

# Prevention workbook

## 2021

### France

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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.  
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## T0. Summary

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

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

### Policy and organisation

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

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

At local level, school prevention activities are implemented by a range of professionals. Prevention in schools relies, in particular, on programmes to strengthen the individual and social skills of pupils (from nursery to secondary school) in order to resist the desire to use drugs, peer pressure and the supply of psychoactive substances.

## Prevention interventions

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

## Trends & Quality assurance

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

## New development

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

## T1. National profile

### T1.1. Policy and organization

The purpose of this section is to

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

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

The main principles of the prevention policy are to prevent people from experimenting with drugs in the first place, or at least to delay first use, and to prevent or limit misuse or addictive behaviours whether they are related to psychoactive drugs or not (Internet, video games, gambling, etc.). Universal prevention in schools is still the main area where the prevention of addictive behaviours is to be implemented, and which is more broadly covered by health education. From now on, it must form part of the educative health pathway defined annually by each school.

The 2018-2022 National Plan for Mobilisation against Addictions was adopted in December 2018 (MILDECA 2018) (see T.1.1.1 of the 2018 Policy workbook for more details). Emphasis is generally placed on the need for evidence-based approaches, particularly those focusing on psychosocial skill, and on the qualification of professionals in contact with young people in terms of early detection of addictive behaviours.

The first national prevention plan known as "*Priorité Prévention. Rester en bonne santé tout au long de sa vie*" [Priority prevention. A lifetime of good health] was adopted in France in March 2018 and encourages, in the field of addictive behaviours, the establishment or reinforcement of partnerships between schools (secondary schools and colleges) and Youth Addiction Outpatient Clinics (CJC) (Direction générale de la santé 2018). The advanced "off-site" CJs have been developed under this framework.

The government's "Ma santé 22" [My health 22] strategy, which was launched in November 2018, also places the expansion of the health service for health students (from 47 000 students in 2018 to 50 000 in 2019) among the priority actions for the development of prevention, particularly in the fields of addiction and among young people (see T1.2) (Ministère des Solidarités et de la Santé 2018).

The [national anti-narcotics plan](#), adopted in September 2019, includes a national prevention campaign addressing both the health and criminal risks of drug use. The 2020-2024 National Crime Prevention Strategy supports the involvement of care and harm reduction structures for drug users in the focus groups for the local and inter-communal crime and criminality prevention councils (CLSPD/CISPD) in order to take better account of health issues for young people (Ministère de l'Intérieur 2020).

The ten-year cancer control strategy 2021-2030 was made public on 4<sup>th</sup> February 2021 by the French President (INCa 2021). Its objective is to significantly reduce the burden of cancer in the daily lives of French people. With regard to tobacco and alcohol, the strategy aims to reduce exposure to these products by consolidating environmental prevention measures (e.g. leveraging of tobacco prices or the control of sales bans on minors). It also calls for the development of social communication and marketing related to tobacco and reinforcement of the marketing and supply regulations for alcohol, as well as the reinforcement of psychosocial skills.

- T1.1.2. Please describe the organisational structure responsible for the development and implementation of prevention interventions. Information relevant to this answer includes:
- Responsible institutional bodies and bodies of civil society
  - the type of organisations delivering different types of interventions
  - coordination and level of cooperation between the different actors involved (education, health, youth, criminal justice, academia, civil society)

#### *Institutional bodies engaged in coordination and funding*

The policies for preventing legal and illegal drug use are established by long-term Government plans, coordinated by the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA), and then adapted locally by its territorial representatives (usually the cabinet directors of the prefects, so-called “*chefs de projet*”) (see T.3.1 of the 2021 Policy workbook). In the area of prevention, these territorial representatives have funds delegated by the MILDECA to finance local actions, selected mainly through an annual call for tenders. The 2018-2022 National Plan for Mobilisation against Addictions has been developed in the form of regional roadmaps by working with various different sectors, particularly with the Regional Health Agency, the rectorate (regional education authority) and the legal authorities (see T.1.1.2 of the 2020 Policy workbook).

The French Ministry of Social Affairs and Health has a powerful operator at its disposal to implement the priority prevention plan and the national programme to combat smoking, in conjunction with the National Plan for Mobilisation against Addictions: *Santé publique France* (SpF) has the mission of effectively protecting public health, by acting on decisive factors for health, and places the fight against social inequality at the very centre of its priorities. Its responsibilities include promoting health and reducing health risks, together with developing prevention and education for health. The agency has a scientific and expert role in the field of health (see T.1.1.2 of the 2020 Policy workbook). In this remit, SpF has to develop evidence-based interventions for prevention and health promotion. Most of SpF's social marketing activities are now financed by the Fund for Combatting Addiction.

The Regional health authorities (ARS) define regional public health programmes which provide for lines of actions to curb health issues whether related to licit (alcohol, tobacco) or illicit drugs. Since 2019, the ARS have had an annual budget of more than 30 million euros from the Fund for Combatting Addiction (co-managed by the French health insurance scheme, the French Ministry of Health and MILDECA) to develop prevention strategies at regional level.

In secondary schools, including those of agricultural education, headmasters are relatively free to determine their level of commitment to prevention, even though they are strongly encouraged by their supervisory administrations (at regional and/or central levels) to invest in such efforts as local administrative authorities provide head teachers with recommendations based on ministerial guidelines. In each *académie* (regional administrative territory of the French national education system), the academic Health and Citizenship Educational Committees (CAESC), chaired by the Chief Education Officer, defines the strategic orientation of the policy on education for health and citizenship, involving representatives of the ARS and the school community (head teachers and chosen students) (see T.1.1.2).

In 2018, the Student Prevention Conference was created to support the development of measures promoting behaviour that is good for student health, in line with national public health plans and the Student Plan (Ministère de l'Éducation nationale and Ministère de l'Enseignement supérieur de la Recherche et de l'Innovation 2017) (see T.1.1.2 of the 2020 Policy workbook).

#### *Organisations delivering interventions*

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

The prevention of addictive behaviours in schools is based primarily on the deployment of programmes to strengthen psychosocial skills. Preventing addictive behaviour is integrated in the educative health pathway for pupils which is defined in each secondary school by the Health and Citizenship Education Committees (CESC) chaired by the school principal. Since 2006,

preventing addictive behaviour may also rely on the basic missions of the French education system: the educational, social and health school staffs are quite involved in coordinating prevention or even implementing prevention towards pupils.

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

[Associations and law enforcement officers \(police and gendarmerie anti-drug trainers\) involved in the prevention of addictive behaviours can also intervene in the workplace, in community areas \(difficult neighbourhoods, tourist areas, etc.\). Since January 2021, the FRADs \(anti-drug liaison trainers\) have been attached to the Trusted Homes and Family Protection \(MCPF\), a departmental unit of the national gendarmerie to support victims of intra-family violence \(see T.4\).](#)

*T1.1.3. **Optional.** Please provide a commentary on the funding system underlying prevention interventions.*

*Information relevant to this answer includes:*

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

Since 1995, sales of assets seized through drug-trafficking repression have been turned over to the Narcotics support fund, under the MILDECA management ([see T.1.1.3 of the 2020 Policy workbook](#)).

With these funds, in 2018 and 2019, MILDECA issued a national call for projects destined for local authorities: "*Conduire à l'échelle d'un territoire une action globale en direction des jeunes contre les consommations à risque d'alcool, de cannabis et de tabac*" [Implementing a nationwide global action programme aimed at young people, targeting at-risk alcohol, cannabis, and tobacco use]. Thus, 24 projects have been funded in mainland France and overseas, amounting to nearly 2 million euros. These calls for projects aim to support candidate cities in developing an integrated prevention policy, working with citizens to prevent at-risk behaviour related to psychoactive substances. Special attention is paid to improving compliance with the ban on selling tobacco and alcoholic products to minors (under 18s). [A new call for projects was launched in 2021. It will give priority to projects with a strong partnership dimension, structured \(over time and using several levers of action\), involving local economic players \(shopkeepers, housing associations, chamber of commerce and industry, etc.\), the beneficiaries themselves \(users and their families, residents, employees, municipal employees, etc.\) and partners in the fight against narcotics.](#)

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

[The Fund for Combatting Addiction to Psychoactive Substances, known as the "Addiction Fund", is financed indirectly, for the most part, by the taxes levied on tobacco products.](#) It is governed by the National Health Insurance Fund, the MILDECA, the National Health Directorate (DGS), the Directorate of Health care supply (DGOS) and the Directorate of Social Security (DSS). [The "Addiction Fund" has been increased to 115 million euros for 2020 \(120 million euros in 2019\). The legislative \[order of 20 August 2020\]\(#\) establishes the list of beneficiaries and sums allocated by the 2020 Fund for Combatting Addiction. In 2020, the actions financed are aimed primarily at young people, pregnant women and parents of young children, people with chronic illnesses \(including people living with a mental disorder\), people living in socially vulnerable situations and people in contact with the criminal justice system. Almost half of the funds \(53 million euros\) were dedicated to local projects, 29 million euros to further extend social marketing activities, more than 16 million euros to research, observation and assessment, and 16 million euros to civil](#)



society mobilisation projects. The [order of 28 June 2021](#) defines a new list of projects financed in the second half of 2021. A particular effort will be made to develop social marketing actions to prevent the use of tobacco, alcohol, cannabis and poly-drug use in festive environments.

Various cross-territorial local programmes (concerning health, social exclusion, public safety and/or urban policy) also make it possible to redistribute public credits for drug use prevention (see T.1.1.3).

In particular, the Interministerial Committee on Crime and Radicalisation Prevention (CIPDR in French) defines priorities and decides on the use of the credits of Interministerial Fund for Crime Prevention (FIPD), according to a now three-year framework established by the 2020/2024 National Crime Prevention Strategy (SNPD in French) (Ministère de l'Intérieur 2020) (see also T.1.2.1). A partnership was established between MILDECA and CIPDR since 2017, with a view to promoting the joint funding, at department level, of preventive actions targeting young people at risk of falling into criminality ([legislative order of 30 April 2021](#)). For the years 2020-2022, ([legislative order of 5 March 2020](#) setting the framework for the territorial application of crime prevention and radicalisation prevention policies) this partnership has for main objectives to prevent young people (under 25) from getting into or continuing to work in drug trafficking, and support young people, particularly those who are imprisoned, living in poverty or at risk of a subsequent offence because they are using psychoactive substances. Work to strengthen psychosocial skills or harm reduction approaches that promote socio-professional integration, such as the "Alternative paid work by the day" (TAPAJ, see section T1.2.1), are encouraged. The FIPD (Interministerial Fund for Crime Prevention) amounts to 69 million euros in 2021 in the Finance Act, compared to 66 million euros in 2020.

The integration of the TAPAJ system into France's national strategy to prevent and combat poverty since 2019 has made it possible to reinforce the association's means of action, which goes hand-in-hand with the deployment of the system, and to set new objectives for 2022 (85 TAPAJ sites throughout the country, 47 sites currently).

Starting in the 2019-2020 academic year, students must pay the Campus and Student Life Contribution (CVEC) when they enrol in university. Collected by the regional centres for university and school works (CROUS), it amounts to €92 in 2020-2021. It should make it possible to create, improve and develop various services, including:

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

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

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

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



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

## T1.2. Prevention interventions

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

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

Information relevant to this answer includes:

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

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

In summary, French legislation on tobacco and alcohol regulates:

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

*For a full description of the legislation on alcohol and tobacco see, T.1.2.1 in the 2020 Policy workbook* (Douchet and Le Nézet 2021).

In the context of the health crisis at the end of 2020, extraordinary legal restrictions on the availability of alcohol have been adopted in order to limit excesses and festive gatherings. The lockdown, which was partially implemented between mid-October 2020 and the end of March 2021 and then nationally from the end of March 2021, also prohibited the consumption of alcoholic beverages in the public domain. The provisional ban on the sale of all alcohol over 18 degrees was introduced by all prefectures in France for 31 December 2020, starting from the late afternoon.

The year 2020 was marked by the arrival on the French market of *hard seltzers* (one year after the United Kingdom), fermented drinks made from cane sugar or fruit, flavoured and then carbonated, which are usually around 5% alcohol. In November 2020, the French Customs Authority (DGDDI) ruled on the tariff and tax classification of *hard seltzer* or alcoholic beverages

with similar characteristics. These beverages fall under tariff heading 2208, the heading for spirits or, for example, premixes. Some may also be subject to the so-called "premix" tax, depending on their specific composition. In terms of marketing, these products are presented as 'natural', 'organic', and less calorific and less expensive, arguments that are particularly targeted at young and/or female audiences. Although *hard seltzers* are recognised as alcoholic beverages, many irregularities were found, such as the lack of a warning pictogram for pregnant women, the absence or lack of visibility of the mandatory legal health warning on online sales sites (Basset and Rigaud 2020).

On 1<sup>st</sup> June 2021, the [Law no2021-695 to prevent the dangerous use of nitrous oxide](#) was adopted and amended the public health code to prevent the dangerous uses of nitrous oxide (see T.3.1 of the Policy and Legal framework workbooks).

### Delinquency and crime prevention strategies

Over the last years, delinquency and crime prevention strategy has been implemented towards addicted/drug user offenders, with the aim to enhance collaboration and communication between judicial and medico-social stakeholders. The National Crime Prevention Strategy 2020/2024 (SNPD), adopted on 9 March 2020, urges law enforcement services and prefectures to create better dynamics around health, including with treatment services (CSAPA) and harm reduction facilities (CAARUD) (measure 8) (see 2020 Prevention workbook)).

The TAPAJ programme (MILDECA 2021a), ("*Travail alternatif payé à la journée*", TAPAJ is a social integration program aimed specifically at street youth who struggle to find employment) described in section T.1.2.1 of the 2017 Prevention workbook is part of such initiatives (<http://www.tapaj.org/>). The new national strategy encourages stronger partnership between the programmes "TAPAJ" and "*Un chez soi d'abord*" ("Housing first") and other programmes that encourage similar approaches.

The national anti-narcotics plan of the Ministry of Interior provides for a national prevention campaign on both the health and criminal risks of drug use.

Furthermore, in November 2020, in three French towns - Loos (North, Belgian border), Sarcelles (Val d'Oise, Paris region) and Saint Laurent du Maroni (French Guyana) - the MILDECA together with the prefects and mayors for these areas, launched an experimental scheme aimed at preventing young people from becoming involved in drug trafficking and encouraging their exit from networks of those 'little hands' already working with traffickers. The main principle behind these objectives is to promote alternatives to trafficking through educational and vocational integration or cultural and sports activities, among others. An external assessment will measure the effects of this experiment.

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

Universal prevention is the predominant route of drug use/abuse prevention in France, especially in school settings, even though an extensive response to develop early intervention in the field of prevention has been developed since 2004, on the basis of the Youth Addiction Outpatient Clinics (CJC) (see T 1.2.4 and T 1.4.5 of the 2020 'Treatment' workbook).

### Universal prevention in schools

In schools, the universal prevention of addictive behaviour is part of a global policy aimed at student and staff health and well-being: schools for health, which are based on the educative health pathway (PES) and categorised by the type of school, from nursery to high school. In order to reduce social inequalities in health and education and to promote all students being successful, the school for health must help create a calm and inclusive school environment, particularly through educational projects for developing life skills.

On the basis of academic or departmental guidelines (CAESC/CDESC - see T1.1.2), each secondary school, via the Health and Citizenship Educational Committee (CESC), chaired by the head teacher, defines its measures or programmes for the prevention of addictive behaviour.

The 2018-2022 National Plan for Mobilisation against Addictions aims to roll out validated programmes in each academic region, for developing psychosocial skills. The national prevention plan adopted in March 2018 supports the principle of an health-promoting school. It supports the widespread implementation of the health education pathway (PES) to help schools promote health, and notably recommends partnering each establishment with a reference local CJC ([Note d'information du 7 juin 2019 relative au renforcement du partenariat entre les Consultations jeunes consommateurs et les établissements scolaires](#) [Information note of 7 June 2019 on strengthening the partnership between the Young Consumer Consultations and schools]), with a view to taking collective prevention action, or indeed holding advanced clinics within the establishment, with referrals to the CJC for young people in difficulty due to addictive practices (tobacco, alcohol, cannabis, screens, video games, etc.).

The *Conseil Scientifique de l'Education Nationale* (Scientific Council of National Education) develops pedagogical resources so that primary school teachers can implement "professional gestures" that promote the acquisition of psychosocial skills.

Since the early 2010s, various initiatives centred on psychosocial skills have been encouraged by the last three governmental action plans on addiction, including the current plan. Several validated programmes (evidence-based) have been adapted to a local level: the PRIMAVERA programme implemented in the Amiens and Paris academies, with evaluation results published in 2020 (Diaz Gomez *et al.* 2021), the Good Behaviour Game (GBG) (see T.1.2.1 of the 2020 Prevention workbook) or the *Unplugged* programme.

Over the course of 2010, a small number of organisations began to adapt the *Unplugged* programme on their territory, on an experimental basis and therefore with a small number of establishments. The Unplugged programme, as implemented in the Loiret department (Orléans and its outskirts) is a 12-session psychosocial skills development programme for secondary school students (pupils aged 11 to 13 years). This model has proved to be effective in the short term on the use of psychoactive substances and its directly targeted psychosocial determinants (attitudes, psychosocial skills, social norms, etc.) (see T.1.2.2 of the 2020 Prevention workbook).

With the financial support of the National Cancer Institute (call for tenders), the Fédération Addiction NGO was commissioned from 2018 to 2020 to design and test a regional deployment model based on a pool of trainers, the Unplugged-Loiret model and the application of a quality approach. Its deployment continued in 2020 despite slowdowns and difficulties due to access restrictions to schools caused by the Covid-19 pandemic. In order to overcome the obstacles caused by the health crisis, remote learning for the educational community was tested.

Since 2015, the adaptation of the American "Good Behavior Game" (GBG) programme in elementary schools is provided by the Research Group on Social Vulnerability (GRVS). Skills transfer from the organisation holding the rights to the programme (*American Institutes for Research*, AIR) to GRVS was carried out to allow for the implementation of the GBG in France from the beginning of autumn 2017. In 2021, five academies (Nice, Orléans, Reims, Normandy, Créteil-Versailles) are concerned by its implementation (Reynaud-Maurupt 2017). The ABMA programme « Aller Bien pour Mieux Apprendre », (Going Well to Learn Better), cited in the National Prevention Plan (Direction générale de la santé 2018), aims to promote health and school retention by focusing on the development of psychosocial skills and a peaceful school climate, by involving the educational community, including parents. Initiated in the Lyon academy, the ABMA programme has been implemented in other territories: Eure-et-Loir, Dordogne, Nouméa, etc.

Initiated in September 2018 ([décret n°2018-472 du 12 juin 2018 relatif au service sanitaire des étudiants en santé](#)), the health service for health students (SSES in French) is a mission lasting several weeks during which students in health training (medicine, nursing, pharmacy, etc.), i.e. 50 000 students per year, programme, carry out and evaluate preventive and now health

promotion actions A module on the design and implementation of health promotion actions is included in all health training courses, in order to support the intervention of these students, particularly in school settings, on subjects such as emotional life, sexuality or addictions (HCSP 2021). The Health Education Network for French Universities (UNIRÈS) has developed a remote course to support the health service in order to provide these students with a project methodology in health education adapted to the school environment and to foster a common culture of health education between them and the educational community (see also workbook Best Practices). *Santé publique France* (the National Public Health Agency) has also made online resources available to prepare students for this health mission.

In November 2020, the scope of the SSES was extended by a decree ([Decree no. 2020-1667 of 22 December 2020 modifying decree no. 2018-472 of 12 June 2018 relating to the health service for health students](#)) to "adapt it to exceptional health situations", in particular those caused by the COVID-19 pandemic. The objectives of the SSES training are adapted to its new scope, by including the initiation of students "to the issues of health promotion" in addition to the "issues of primary prevention" initially targeted (in the [Order of 22 December 2020 amending the Order of 12 June 2018, as amended, relating to the health service for health students](#)).

### Universal prevention in the workplace

The National Plan for Mobilisation against Addictions 2018-2022 (MILDECA 2018) makes the fight against addictive behaviour a priority of occupational health and confirms the need to develop prevention, in particular primary prevention linked to working conditions and work organisation. The first axis aims to improve the knowledge and skills of those involved in the workplace in the field of addiction, in particular human resources managers, staff representatives and occupational health services. Training of managers in occupational health, including addictive behaviours is also necessary, as part of the initial training courses in business schools and the civil service. The plan also reinforces the role of occupational health services in the prevention of addictive behaviours by continuing the strategy of training multidisciplinary occupational health teams in partnership with the EHESP (school of Public Health) and the French Ministry of Labour and by proposing to standardise the method of early detection and brief intervention for employees or civil servants (see T.1.2.2 of the 2020 Prevention programme).

The creation at the end of 2017 of a portal dedicated to the issue of addiction in the workplace (<https://www.addictaide.fr/pro/>) is an essential action to strengthen the knowledge of all those involved in the prevention of addictive behaviour in companies and public structures. The MILDECA has been involved in the construction of the site from the outset and still supports the scheme via the Fund for Combatting Addiction. More than 60 factsheets have been published. A FAQ, a forum, a newsletter, a testimonial section, access to self-assessment tests and communication on social networks have helped to increase the number of visitors to the site each year.

The MILDECA launched an experiment in 2020 in three regions and entrusted their implementation to the National Agency for the Improvement of Working Conditions (ANACT) and the association "Addictions France". The National Health Insurance Fund for Agricultural workers' and farmers and the VYV group (an insurance and social protection company) are partners in this action. The aim of this experiment is to combine the "work" and "addictology" skills of ANACT and the Addictions France association to develop a common intervention methodology for companies or public bodies that volunteer to be supported in implementing an addictive behaviour prevention approach. This experiment should lead to the production of tools and reference sheets and methods which will be communicated to all companies and employers. In January 2019, the RSE platform (on corporate social responsibility) of "France stratégie", an organisation for studying, forward-thinking and evaluating public policies and making proposals, under the authority of the Prime Minister, and upon request of the MILDECA, published a report to integrate the prevention of addictive behaviour into the criteria of corporate social responsibility. The report provides fifteen or so recommendations to the government, to companies, including companies producing or distributing alcohol or tobacco, and to professional federations, in order to promote a global approach to prevention and risk reduction in companies with regard to psychoactive substance

(Uzan *et al.* 2019). In particular, the "quality of life at work" approach is advocated. For some examples, see T.1.2.2 of the 2020 "Prevention" workbook.

By the end of the year, *Santé publique France* (the National Public Health Agency) will offer an online portal, "Employers for Health". Open to all, it will offer permanent access to existing smoking prevention tools and devices, in order to support a sustainable smoking prevention policy for employees beyond the annual "Moi(s) sans tabac" (Month without tobacco) campaign. The portal will be progressively extended from 2023 to other addictive practices and then to other health issues. This portal will complement the [Addict'Aide-pro website](#) (dedicated to addiction prevention in the workplace).

Since 2016 MILDECA has been funding a cohort study (the national "Constances" cohort, including 200 000 people and fed in particular by data from the National Health Insurance Fund) aimed at better highlighting and documenting the links between occupational exposure to certain risks and addictive behaviour as well as the consequences on professional careers (particularly on the risks of job loss, stoppages and accidents at work). In April 2021, a summary of the results for employers highlighted the consumption levels of psychoactive substances (tobacco, alcohol, cannabis, psychotropic drugs) by the working population and the profiles of the most exposed consumers, according to age category, socio-professional category and gender. The aim of this publication is to bring scientific knowledge to the workplace in layman's terms and to convey prevention messages and advice. Young adults (18-35 years) are the age group most affected by drug use, while the occupational categories most affected are workers and employees (MILDECA 2021b). The professional categories most affected are manual and clerical workers. Female managers are particularly affected by problematic alcohol consumption. All sectors of activity are concerned, in particular professions relating to the public, which represent a significant part of the healthcare and education sectors, trade and public services. Cannabis use (at least once a month) can increase the risk of losing one's job within a year by up to 3 times, regardless of gender, age and socio-professional category.

#### Universal prevention targeting specific population groups

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

The aim is to better inform women of childbearing age about the risks of drug use during pregnancy and to increase the knowledge of health professionals in the medico-social sector about these risks and about early detection of drug use.

With regard to young people in vocational training, training institutions should be encouraged to implement regional action plans to raise awareness and train professionals, implement prevention programmes for young people, and refer them to early detection and care services (see T1.2.3).

The University Health Services (SSU in French) provide prevention and health promotion activities for students in higher education, including activities to prevent addictive behaviours, in particular with regard to binge drinking, tobacco and cannabis use. The SSU recruits and trains the "student liaison officers on health" (ERS scheme). ERS can now be trained at the same time as PACES students (First common core year for health studies), who are required to do the health service. This also involves improving education on road safety, concerning the risks related to the use of substances and psychoactive medicines among students, notably through training offered to student association leaders at all higher education institutions.

The Campus and Student Life Contribution (CVEC) is partly used by universities to reinforce prevention in the university environment (see T1.1.3).

#### Media campaigns and social marketing

The "Moi(s) sans tabac" [Month without tobacco] campaign, which has been organised every November since 2016 (inspired by the English programme Stoptober), and the World No Tobacco Day which has taken place on 31 May every year since 1988 under the aegis of the World Health Organisation, receive dedicated media coverage every year. These campaigns have used social



marketing approaches promoting “social disease”: spreading ideas, attitudes or behaviours in a group by imitating others and conforming with them. The “Moi(s) sans tabac” campaign also provides free tools (online service [www.tabac-info-service.fr](http://www.tabac-info-service.fr), help kit for quitting smoking) that aim to make it easier to stop smoking and take part in the campaign. The main theme of the 2021 World No Tobacco Day campaign is “Commit to Quit”. It presents life without tobacco as a desirable norm and celebrates individual victories over smoking through various channels (audiovisual, digital (including social networks), posters and print media).

In March 2021, the French Public Health Agency SpF “Santé publique France” launched again its information campaign under the aegis of the Ministry of Solidarity and Health to remind the general public that all alcohol consumption involves risks and to promote the new recommendations, developed as part of the expert work carried out by SpF and INCa (the National Cancer Institute): “Only a maximum of 2 glasses of alcohol a day and not every day”. The campaign encourages everyone to assess their alcohol consumption using the Alcohol Meter (available on the website [www.alcool-info-service.fr](http://www.alcool-info-service.fr)) to give everyone the means to make an informed choice about safer drinking.

The operation “Le Défi de janvier” (#LeDéfiDeJanvier), the French version of the *Dry January*, was launched in 2020 and renewed in 2021 thanks to a collective of 27 associations and national networks that wanted to import it to France. Co-piloted by the Fédération Addiction, this operation is based on a three-year partnership with the British Charity (*Alcohol Change UK*), which initiated the operation. In 2021, the campaign was based on the *Try Dry* application, translated into French, managed in France by the consortium. The application allows each participant to track their drinks and alcohol-free days, and to set personalised goals based on their consumption. Other communication and social marketing tools are also available.

Faced with the foreseeable problems of over-consumption of psychoactive substances, shortages linked to difficulties in accessing substances and care during the lockdown period from March to May 2020, the MILDECA has developed and published a library of images with preventive messages that can be used on the Internet and social networks (see T.1.2.2 of the 2020 Prevention workbook).

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

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

The 2018-2022 National Plan for Mobilisation against Addictions identifies several avenues for selective prevention. It aims to particularly focus on children falling within the child welfare service (ASE) and judicial youth protection service (PJJ), and to emphasise prevention aimed at individuals referred by the justice system. In this respect, the Fund for Combatting Addiction supports the development of a national intervention framework for young people entrusted to the judicial youth protection service as well as projects for the prevention of addictive behaviour among young people entrusted to the child welfare service initiated by nearly 25 departmental councils. In addition, the MILDECA project leaders (in the prefecture) are invited to accompany festive life and events in order to ensure crime prevention and public safety in urban and rural areas.

A Mayor's guide to addictive behaviours, developed in partnership with the Association “Mayors of France”, was published in November 2019 to steer mayors and civil servants in implementing an integrated prevention policy in their territory, particularly when it comes to managing party events and venues (MILDECA and Association des Maires de France 2019).

### School environment (secondary vocational education)

The National Cancer Institute (INCa) is conducting a call for tenders to support the deployment of the TABADO programme among young people attending vocational high schools, apprenticeship training centres (CFA) or rural family homes (MFR) in order to help young smokers quit smoking. The programme consists of three elements: an initial information session for the whole class, and then for smokers who want to, individual consultations are available, where they will be provided with nicotine substitution treatment and motivational workshops. On being evaluated, this programme proved to be effective: the adjusted withdrawal rate (by age, gender, training route, dependency score, average amount of tobacco and cannabis smoked) was higher in the establishments that had experienced the TABADO intervention than in reference establishments (17% compared to 12%) (Minary *et al.* 2010; Minary *et al.* 2013). An implementation guide is available (Vallata and Alla 2019).

### Recreational settings

Launched in September 2019 as part of the “Friends too at night” campaign, mainly based on digital levers, the website [www.amisaussilanuit.fr](http://www.amisaussilanuit.fr) is aimed at young people aged 17 to 25, and is part of a strategy to reduce the risks of alcohol and cannabis consumption in a festive context. It aims to reinforce protective behaviour among peers.

Numerous French cities have drawn up charters with the professional representatives of night-life establishments, the local police and prevention associations working in the party scene. Furthermore, there are various examples of local actions for alcohol and drug abuse prevention. In cities, most of the actions in the recreational context involve “seeking contact” and are carried out by associations at local level (see T1.2.3 of the 2020 Prevention workbook for some examples).

### Priority security zones and deprived neighbourhoods

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

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

### Individuals referred by the justice system

The Judicial Youth Protection Directorate (DPJJ) confirmed its commitment to promoting general health for young people in its care, over the 2017-2021 period, by extending the implementation of the “judicial youth protection service health promotion” approach launched in 2013. In 2020, it launched a new survey on the health of young people under the jurisdiction of the judicial youth protection service (PJJ) (with an important addiction component) and is piloting, with the FNES (National Federation for Education and Health Promotion) to develop a national intervention framework based on regional experiences in the prevention of addictive behaviour.

As regards individuals referred by the justice system – outside or inside the prison setting, for minors (judicial youth protection service-PJJ) or adults – the National Plan for Mobilisation against Addictions supports the introduction of prevention programmes on tobacco and cannabis use and the elimination of the exposure to passive smoking, pursuant to the *Loi Evin*, as is the case outside prison. The “Health for imprisoned people (2019-2022)” roadmap sets out guidelines and provides for a series of specific actions (see T1.3.1 of the Prison workbook) (Ministère de la Justice and Ministère des Solidarités et de la Santé 2019).



### At-risk families

The MILDECA supports several experiences of Multidimensional Family Therapy (MDFT) through pilot tests in different environments, including within judicial youth protection services (PJJ), in particular for the families of young cannabis addicts and children and adolescents with psychiatric or behavioural disorders. The 2018-2022 National Plan for Mobilisation against Addictions envisages extending the implementation of validated programmes aiming to jointly develop psychosocial skills in young people and parenting skills, in particular the French adaptation of the *Strengthening Families Program-SFP* in France, entitled « Programme de soutien aux familles et aux parents » (PSFP) (see details in the T.1.2.3 of the 2017 Prevention workbook).

### Persons with a disability or difficulty

The government's Plan for Mobilisation against Addictions considers the issue of disability. It calls for health pathways to be made accessible to people with disabilities (Objective 6.6) including access to Youth Addiction Outpatient Clinics (CJC) (see T.1.2.3 of the 2020 Prevention workbook). The Fund for Combatting Addiction supports a number of projects set up by associations for people with disabilities. Recommendations for good professional practice in prevention and risk reduction for medico-social establishments working with people with disabilities are currently being developed (see T.1.2.2 of the 2021 Best Practices workbook).

T1.2.4. Please provide an overview of Indicated prevention interventions (activities/programmes currently implemented).

Information relevant to this answer includes:

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

### Young drug users

Some 550 Youth Addiction Outpatient Clinics (CJCs) are spread across France to support young people in difficulty with their psychoactive substance use and their parents (see T 1.2.2 and T 1.4.5 of the 2020 'Treatment' workbook).

In the field of indicated prevention, initiatives are also emerging in the regions for the transfer or adaptation of evidence-based programmes. For example, in Bourgogne-Franche-Comté, the CSAPA Kairn 71-Sauvegarde 71 received financial support from the Regional Health Agency to coordinate the regional implementation of the German CANDIS programme to reduce cannabis use and associated harm (such as dependence, disability) among young people aged 16 or over suffering from cannabis use disorders. The programme aims at complete abstinence or reduction of cannabis use. It can be aimed at people who want to reduce or even stop their consumption as well as at people who are not very motivated to change their behaviours.

The CANDIS programme is a modular individual therapy based on three components: Motivational Enhancement Therapy (MET), Cognitive Behavioural Therapy (CBT) and Problem Solving Therapy (PST) (Hoch *et al.* 2014; Hoch *et al.* 2012). The recommended method is the implementation of 10 one-hour sessions, spread over a period of 8 to 12 weeks.

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

## **T1.3. Quality assurance of prevention interventions**

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

Note: cross-reference with the Best Practice Workbook.

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

The 2018-2022 National Plan for Mobilisation against Addictions makes provision for major efforts in terms of training for professionals working on the front line in contact with young people, in psychosocial skill development or early detection and referral of young users (see T1.2.2). In its 2018 annual directive, laying down the objectives for project managers, published back in January 2018, MILDECA provided its nationwide representatives with methodological and operational support via an online toolbox, consisting of ASPIRE tools to help process applications for subsidies related to prevention programmes. (<https://www.ofdt.fr/aide-aux-acteurs/prevention/grille-aspire-adaptation-francaise-des-edpqs-pour-la-selection-de-programmes-prometteurs/>).

In September 2018, the French Public Health Agency published an online directory of effective or promising interventions for prevention and health promotion. In terms of addiction (alcohol, tobacco, illegal drugs), the directory provides access to a description of 21 prevention programmes assessed in France or approved abroad and that are being adapted in France : <https://www.santepubliquefrance.fr/a-propos/services/interventions-probantes-ou-prometteuses-en-prevention-et-promotion-de-la-sante/repertoire-des-interventions-efficaces-ou-prometteuses-en-prevention-et-promotion-de-la-sante> [accessed 21/07/2021]. This directory is incomplete at this stage but must gradually be supplemented with validated national intervention programmes and local experiences, with reliability indicators.

## T2. Trends

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

### T2.1. Please comment on the main changes in prevention interventions in the last 10 years

and if possible discuss the possible reasons for change.

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

See T2.1 of the 2018 Prevention workbook

## T3. New developments

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

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

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

New developments are detailed in the sections throughout the document:

(T 1.2.1) *Delinquency and crime prevention strategies (experimental scheme launched in 3 municipalities to prevent youth involvement in trafficking).*

(T 1.2.1) *Legislation on alcohol (classification of hard seltzers in the tax category of spirits and premixes).*

(T.1.2.1) *Ban on the sale of nitrous oxide to minors*

(T 1.2.2) *Universal prevention in schools (Unplugged programme and health service for health students-SSES)*  
 (T 1.2.2) *Universal prevention in the workplace ("Employers for Health")*  
 (T 1.2.2) *Media campaigns and social marketing (Dry January)*  
 (T 1.2.4) *Young drug users (CANDIS programme)*

## T4. Additional information

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

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

On 1<sup>st</sup> January 2021, 53 Trusted Homes and Protection Centres (MCPF) of the national gendarmerie were created, bringing together the juvenile delinquency prevention brigades (BPDJ) and the Family Protection Brigades (BPF), the units to combat attacks on individuals (CLAP) and the referrals for those who have experienced intra-family violence. The 53 MCPFs are units with departmental skills that constitute a single departmental entry point for domestic violence (VIF). They are also intended to prevent addictive behaviour in the criminal field. In addition to the prevention interventions on drugs, alcohol, the Internet, school bullying, etc. carried out by the BPDJ for the benefit of schools, the MCPFs intervene for the benefit of a wider public (vulnerable people, the associative world and the professional world). They rely on a network of 350 anti-drug liaison trainers (FRADs), non-commissioned officers assigned to the gendarmerie units but also to the territorial services to carry out these interventions (Premier ministre 2021).

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

## T5. Sources and methodology

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

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

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

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

#### Internet :

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