.drogues.gouv.fr/sites/drogues.gouv.fr/files/atoms/files/mildeca\_circulaire\_2019.pdf">https://www.drogues.gouv.fr/sites/drogues.gouv.fr/files/atoms/files/mildeca\_circulaire\_2019.pdf</a>)
These roadmaps, validated by the MILDECA, implement the plan's measures at the regional and local level in accordance with each territory's priorities. The following regional roadmaps are available online:

Region	Year	Title and web link	Scope (main substances / addictions addressed	Pillars / action areas
Nouvelle	2018-	Regional Roadmap 2018-2022	Alcohol,	Axis 1: reduce addictions
Aquitaine	2022	Nouvelle-Aquitaine Region	illicit drugs,	among young people
		http://www.pyrenees-	sreens	Axis 2: act on festive
		atlantiques.gouv.fr/content/downloa		alcoholism
		d/32401/208832/file/2019-03-		Axis 3: protect vulnerable
		04%20MILDECA%20feuille%20de		groups
		%20route%20version%20de%CC		Axis 4: reduce screen
		%81finitve-1.pdf		addiction

Region	Year	Title and web link	Scope (main substances / addictions addressed	Pillars / action areas
Grand Est	2019- 2023	Regional Roadmap 2019-2023 Grand Est Region https://www.grand- est.ars.sante.fr/system/files/2020- 04/ARS MILDECA Grand- Est Feuille route Addictions 2019 -2023 VFsignee.pdf	Alcohol, tobacco, illicit drugs and behavioural addiction	Axis 1: health promotion; Axis 2: prevention; Axis 3: improving the career paths of people in a situation of addiction; Axis 4: optimising harm reduction policies; Axis 5: strengthening the knowledge of professionals; Axis 6: compliance with regulations.
Normandie	2019- 2022	Administrative offices of the Normandy Region Regional Roadmap 2019-2022 https://s1.or2s.fr/echange_fichiers/ Documents/Feuille_de_route_MILD ECA_Normandie.pdf	Alcohol, illicit drugs	Five main objectives:  1- Fostering social awareness and mobilising local actors around reliable data and objective and shared language elements;  2- Mobilise front-line players, with the support of players specialising in addictology, to act earlier, more widely and more effectively with priority populations;  3- Contribute to public peace and security by strengthening the coordination and effectiveness of addiction interventions;  4- Develop effective responses for the audiences identified by the justice and law enforcement agencies;  5- Fight against trafficking and enforce bans.
Provence- Alpes- Côte- d'Azur	2019- 2022	Regional Roadmap 2019-2022 PACA [Provence-Alpes-Côte d'Azur]  http://www.cres- paca.org/ depot arkcms crespaca / depot arko/articles/1773/2019- aap-mildeca-06-feuille-de-route- paca_doc.pdf	Alcohol, tobacco, illicit drugs and gambling	Objective 1: to strengthen prevention and act on early consumption; Objective 2: to support the development of harm reduction; Objective 3: to support the implementation of specific training programmes on addictive issues for front-line professionals.

Region	Year	Title and web link	Scope (main substances / addictions addressed	Pillars / action areas
La Réunion- Mayotte	2019-2022	Regional Roadmap 2019-2022 Reunion Island https://peidd.fr/IMG/pdf/frt_mildecareunion_2018- 2022_version_definitivepdf	Alcohol, tobacco, illicit drugs	Axis 1: Prevent addictions and their consequences; Axis 2: Ensure compliance with protective bans and better supervise the sale of alcoholic beverages; Axis 3: Involve communities in the construction of local political projects; Axis 4: Support monitoring and research aimed at increasing the skills of actors built in a community manner; Axis 5: Take into account the environment, to improve the care of users in the Indian Ocean zone and to fight effectively against trafficking by anticipating so-called emerging phenomena.

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

Regional extensions of national policies, predominantly run by prefectures via regional "roadmaps" and also by the regional health agencies (ARS) as part of their regional health plans have been implemented in accordance with the 2018-2022 National Plan for Mobilisation against Addictions.

In response to the increase in crack cocaine trafficking and use in North-eastern Paris, the prefecture of the Île-de-France region, the prefecture of Paris, the police prefecture, the MILDECA, the Regional Health Agency (ARS) and the city of Paris have decided to officially improve their cooperation and resource sharing through a multi-year action plan for 2019-2021. Structured around 4 main objectives: social and health support for users, accommodation, improving street outreach teams and better identifying the affected groups, the plan is divided into 33 operational actions. €3 million of funding is scheduled for each year (Préfecture de la région d'Île-de-France - Préfecture de Paris *et al.* 2019). See T1.1.6 in the 2020 workbook.

In 2021, the OFDT and the National Institute for Health and Medical Research (INSERM) submitted their study report on the "crack" situation in Île-de-France to the governance bodies of the "crack" plan (Cadet-Taïrou et al. 2021). The aim of this research was to draw up an in-depth report and to provide recommendations to improving the public authorities' response to this phenomenon. After two years of data collection, the authors emphasise the need to pursue a harm reduction policy based on a growing supply of rest areas, drug consumption rooms and accommodation for drug users, as well as mediation areas to deal with the problems of drug use in the public space. However, the report also emphasises the importance of accompanying these measures with an approach that also focuses on the possible and voluntary exit from addiction and the development of treatment and after care centres that allow users to leave the area that leads them back to addiction. The authors conclude that these public responses should enable drug users to benefit from real treatment, which includes addiction, psychiatric disorders and social rehabilitation (through access to accommodation, but also access to integration activities, such as Labo Fabrik, Tapaj or Premières Heures schemes).

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

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

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

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

### T1.2. Evaluation of national drugs strategies

The purpose of this section is to

- Summarise the most recent national drug strategy evaluation.
- Where none has been completed, please summarise any available strategy review process.
- T1.2.1. List the titles and timeframes of recent national drug strategy and action plan evaluations, and/or issue specific evaluations of initiatives that are considered as official representative assessments of the national drug strategy measures, providing links to PDFs.

The first evaluation conducted in France on government policy focused on the 1999-2000-2001 three-year plan (Setbon *et al.* 2003). The following 2004-2008, 2008-2011 and 2013-2017 plans also included evaluations but in the form of external monitoring (entrusted to the OFDT), based on developing and monitoring a dashboard with key indicators. In addition, the 2013-2017 government plan for combatting drugs and addictive behaviour was also evaluated by an external team from the academic world. The recommendations of the final evaluation report have partly inspired the 2018-2022 National Plan for Mobilisation against Addictions, which has the dual aim of taking a long-term view of its actions and integrating the territorial dimension in a transversal way.

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

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

### See T1.2.2 of the 2018 Policy workbook.

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

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

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

In 2020, the OFDT carried out an initial update of the dashboard data. A second update of the dashboard was carried out in 2021 (June 2021).

## T1.3. Drug policy coordination

The purpose of this section is to

- Provide a brief summary of the coordination structure involved in drug policy in your country
- Describe the main characteristics of each coordination body
- T1.3.1. Describe your national drug policy coordination bodies. Explain their level and role (e.g. the interministerial, national, regional and local, strategic and operational, hierarchical relationships, and the ministries they are attached to. Please include a summary graphic.

See T1.3.1 of the 2018 Policy workbook. In conjunction with the interministerial action carried out by the MILDECA in the field of narcotics, since 1<sup>st</sup> January 2020, the coordination of the part of the policy relating to the fight against narcotics has been entrusted to the Anti-Narcotics Office (OFAST). This interministerial service, which is attached to the DGPN, is responsible for coordinating the actions of the internal security forces, customs officers and the national navy, as well as the judicial authorities, in the fight against drugs trafficking.

### T1.4. Drug related public expenditure

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

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

The social cost of drugs in France was estimated at three points, in 1996, 2003 and 2010 (Kopp 2015; Kopp and Fenoglio 2004, 2006). The most recent estimate of the social cost of drugs was published by the OFDT in September 2015: hence, for 2010, this cost amounted to 8.7 billion euros for illegal drugs, far behind the amount estimated for alcohol (118 billion euros) and tobacco (122 billion euros). Two other studies focused on public expenditure related to drugs (Ben Lakhdar 2007; Díaz Gómez 2012, 2013). Since 2008, State expenditure

related to drug control has been presented annually in a budget document submitted to Parliament (Premier ministre 2020). National Health Insurance Fund expenditure, which also finances the healthcare system for drug users and drug substitution treatments should be added to this amount. The estimates show that public expenditure related to drugs amounted to 1.50 billion euros in 2010 (Díaz Gómez 2013). With the support of the Fund to Combat Addiction, the OFDT is currently conducting a new estimate for the social cost of drugs. The publication of the data from the current study is planned for the end of 2021.

The year 2019 is the second year of implementation of the National Plan for Mobilisation against Addictions 2018-2022. In 2019, expenditure has been estimated at €2.80 billion, with a higher increase than in the year the national strategy was launched (+9% between 2018 and 2019 compared to +5% between 2017 and 2018) For the fourth year in a row, this estimate is up (+10% between 2016 and 2017 and +9% between 2015 and 2016). This trend follows the recovery period (+1% between 2015 and 2014) after the decline observed between 2014 and 2013 (-6%) caused by the 2008 crisis. In 2013, the year in which the previous government plan (2013-2017) was launched, effort from the State and Health Insurance was estimated at 2.16 billion euros, which represents an increase of 30% in public spending on the policy to combat drugs and addictive behaviour in 2019 compared to 2013.

A national fund to combat addiction to psychoactive substances (FLCA in French) has been created by the French Social Security Financing Act for 2019 (<u>Law no. 2018-1203 of 22 December 2018</u>). It has around 115 million euros per year and finances prevention and research activities, both at national and regional level. MILDECA is a member of the governance bodies of this fund. The Select Committee issues an annual opinion on the actions to be financed by the Fund for the current year from among the priority actions proposed by the Strategic Orientation Council.

Furthermore, the seizure and subsequent confiscation of the criminal assets of drug traffickers provides the national police, the national gendarmerie, the customs service and the French Ministry of Justice with additional funding (around 20 million euros per year in total) to strengthen the tools available to the forces involved in the fight against drug trafficking and/or to carry out preventive measures.

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

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

The bulk of drug-related expenditure is not identified as such in the public accountability documents ('unlabelled') and must be estimated. Since 2008, each Ministry provides an estimate indicating the budget to be allocated to the prevention of and fight against drugs (Premier ministre 2020). Much of the public health expenditure is covered by the social security system. Because of the methodological difficulties, only the labelled expenditure of the social security system is included in the estimate below. It includes expenditure for funding the specialised agencies providing treatment and harm reduction services and implementing prevention, recovery and social reintegration's activities (CAARUD, CSAPA and therapeutic communities). The expenditure relating to the funding of medical-social facilities specialising in addiction medicine is directly provided by the Regional Health Agencies (ARS) based on the funds disbursed. Hospitals supplement addiction treatment through additional funding from the National Health Insurance Fund for Hospital-base Addiction Liaison and Treatment Teams (ELSA) and hospital addiction medicine clinics, together with reimbursements for opioid substitution medications. In view of the health crisis in 2020, the campaign to collect data on ELSA activity has been postponed and updated data for 2019 are not available.

In 2019, the contribution from the French State and Health Insurance represents 0.11% of the gross domestic product (GDP) (Eurostat 2021) with 51% of the total for demand reduction initiatives, 48% for supply reduction activities and almost 1% of the resources allocated to cross-country activities (coordination and international cooperation). For the first time since 2013, the share of spending on supply reduction actions (53%) exceeds that on demand reduction actions (46%). This ratio has been reversed in recent years: in 2013, the budgetary effort in favour of actions in the field of law enforcement represented 37% of the total budget, while that dedicated to the health and social field accounted for 63%.

Table IV. Break-down of drug related public expenditure

Expenditure	Year	COFOG classification	National accounting classification	Trace (Labelled, Unlabelled)	Name of the programme
14 398 874	2019	01.3 - General services	129	Labelled	Coordination du travail gouvernemental
16 457 878	2019	01.3 - General services	209	Unlabelled	Solidarité à l'égard des pays en développement
682 028	2019	01.3 - General services	105	Unlabelled	Action de la France en Europe et dans le monde
826 860	2019	01.3 - General services	354	Labelled	Territorial administration (change in wording in 2019)
5 628 354	2019	09.1 - Pre-primary and primary education	140	Unlabelled	Primary State school education
138 589 685	2019	09.2 - Secondary Education	141	Unlabelled	Secondary State school education
11 732 887	2019	09.2 - Secondary Education	143	Unlabelled	Technical agricultural training
170 899 111	2019	09.2 - Secondary Education	230	Unlabelled	Student life
6 840 000	2019	09.8 - Education n.e.c.	207	Unlabelled	Road safety and education
569 083	2019	09.8 - Education n.e.c.	147	Unlabelled	Urban policy
250 000	2019	09.4 - Tertiary Education	142	Unlabelled	Agricultural higher education and research
3 230 000	2019	07.4 - Public Health services	204	Unlabelled	Prevention, health safety and health care delivery
11 280 000	2019	07.4 - Public Health services	219	Unlabelled	Sport
65 000	2019	07.4 - Public Health services	123	Labelled	Overseas living conditions
458 000 000	2019	07.4 - Public Health services	Social security Budget	Labelled	Specialised healthcare expenditure
101 767 208	2019	0.7.1 - Medical products, appliances and equipment	Social security Budget	Labelled	Reimbursement for opioid substitution medication by the National Health Insurance Fund
370 551 724	2019	07.3 - Hospital services	Social security Budget	Labelled	Hospital healthcare expenditure

Expenditure	Year	COFOG classification	National accounting classification	Trace (Labelled, Unlabelled)	Name of the programme
10 815 893	<mark>2019</mark>	10.4 - Family and Children	304	Unlabelled	Social inclusion and protection of individuals (change in wording in 2016)
587 695 745	2019	03.1 - Police services	176	Unlabelled	National police force
3 331 943	2019	03.3 - Law courts	182	Unlabelled	Judicial youth protection service
1 331 546	<mark>2019</mark>	03.3 - Law courts	166	Unlabelled	Justice
738 392	<mark>2019</mark>	03.4 - Prisons	107	Unlabelled	Prison authorities
672 206 085	2019	03.6 - Public order and safety n.e.c.	302	Unlabelled	Facilitation and safeguarding of exchanges
209 403 218	<mark>2019</mark>	02.2 - Civil defence	152	Unlabelled	National <i>Gendarmerie</i>
<mark>583 531</mark>	2019	02.2 - Civil defence	178	Unlabelled	Preparation and use of forces

Source: based on the Finance Draft Law for 2021 (Premier ministre 2020), the National Health Insurance Fund Medic'AM database and the <u>directive DGOS/R1 of 7 May 2019</u> relating to the 2019 tariff and budget year for health care institutions.

# T2. Trends. Not applicable for this workbook.

# T3. New developments

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

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

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

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

In the implementation of the 2018-2022 National Plan for Mobilisation against Addictions, coordinated by the French Interministerial Mission for Combatting Drugs and Addictive Behaviours (MILDECA), the focus this year has continued to be on prevention and reinforcing the fight against drugs trafficking. The French Interministerial Committee for the Fight against Narcotics also reaffirmed, in May 2021, the desire for greater involvement of the intelligence services (in the wake of the creation of OFAST in January 2020, see T.1.1 and T.1.3 of the 2021 'Markets and Crime' workbook). The criminal fixed fine has also been extended to the whole of France since 1st September 2020 (after having first been tested in Reims, Rennes, Créteil, Marseille and Lille, see T.3.1 of the 2020 'National policy' workbook and T.3.1 of the 2021 'Legal framework' workbook). It systematises and accelerates the response to drug use problems ahead of the criminal justice process (see 2020 'National policy' workbook). Finally, the French President issued the Law no. 2021-646 of 25 May 2021 for global security that safeguards civil liberties on 25 May 2021 allowing for greater powers for municipal police, particularly with regard to drug-related fines. The new features will be tested for five years by volunteer municipalities employing at least fifteen municipal police officers.

The National Plan for Mobilisation against Addictions also includes a national prevention campaign on both the health and criminal risks of drug use. The French National Crime Prevention Strategy 2020-2024 supports the involvement of care and harm reduction structures for drug users in the focus groups of the Local Councils and Intermunicipal Councils for Security and Crime Prevention (CLSPD/CISPD) in order to take better account of health issues for young people (Ministère de l'Intérieur 2020) (see T.1.1.1 of the 2021 "Prevention" workbook).

There were several other issues that animated the public debate this year. Firstly, the different uses of cannabis (as a drug; for therapeutic use, see T.1.3.1 of the 2020 'National Policy' workbook); or for 'wellness' - CBD, see T.3.1 of the 'Legal framework' workbook). In particular, a parliamentary information mission presented three reports on the regulation and impact of the different uses of cannabis (Moreau 2020; Moreau and Janvier 2021; Moreau and Mendes 2021). At the time of finalising the report on the use of cannabis as a drug, the Chairman of the mission disassociated himself from the members of parliament proposing controlled legalisation, reflecting the high degree of controversy surrounding public policy on cannabis.

Secondly, the significant increase in the visibility of nitrous oxide in the public space (see T.3.1 of the 2019 'National Policy' workbook) has led to the adoption by the French Parliament on 25 May 2021 of a text that provides for the punishment of a fine of 15 000 euros for "causing a minor to misuse a product of common consumption in order to obtain psychoactive effects". Traders will have to require proof of majority and e-commerce sites will also have to mention this prohibition on sales to minors. In addition, the sale of nitrous oxide is prohibited to any person in pubs and tobacco shops.

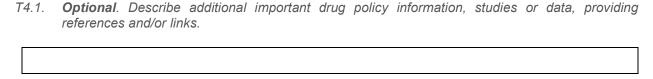
Finally, harm reduction policy was also an important topic in 2020 and 2021. Following the recommendations of INSERM's collective expertise, the "Reduction of infectious risks among drug users" published in 2010 (INSERM 2010), the <a href="Law no. 2016-41">Law no. 2016-41</a> of 26 January 2016 on the modernisation of the French healthcare system authorised the creation of supervised drug consumption rooms (DCRs) on an experimental basis. The two rooms opened in France in 2016 in Paris and Strasbourg (see T.1.5.3 of the 2017 "Health consequences and harm reduction" workbook) were the subject of an independent evaluation commissioned by the MILDECA from the French National Institute of Health and Medical Research (INSERM 2021b). Conducted between 2013 and 2021, the scientific assessment of this experiment was based on a multidisciplinary approach in public health (epidemiology, health economics and sociology) which mobilised more than 40 scientists in 4 research teams.

The results of this multidisciplinary assessment provide many favourable elements from a health point of view, as well as an acceptable cost-effectiveness ratio of the DCRs for society. The assessment did not show a breakdown of public peace which was directly attributable to the DCRs. The researchers also point out that the results of this assessment are broadly consistent with experiences abroad (see <a href="https://presse.inserm.fr/levaluation-scientifique-confirme-linteret-des-salles-de-consommation-a-moindre-risque-scmr/42889/">https://presse.inserm.fr/levaluation-scientifique-confirme-linteret-des-salles-de-consommation-a-moindre-risque-scmr/42889/</a>).

In 2021, new projects to open consumption rooms on an experimental basis are under consideration, but the derogatory framework allowing DCRs to operate will end in 2022. In Lille, a deliberation paving the way for the creation of a DCR is planned to be submitted to a forthcoming city council. Similar initiatives exist in Bordeaux and Marseille. From 2022 onwards, the law must provide for the opening of DCRs outside of the experimental framework.

### T4. Additional information

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



- T.4.2. **Optional**. Please describe any other important aspect of drug policy or public expenditure that has not been covered in the specific questions above. This may be additional information or new areas of specific importance for your country
- T.4.3. **Optional**. Are you aware of any national estimate of the contribution of illicit drug market activity to the National Accounts? Please describe any sources of information, specific studies or data on the contribution of illicit drug activity to national accounts. Where possible, please provide references and/or links.

See T4.3 of the 2018 'National policy' workbook

# T5. Sources and methodology

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

- T5.1. Please list notable sources for the information provided above.
  - Ben Lakhdar, C. (2007). Les dépenses publiques attribuables aux drogues illicites en France en 2005 (thème spécifique 1) [Public expenditures related to illicit drugs in France in 2005 (Selected issue 1)]. In: Costes, J.-M. (Ed.), 2007 National report (2006 data) to the EMCDDA by the Reitox National Focal Point France. New development, trends and in-depth information on selected issues. OFDT, Saint-Denis.
  - Cadet-Taïrou, A., Jauffret-Roustide, M., Gandilhon, M., Dambélé, S. and Jangal, C. (2021). <a href="Synthèse des principaux résultats de l'étude Crack en Île-de-France">Synthèse des principaux résultats de l'étude Crack en Île-de-France</a>. Note de résultats d'enquête 2021-03. OFDT, Paris. Available: <a href="https://www.ofdt.fr/BDD/publications/docs/eisxac2b1.pdf">https://www.ofdt.fr/BDD/publications/docs/eisxac2b1.pdf</a> [accessed 15/06/2021].
  - Díaz Gómez, C. (2012). Tendances récentes des dépenses publiques relatives aux réponses apportées aux drogues (thème spécifique 2) [Recent trends in drug-related public expenditure and drug-related services in France (Selected issue 2)]. In: Pousset, M. (Ed.), 2012 National report (2011 data) to the EMCDDA by the Reitox National Focal Point France. New development, trends and in-depth information on selected issues. OFDT, Saint-Denis.
  - Díaz Gómez, C. (2013). Estimation des dépenses publiques en matière de lutte contre les drogues. In: OFDT (Ed.), Drogues et addictions, données essentielles. OFDT, Saint-Denis.
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- INSERM (2021a). Réduction des dommages associés à la consommation d'alcool. Synthèse et recommandations. INSERM, Paris. Available: <a href="https://www.inserm.fr/information-en-sante/expertises-collectives/reduction-dommages-associes-consommation-alcool">https://www.inserm.fr/information-en-sante/expertises-collectives/reduction-dommages-associes-consommation-alcool</a> [accessed 21/07/2021].
- INSERM (2021b). COSINUS COhorte pour l'évaluation des facteurs Structurels et INdividuels de l'USage de drogues. COSINUS éco Évaluation économique des salles de consommation à moindre risque. Recherche sociologique sur l'impact de la salle de consommation à moindre risque sur la tranquillité publique et son acceptabilité sociale. INSERM, Paris. Available: <a href="https://www.drogues.gouv.fr/presse/levaluation-scientifique-confirme-linteret-salles-de-consommation-moindre-risque-scmr">https://www.drogues.gouv.fr/presse/levaluation-scientifique-confirme-linteret-salles-de-consommation-moindre-risque-scmr</a> [accessed 15/06/2021].
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- Kopp, P. and Fenoglio, P. (2006). <u>Le coût des traitements et de la mise en œuvre de la loi dans le domaine des drogues</u>. OFDT, Saint-Denis. Available: <a href="https://bdoc.ofdt.fr/index.php?lvl=notice">https://bdoc.ofdt.fr/index.php?lvl=notice</a> display&id=54976 [accessed 15/06/2021].
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- 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: <a href="https://www.drogues.gouv.fr/la-mildeca/le-plan-gouvernemental/mobilisation-2018-2022">https://www.drogues.gouv.fr/la-mildeca/le-plan-gouvernemental/mobilisation-2018-2022</a> [accessed 08/06/2021].
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  Plan national de lutte contre les stupéfiants. Dossier de presse du mardi 17 septembre 2019.

  Available: <a href="https://www.interieur.gouv.fr/Actualites/L-actu-du-Ministere/Plan-national-de-lutte-contre-les-stupefiants">https://www.interieur.gouv.fr/Actualites/L-actu-du-Ministere/Plan-national-de-lutte-contre-les-stupefiants</a> [accessed 15/06/2021].
- Moreau, J.-B. (2020). Rapport d'étape sur l'usage thérapeutique du cannabis établi par la mission d'information commune sur la règlementation et l'impact des différents usages du cannabis. Assemblée nationale, Paris. Available: <a href="https://www2.assemblee-nationale.fr/15/missions-d-information/missions-d-information-communes/reglementation-et-impact-des-differents-usages-du-cannabis/(block)/74006">https://www2.assemblee-nationale.fr/15/missions-d-information-communes/reglementation-et-impact-des-differents-usages-du-cannabis/(block)/74006</a> [accessed 21/07/2021].
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- Premier ministre (2020). <u>Document de politique transversale</u>. <u>Politique de lutte contre les drogues et les conduites addictives</u>. <u>Projet de loi de finances pour 2021</u>. Ministère de l'Economie, des Finances et de la Relance, Paris. Available: <a href="https://www.budget.gouv.fr/documentation/file-download/6862">https://www.budget.gouv.fr/documentation/file-download/6862</a> [accessed 15/06/2021].
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- Setbon, M., Guerin, O., Karsenty, S., Kopp, P., Costes, J.-M., Díaz Gómez, C. et al. (2003). <u>Evaluation du plan triennal de lutte contre la drogue et de prévention des dépendances (1999-2002).</u>

  <u>Rapport général.</u> OFDT, Paris. Available: <a href="https://www.ofdt.fr/BDD/publications/docs/epfxmsj9.pdf">https://www.ofdt.fr/BDD/publications/docs/epfxmsj9.pdf</a> [accessed 15/06/2021].

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

- Medic'AM, CNAM-TS for the amounts reimbursed for opioid substitution medications. This source provides the amounts reimbursed by the National Health Insurance Fund based on the medication retail price. The reimbursed amount relating to community pharmacy dispensing fees should be added as this has not been included in the reimbursed sums recorded in Medic'AM since 1 January 2015. This estimate was calculated by the OFDT.

- Circulaire DGOS/R1 n°2019-111 du 7 mai 2019 relative à la campagne tarifaire et budgétaire 2019 des établissements de santé. (NOR: SSAH1913536C) Available: <a href="https://www.legifrance.gouv.fr/download/pdf/circ?id=44729">https://www.legifrance.gouv.fr/download/pdf/circ?id=44729</a> [accessed 02/06/2021] This source makes it possible to track National Health Insurance Fund expenditure under the Social Security Funding Act (LFSS) to finance the activity of addiction medicine liaison teams, specialised consultations and other expenditure specific to hospital addiction.

Regarding the cost of the medical-social system in the field of addiction medicine (CAARUD, CSAPA and therapeutic communities) as well as the expenses to finance the activity of the Hospital-based Addiction liaison and treatment team and the specialised consultations, the priority source is the "Transversal policy document. Policy against drugs and addictive behavior" (DPT) (Premier ministre 2020). Although this expenditure does not directly fall within the scope of the Budget Act, annual Social Security payments (funds disbursed) can be traced to specialised addiction medicine facilities for their annual operations, from the annexes of successive DPT. This information is sourced from the ARS directly responsible for the financial and accounting management of the subsidies paid.

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