Treatment workbook

2022

France

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T0. Summary

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

- National profile
- Trends
- New developments

Please include here a brief description of:

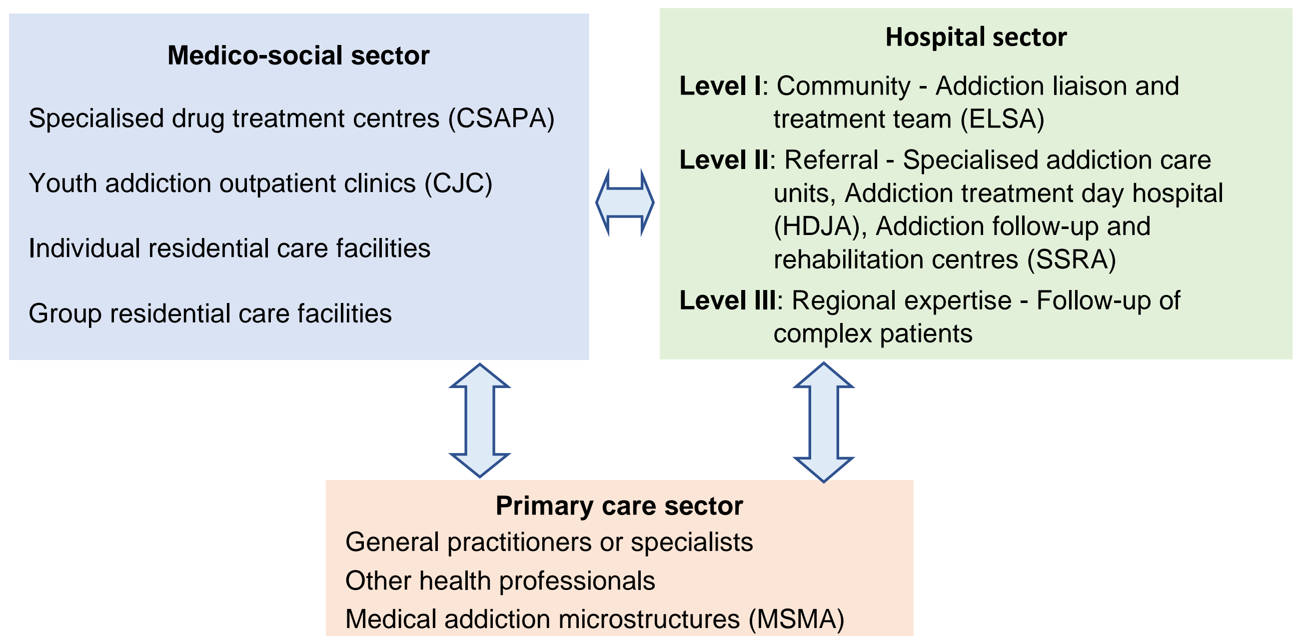
- The main treatment-related objectives of the national drug strategy, and the co-ordination bodies responsible for their funding and provision.
- An overview of the main providers of outpatient and inpatient treatment.
- The main treatment modalities available in your country.
- Provide a short description of key data on clients profile and patterns of drug use

National profil

One of the priorities of the 2018-2022 National Plan for Mobilisation against Addictions (MILDECA 2018) is the construction of a health care pathway based on a consolidated primary care and a better structured specialised offer. This priority is broken down into 6 objectives (see T1.1).

The provision of care for drug users is based on the three sectors of the French health system: the primary care sector, the medico-social sector and the hospital sector (see T1.2).

Addiction treatment services



This offer is multidisciplinary and includes the following types of treament:

- Medicinal treatment: substitution or withdrawal and post-withdrawal
- Treatment for psychiatric and somatic comorbidities
- A psychotherapeutic approach
- Socio-educational care
- Harm reduction
- A specific service for the parents or partner of subjects at risk of addiction or who have become addicted (family approach)

The French RECAP scheme underwent a methodological review in 2021-2022. The RECAP data used to produce the TDI data will now be used with a 2-year delay. This will eventually allow statistics to be provided by a larger number of care facilities than has been the case to date. The production of 2021 data will therefore only be available next year. As a result, this WB includes the RECAP 2020 data used in the previous year's report. In the absence of 2021 data, the total number of people starting treatment in specialised drug treatment centres (CSAPA) could be estimated at about 66 000 personnes (see Workbook Treatment 2021), down slightly from 2019. Furthermore, a total of 22 900 patients were dispensed opioid substitution medications in a CSAPA setting in 2019.

The activity of community doctors in the field of addiction treatment mainly involves prescribing opioid substitution medications. According to the latest data from 2018, 161 400 people had a prescription for opioid substitution drugs in France (see Workbook Treatment 2021).

Tends

The number of all users entering treatment (in constant terms) is falling in 2020: the drop is almost 22% overall, and 26% where cannabis is concerned, 16% for opioids and 20% for cocaine (Workbook Treatment 2021).

T1. National profile

T1.1. Policies and coordination

The purpose of this section is to
- describe the main treatment priorities as outlined in your national drug strategy or similar key policy documents
- provide an overview of the co-ordinating/governance structure of drug treatment within your country

T1.1.1. What are the main treatment-related objectives of the national drug strategy? (suggested title: Main treatment priorities in the national drug strategy)

Main treatment priorities in the national drug strategy

As regards the management of addiction, the 2018-2022 National Plan for Mobilisation against Addictions (MILDECA 2018) defines six objectives:

1) Allow for the routine and stepped-up detection of addictive behaviours
2) Increase the role of front-line professionals in supporting patients suffering from addictions
3) Develop and promote the adoption of best practice guidelines in addiction medicine
4) Change professional practices, including systematically integrating harm reduction objectives, developing outreach services and integrating peer helpers into addiction care teams
5) Structure the addiction medicine healthcare pathway
6) Open up healthcare pathways to the disabled

T1.1.2. Who is coordinating drug treatment and implementing these objectives? (suggested title: Governance and coordination of drug treatment implementation)

Governance and coordination of drug treatment implementation
See section T1.1 of the 2022 « Drug policy » Workbook

*T1.1.3. **Optional**. Please provide any additional information you feel is important to understand the governance of treatment within your country (suggested title: Further aspects of drug treatment governance)*

T1.2. Organisation and provision of drug treatment

The purpose of this section is to

- describe the organisational structures and bodies that actually provide treatment within your country
- describe the provision of treatment on the basis of Outpatient and Inpatient, using the categories and data listed in the following tables. Drug treatment that does not fit within this structure may be included in the optional section
- provide a commentary on the numerical data submitted through ST24
- provide contextual information on the level of integration between the different treatment providers (e.g. umbrella organizations providing multiple services, for instance both outpatient and low threshold services)

Outpatient network

T1.2.1. Using the structure and data provided in table I please provide an overview and a commentary of the main bodies/organisations providing Outpatient treatment within your country and on their respective total number of clients receiving drug treatment (suggested title: Outpatient drug treatment system – Main providers and client utilisation)

Outpatient drug treatment system

Outpatient treatment for illicit drug users is provided at health and social care centres specialising in addiction medicine, in primary care settings (mainly by general practitioners), or in hospitals as part of outpatient addiction treatment clinics.

The specialised socio-medical scheme

CSAPA (Specialised drug treatment centres)
See table I for a description and caracteristics.

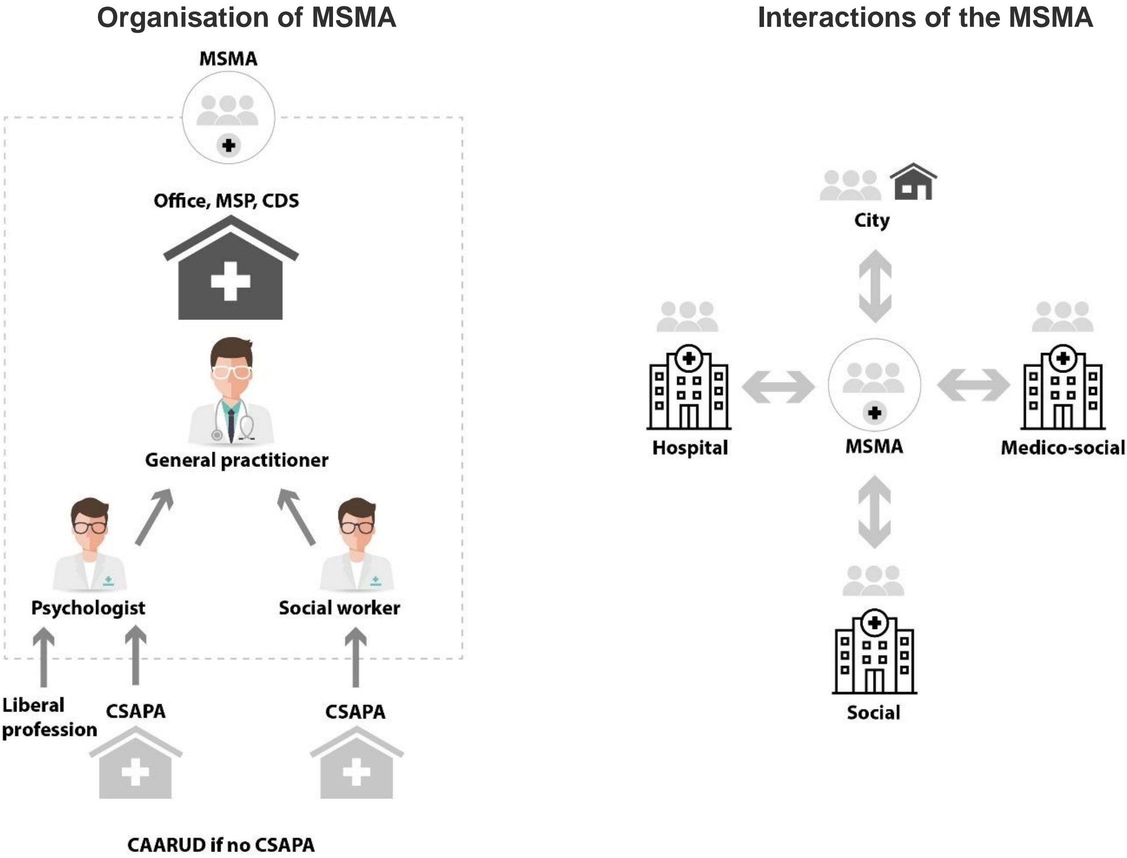
CJC (Youth Addiction Outpatient Clinics)
The public authorities developed specific healthcare for young users by creating youth addiction outpatient clinics (CJC) in 2004. Presently, approximately 540 clinics have opened.
Although no national programmes intended for other target groups exist, some CSAPA have specialised in healthcare adapted to specific populations (women with children, offenders, etc.).

CAARUD (Harm reduction facilities)
They are intended for people who are unwilling or unable to stop using drugs and who are exposed to health and social risks because of the way they use drugs or the products they use. They are not considered to be treatment facilities but can, in addition to providing harm reduction materials, support these users, guiding them towards access to care.

Primary care settings

Primary care is mainly provided by general practitioners. This treatment can be provided in the context of individual practice or group practice (multi-professional health centre, group practice), sometimes with an organisation in the form of a Medical addiction microstructure (MSMA). MSMAs have been developed in France for over 15 years. The MSMA consists of a multidisciplinary primary care team that includes at least a psychologist and a social worker

working with a general practitioner in their practice. The microstructures are organised in a regional network in association with specialised addiction treatment facilities and mental health care providers. A national micro-structure network coordination scheme was created in 2006. In 2021, the coordination brings together more than 100 facilities in 7 regions with 190 general practitioners, 64 psychologists, 63 social workers, 5 psychiatrists and 3 100 patients followed up. In order to improve territorial coverage and facilitate access to local care, under Article 51 of the 2018 Social Security Funding Act, an experiment (Equip'Addict) has been set up to ensure the standardised development of MSMAs and to test a patient fixed-price that could eventually provide them with permanent funding. A total of 95 facilities in 5 regions (Bourgogne-Franche-Comté, Grand-Est, Hauts-de-France, Ile-de-France, Occitanie) will participate in the experiment. The specifications for the experiment authorised by Article 51 define the organisation of the MSMA and its interactions.



Source: Requirements specifications of Equip'Addict

In 2018, OSTs were dispensed to 161 400 people in primary care settings. The main prescribers of OSTs were general practitioners (Brisacier 2020). According to the results of the DRESS survey which took place from December 2019 to March 2020 (David *et al.* 2021), 66% of general practitioners declared that they had initiated or renewed an OST.

Hospital settings

Illicit drug users can also be treated on an outpatient basis in addictology clinics set up in general hospitals and psychiatric hospitals (See T.1.2.1 of the 2020 'Treatment' workbook).

An application called *NPS Psycho-actifs* [Psychoactive NPS] has been developed for health professionals but also for the general public (MILDECA 2022). Its objective is to list new synthetic products (NPS) with product sheets, to indicate preventive and therapeutic treatment practices for NPS-related poisoning and to report to the CEIP-Addictovigilance.

Outpatient drug treatment system

Only people admitted to the CSAPA are subject to data collection in accordance with the European protocol for the registration of treatment requests. In 2020, 45 717 patients started treatment during the year, almost all of them in outpatient CSAPAs. Considering the participation rate (69%), the total number of people who started treatment in 2020 in outpatient CSAPAs can be estimated at 66 000 people. Outpatient admissions in CSAPA in 2019 was 137 000 people (See the 2021 'Treatment' workbook).

*T1.2.2. **Optional**. Please provide any additional information you feel is important to understand the availability and provision of Outpatient treatment within your country (suggested title: Further aspects of outpatient drug treatment provision)*

Table I. Network of outpatient treatment facilities (total number of units and clients)

Number of units and clients in 2019

	Total number of units	**National Definition** (Type of centre)	**Total number of clients***	**National Definition** (Characteristics)
Specialised drug treatment centres (CSAPA)	374	Multidisciplinary facilities dedicated to treating people with an addiction to illicit drugs, alcohol and tobacco or a behavioural addiction (gambling, Internet addiction). They provide care and prevention. The treatment is multidisciplinary, free of charge and anonymous, and long-term support is provided.	137 000	Active file of illicit drug users or misusers of psychotropic medicines having been seen at least once during the year during a face-to-face or remote interview by a care professional employed in a CSAPA within the framework of structured treatment.
General health care (ex. general practitioners)	30 000	Estimated number of general practitioners having claimed to have seen at least one opioid client in the past month.	132 000	Individuals having benefited from reimbursement further to prescription of an opioid substitution treatment by a general practitioner.
General mental health care	No data		No data	
Prisons: CSAPA in prison settings	11	Number of prison CSAPAs providing data in 2020. Prison CSAPAs are facilities entirely dedicated to treating prisoners with an addiction to illicit drugs, alcohol and tobacco or a behavioural addiction (gambling, Internet addiction).	5 000**	Number of persons treated during the year for use of illicit drugs or psychotropic medicines
Other outpatient units				

Source : Standard table 24.

* Includes patients already in treatment last year

** treatment for incarcerated drug users is also provided by CSAPAs. Their activity is not limited to intervention in prisons. In 2019, 187 outpatient CSAPAs declared that they worked in prisons. In total, the number of people in prisons treated for illicit drug use or misuse of psychotropic medicines could be estimated at around 16 500 in 2019. This figure is partly included in the 137 000 drug users treated in outpatient CSAPAs.

*T1.2.3. **Optional**. Please provide any additional information on treatment providers and clients not covered above (suggested title: Further aspects of outpatient drug treatment provision and utilisation)*

T1.2.4. Using the structure and data provided in table II please provide an overview and a commentary of the main bodies/organisations owning outpatient treatment facilities in your country
(Suggested title: Ownership of outpatient drug treatment facilities)

In 2019, 39 % of CSAPA are managed by public hospitals or public medical centres and 61% by associations. Primary care general practitioners mainly work in private practices.

Table II. Ownership of outpatient facilities providing drug treatment in your country (percentage). Please insert % in the table below. Example: about 80% of all outpatient specialised drug treatment centres are public/government-owned facilities and about 20% are non-government (not for profit) owned facilities.

	Public / Government	**Non-government (not for profit)**	**Non- government (for profit - Private)**	**Other**	**Total**
Specialised drug treatment centres	39 %	61 %			100 %
Low-threshold agencies		100 %			100 %
General primary health care (e.g. GPs)			100 %		100 %
General mental health care	100 %				100 %
Other outpatient units					

Inpatient network

T1.2.5. Using the structure and data provided in table III please provide an overview and a commentary of the main bodies/organisations providing Inpatient treatment within your country and on their respective total number of clients receiving drug treatment (suggested title: Inpatient drug treatment system – Main providers and client utilisation)

Inpatient drug treatment system

Residential care in CSAPAs

The CSAPA's residential treatment offer includes:

- Collective residential treatment facilities: residential treatment centres (CTR in French), therapeutic communities (TC);
- Individualised residential treatment facilities: residential therapeutic apartments (ATR in French);
- Emergency or transitional accommodations (CAUT in French) may be collective (such as in a residence) or individual (hotel stays).

(See table III for the description of the structures)

Residential care in hospitals

Hospitalisations are either for the treatment of somatic and/or psychiatric complications or for withdrawal. Their funding is subject to common law. In almost all cases, public hospitals have inpatient beds for withdrawal, sometimes offering aftercare activities (follow-up and rehabilitation care or SSR in French) including addiction medicine (see T.1.2.6 of the 2020 'Treatment' workbook).

Inpatient drug treatment system

Data on the number of people treated in these facilities is only available for medico-social facilities. The overlap with drug users seen in outpatient CSAPA is undoubted quite large: a large proportion of the individuals received are, in fact, referred by an outpatient CSAPA and have already been registered in these structures.

T1.2.6. ***Optional****. Please provide any additional information you feel is important to understand the availability and provision of Inpatient treatment within your country (suggested title: Further aspects of inpatient drug treatment provision)*

Table III. Network of inpatient treatment facilities (total number of units and clients)
Number of units and clients treated in 2019

	Total number of units	**National Definition** (Types of centre)	**Total number of clients**	**National Definition** (Characteristic)
Full hospitalisation	n. a.		n. a.	
Residential drug treatment (CTR)	36	CTRs offer all the services of a CSAPA in the framework of a collective accommodation. It is aimed at individuals, including those on OST, who need a structured framework together with temporary distancing, a break from their usual environment. It offers socialisation (activities and community life) and socioprofessional reintegration.	1 400	Individuals housed in residential treatment centres
Therapeutic communities (TC)	10	TCs are long-stay residential centres. They target users dependent on one or more psychoactive substances, aiming for a goal of abstinence, with the specific feature of placing the group at the heart of the therapeutic and social integration project. The therapeutic programme is based on community living with peer groups of residents.	550	Individuals housed in experimental therapeutic communities
Prisons	n. a.		n. a.	
Residential therapeutic apartments (ATR)	63	They are intended for people in socially vulnerable situations who suffer from a serious chronic pathology and do not only deal with addictions. It particularly aims at individuals receiving major treatment (OST, HCV, HIV). Housing allows individuals followed up in the context of medical and psychosocial care to re-establish their social and professional relationships. This type of housing aims to prolong and reinforce the therapeutic action undertaken.	900	Individuals housed in therapeutic coordination apartments
Emergency or transitional accommodation (CAUT)	7	They offer a short stay (less than 3 months) with medical, psychological and educational treatment aimed at setting up an integration or healthcare project. They meet the needs of emergency accommodation for homeless drug users or transitional accommodation. They allow for a break and/or transition period (initiation of an OST, waiting for withdrawal, release from prison, etc.) that is favorable to the initiation of a treatment process.	400	Individuals housed in emergency or transitional accommodation

Source: Standard table 24

T1.2.7. Using the structure and data provided in table IV please provide an overview and a commentary of the main bodies/organisations owning and operating inpatient treatment facilities in your country (Suggested title: Ownership of inpatient drug treatment facilities)

See the 2020 'Treatment' workbook

Table IV. Ownership of inpatient facilities providing drug treatment in your country (percentage). Please insert % in the table below. Example: about 80% of all Therapeutic communities are public/government-owned facilities and about 20% are non-government (not for profit) owned facilities.

	Public / Government	Non-government (not for profit)	Non- government (for profit - Private)	Other	Total
Hospital-based residential drug treatment	97%		3%		100%
Residential drug treatment	5%	90%	5%		100%
(non-hospital based)					
Therapeutic communities		100%			100% addiction liaison and treatment teams
Prisons					
Other inpatient units (1 - please specify here)					
Other inpatient units (2- please specify here)					

*T1.2.8. **Optional**. Please provide any additional information on types of treatment providers and its utilisation not covered above (suggested title: Further aspects of inpatient drug treatment provision and utilisation)*

The Addiction Liaison and Treatment Teams (ELSA) are actors in the hospital care system. One of their missions is to intervene with patients consulting emergency services or hospitalised patients who have an addiction. In 2020, the ELSAs for which data are available (283 out of 342) declared that they had treated 163 828 patients during the year.

In 2020, complete data on the distribution of patients according to the substance used or the most harmful addiction according to the care team were available for 115 facilities. Of the 68 451 patients seen by these facilities, cannabis, opiates and cocaine were considered the most harmful substance for 6%, 5% and 2% of patients respectively. (Source: PIRAMIG).

T1.3. Key data

The purpose of this section is to provide a commentary on the key estimates related to the topic. Please focus your commentary on interpretation and possible reasons for the reported data (e.g. contextual, systemic, historical or other factors but also data coverage and biases). Please note that for some questions we expect that only some key TDI data to be reported here as other TDI data are reported and commented in other workbooks (drugs, prison, harm and harm reduction, etc.). However, please make cross-references to these workbooks when it supports the understanding of the data reported here.

T1.3.1. Please comment and provide any available contextual information necessary to interpret the pie chart (figure I) of primary drug of entrants into treatment and main national drug-related treatment figures (table V). In particular, is the distribution of primary drug representative of all treatment entrants?

Summary of data on patients in treatment and proportion of treatment demands by primary drugs

See T1.3. of the 2021 'Treatment' workbook for details.

In 2020, there was a decrease in the number of drug users treated in a CSAPA for a new treatment episode: 45 700 *vs* 54 000 in 2019. This drop is linked to the drop in the number of drug users treated in the CSAPAs and to a lower registration of people treated, both of which are attributable to the COVID health crisis.

The majority of people who start treatment in the CSAPA are treated because of their cannabis use. Breakdown by products for individuals starting treatment:

	2019 %	2020 %
cannabis	59	57
opioids	24	26
cocaine	11.5	11.8

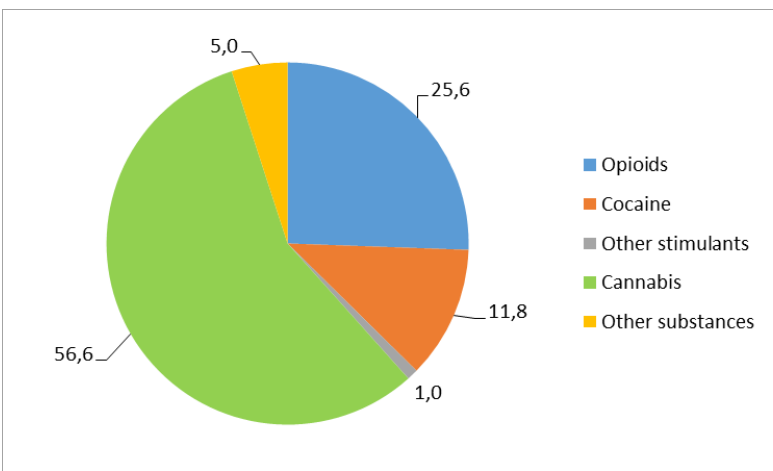
Table V. Summary table - Clients in treatment

	Number of clients
Total number of clients in treatment	n.a.
Total number of OST clients	180 000
Estimated total number of all clients entering treatment in an outpatient CSAPA	66 000*

n.a.: not available
* based on a coverage rate of 69%

Source: Standard Table 24 an TDI

Figure I. Distribution of the number of individuals having started treatment in a CSAPA in 2020, according to the primary drug (variable field), in %



Source: TDI

Note: the proportions are calculated taking into account the first mentioned product, which is considered to be the most problematic product for the user.

*T1.3.2. **Optional**. If possible, please provide any available information on the distribution of primary drug in the total population in treatment (suggested title: distribution of primary drug in the total population in treatment)*

Distribution of primary drug in the total population in treatment

The fairly high extent of treatment related to cannabis in France is explained by the proportion of clients referred to a CSAPA by the judicial authorities further to arrest for use of this substance (approximately 40% in 2020 as in 2019, based on TDI figures), by the measures taken by the public authorities faced with levels of substance use causing France to rank as one of the country with the highest substance use for the overall population and by CSAPAs having put considerable effort into providing counselling for this population (See the 2021 'Treatment' workbook).

*T1.3.3. **Optional**. Please comment on the availability, validity and completeness of the estimates in Table V below (suggested title: Further methodological comments on the Key Treatment-related data)*

Further methodological comments on the key treatment-related data
(See T1.3.3 of the 2020 'Treatment' workbook)

The drop in the number of people included in the TDI statistics in 2020 could be partly linked to a lower registration of people received due to the difficulties in operating the CSAPA during the COVID health crisis. According to an online survey of CSAPAs, the proportion of people in care but not registered is estimated at 3 to 4%. (See the 2021 'Treatment' workbook).

*T1.3.4. **Optional**. Describe the characteristics of clients in treatment, such as patterns of use, problems, demographics, and social profile and comment on any important changes in these characteristics. If possible, describe these characteristics of all clients in treatment. If not, comment on available information such as treatment entrants (TDI ST34) (suggested title: Characteristics of clients in treatment)*

*T1.3.5. **Optional**. Please provide any additional top level statistics relevant to the understanding of treatment in your country (suggested title: Further top level treatment-related statistics)*

T1.4. Treatment modalities

The purpose of this section is to

- Comment on the treatment services that are provided within Outpatient and Inpatient settings in your country. Provide an overview of Opioid Substitution Treatment (OST) in your country

Outpatient and Inpatient services

T1.4.1. Please comment on the types of outpatient drug treatment services available in your country and the scale of provision, as reported in table VI below.

Outpatient drug treatment services
No change - see T1.4.1 of the 2020 'Treatment' workbook

Table VI. Availability of core interventions in outpatient drug treatment facilities.
Please select from the drop-down list the availability of these core interventions (e.g. this intervention is available, if requested, in >75% of low-threshold agencies).

	Specialised drug treatment centres	Low-threshold agencies	General primary health care (e.g. GPs)	General mental health care
Psychosocial treatment/ counselling services	>75%	not known	not known	not known
Screening and treatment of mental illnesses	<25%	<25%	>25%-75%	>75%
Individual case management	not known	not known	not known	not known
Opioid substitution treatment	>75%	<25%	>25%-75%	not known
Other core outpatient treatment interventions (please specify in T1.4.1.)	Please select	Please select	Please select	Please select

*T1.4.2. **Optional**. Please provide any additional information on services available in Outpatient settings that are important within your country (suggested title: Further aspect of available outpatient treatment services)*

T1.4.3. Please comment on the types of inpatient drug treatment services available in your country and the scale of provision, as reported in table VII below. (Suggested title: Availability of core interventions in inpatient drug treatment services)

No change - see T1.4.3 of the 2020 'Treatment' workbook

Table VII. Availability of core interventions in inpatient drug treatment facilities.
Please select from the drop-down list the availability of these core interventions (e.g., this intervention is available, if requested, in >75% of therapeutic communities).

	Hospital-based residential drug treatment	Residential drug treatment (non-hospital based)	Therapeutic communities	Prisons
Psychosocial treatment/ counselling services	>75%	>75%	>75%	>25%-75%
Screening and treatment of mental illnesses	not known	not known	not known	not known
Individual case management	not known	not known	not known	not known
Opioid substitution treatment	>75%	>75%	>75%	>25%-75%
Other core inpatient treatment interventions (please specify in T1.4.3.)	Please select	Please select	Please select	Please select

*T1.4.4. **Optional**. Please provide any additional information on services available in Inpatient settings that are important within your country (suggested title: Further aspect of available inpatient treatment services)*

T1.4.5. Please provide any additional information on available services, targeted treatment interventions or specific programmes for specific groups: senior drug users, recent migrants (documented or undocumented), NPS users, gender-specific, under-aged children, other target groups (Suggested title: Targeted interventions for specific drug-using groups)

No change - see T1.4.5 of the 2020 'Treatment' workbook

Senior drug users (>40years old):

NPS users:

Recent undocumented migrants (asylum seekers and refugees):

Women:

Other target groups:

T1.4.6. Please provide any available information on the availability of E-health interventions, such as web-based treatment, counselling, mobile applications, e-learning for drug professionals, etc. for people seeking drug treatment and support online in your country (Suggested title: E-health interventions for people seeking drug treatment and support online)

No change - see T1.4.6 of the 2020 'Treatment' workbook

*T1.4.7. **Optional**. Please provide any available information or data on treatment outcomes and recovery from problem drug use (suggested title: treatment outcomes and recovery from problem drug use)*

*T1.4.8. **Optional**. Please provide any available information on the availability of social reintegration services (employment/housing/education) for people in drug treatment and other relevant drug using populations (suggested title: Social reintegration services (employment/housing/education) for people in drug treatment and other relevant populations)*

Opioid substitution treatment (OST)

T1.4.9. Please provide an overview of the main providers/organisations providing OST within your country and comment on their relative importance (suggested title: Main providers/organisations providing Opioid substitution treatment)

OST delivery systems - No change - see T1.4.9 of the 2020 'Treatment' workbook

T1.4.10. Please comment on the number of clients receiving OST within your country and the main medications used (suggested title: Number of clients in OST)

Number of clients in OST

According to data from the national public health insurance centre (CNAM) collected from the EGBS database (simplified General sample of beneficiaries, sample of French persons with social security coverage), 161 400 individuals were reimbursed for opioid substitution medications dispensed in community pharmacies in 2018 (revised estimation taking into account the EGBS extrapolation coefficient and the representativeness of the EGBS evaluated at 95.6% of the population covered by the Social Security scheme). The number of people receiving opioid substitution treatment (OST), having risen constantly since it was first introduced in 1995, has remained stable since 2013. More than three-quarters of individuals reimbursed for opioid substitution medications are male. More specifically, in 2018, 96 300 individuals were dispensed buprenorphine (Subutex®, generics or Orobupré®), 63 400 methadone and 7 300 buprenorphine in combination with naloxone (Suboxone® or generics).

Furthermore, 22 900 patients were dispensed opioid substitution medications in a CSAPA setting (19 100 methadone and 3 800 buprenorphine) in 2019, among the 51 900 patients followed up in a CSAPA setting and receiving OST 36 900 with methadone and 15 000 with buprenorphine) according to the data provided in the CSAPA activity reports (DGS/OFDT). In total, approximately 180,000 clients receive treatment with opioid substitution medications in France, taking into account possible duplicates between those treated by general practitioners, CSAPA, hospitals and in prison. The predominance of buprenorphine in opioid substitution medication sales, representing 62% overall in 2019, still clearly predominates, despite the growing proportion of methadone (See figure IX in section T2.2 of the 2021 'Treatment' workbook).

Morphine sulphate (generally sustained-release capsules) is used for substitution purposes in thousands of patients who mainly inject it. However, there is neither a legal prescription framework nor any benefit/risk assessment for the drug as substitution treatment. The National Agency for Medicines and Health Products Safety (ANSM) set up a temporary scientific committee in April 2021 to propose the clinical methods and conditions for prescribing and dispensing morphine in the treatment of opioid dependence.

Initiation and maintenance of OST

Approximately 14 800 individuals were dispensed OST in a primary care setting for the first time in 2017, i.e. 9% of patients reimbursed for OST over the year. Retention in treatment falls in the first two years, then decreases more slowly after. The proportion of clients still in treatment the year after first reimbursement is 62%, 51% two years later and 41% six years later. Retention in treatment is higher for clients receiving methadone than for those receiving buprenorphine (Brisacier 2019).

Substitution treatment in prison settings

Among prisoners, the share of OST recipients in 2018 is 7%, or about 12 900 people; it is decreasing after a period of stability between 2013 and 2017. The share of methadone is increasing (47.4% in 2018 *vs* 42.8% in 2017 and 15.2% in 1998) while that of buprenorphine alone is decreasing (36.3% of cases in 2018 *vs* 42.1% in 2017). The share of persons treated with the combination of buprenorphine/naloxone is 16.3% (Brisacier 2020) (See the 2022 'Treatment' workbook).

*T1.4.11 **Optional**. Describe the characteristics of clients in opioid substitution treatment, such as demographics (in particular age breakdowns), social profile and comment on any important changes in these characteristics (suggested title: Characteristics of clients in OST)*

*T1.4.12. **Optional**. Please provide any additional information on the organisation, access, and availability of OST (suggested title: Further aspect on organisation, access and availability of OST)*

T1.5. Quality assurance of drug treatment services

The purpose of this section is to provide information on quality system and any national treatment standards and guidelines.

Note: cross-reference with the Best Practice Workbook.

*T1.5.1. **Optional**. Please provide an overview of the main treatment quality assurance standards, guidelines and targets within your country (suggested title: Quality assurance in drug treatment)*

For some developments on quality assurance in drug treatment, see T.1.5.1 of the 2020 'Treatment' workbook.

T2. Trends

The purpose of this section is to provide a commentary on the context and possible explanations of trends in treatment data.

T2.1. Please comment on the possible explanations of long-term trends (10 years - or earliest data available) in the following treatment data:

- New treatment entrants (Illustrative figure II),
- All treatment entrants (Illustrative figure III),
- OST clients (Illustrative figure IV)

For example, patterns of drug use, referral practices, policy changes and methodological changes. (suggested title: Long term trends in numbers of clients entering treatment and in OST)

Long term trends in numbers of clients entering treatment

See section T2 of the 2021 'Treatment' Workbook for details and graphs.

Users entering treatment (first-time entrants and all users)

Between 2019 and 2020, there was a decline in the numbers of first-time treatment seekers and treatment entrants (first-time treatment demands or not): down 29% and 21% respectively. This change is related to the significant decline in the number of individuals entering treatment due to their cannabis use in 2020.

The trends, on a constant field basis for the period 2015-2020, for users entering treatment according to substances are fairly similar to those observed for first requests for treatment, although they are less pronounced, with a drop in 2019 in the number of people in treatment due to their cannabis use after a period of stability, a downward trend in the number of people in treatment for opioids which became more pronounced in 2020, and an upward trend in the number of people in treatment for cocaine which stopped in 2020 with a significant drop in numbers.

OST clients

The number of opioid substitution treatment recipients, which had been steadily increasing since their introduction in 1995, has been stable since 2013.

T2.2. ***Optional****. Please comment on the possible explanations of long-term trends and short term trends in any other treatment data that you consider important. In particular when there is a strong change in trend, please specify whether this change is validated by data and what are the reasons for those trends (suggested title: Additional trends in drug treatment)*

T3. New developments

The purpose of this section is to provide information on any notable or topical developments observed in drug treatment 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 on any notable new or topical developments observed in drug treatment in your country since your last report (suggested title: New developments)

The main highlight is the sharp decrease in the number of people in care in 2020 due to the health crisis (see T.3.1 of the 2021 'Treatment' workbook).

The French RECAP scheme underwent a methodological review in 2021-2022. The RECAP data used to produce the TDI data will now be used with a 2-year delay. This will eventually allow statistics to be provided by a larger number of care facilities than has been the case to date. The production of 2021 data will therefore only be available next year. As a result, this workbook includes the RECAP 2020 data used in the previous year's report.

T4. Additional information

The purpose of this section is to provide additional information important to drug treatment 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 drug treatment. Where possible, please provide references and/or links (suggested title: Additional Sources of Information)*

T4.2. ***Optional****. Please describe any other important aspect of drug treatment that has not been covered in the specific questions above. This may be additional information or new areas of specific importance for your country (suggested title: Further Aspects of Drug Treatment)*

T4.3. ***Optional****. Please provide any available information or data on* psychiatric comorbidity, e.g. prevalence of dual diagnosis among the population in drug treatment, type of combinations of disorders and their prevalence, setting and population*. If available, please describe the type of services available to patients with dual diagnosis, including the availability of assessment tools and specific services or programmes dedicated to patients with dual diagnosis (suggested title: Psychiatric comorbidity)*

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 (suggested title: Sources)

Sources

- CSAPA activity reports (CSAPA are specialised drug treatment centres)
- EGBS : General sample of French persons with social security coverage (*Échantillon généraliste des bénéficiaires simplifié*)
- ENa-CAARUD survey: National survey of CAARUDs' clients (CAARUDs are low-threshold structures)
- CJC survey: Survey in Youth Addiction Outpatient Clinics
- RECAP: Common data collection on addictions and treatments
- TREND: Emerging Trends and New Drugs
- SIAMOIS: System of Information on the Accessibility of Injection Equipment and Substitution Products

Brisacier, A.-C. (2019). Tableau de bord « Traitements de substitution aux opioïdes ». Mise à jour 2019. OFDT, Paris. Available: https://www.ofdt.fr/BDD/publications/docs/TabTSO190308.pdf [accessed 22/07/2022].

Brisacier, A.-C. (2020). Tableau de bord « Traitements de substitution aux opioïdes ». Mise à jour septembre 2020. OFDT, Paris. Available: https://www.ofdt.fr/BDD/publications/docs/TabTSO200916.pdf [accessed 22/07/2022].

David, S., Buyck, J.-F. and Metten, M.-A. (2021). Les médecins généralistes face aux conduites addictives de leurs patients. Résultats du Panel d'observation des pratiques et conditions d'exercice en médecine générale. DREES, Paris. Available: https://drees.solidarites-sante.gouv.fr/publications/les-dossiers-de-la-drees/les-medecins-generalistes-face-aux-conduites-addictives-de [accessed 22/07/2022].

MILDECA (2018). Alcool, tabac, drogues, écrans : Plan national de mobilisation contre les addictions 2018-2022 [Alcohol, tobacco, drugs, screens: National plan for mobilisation against addictions 2018-2022]. Mission interministérielle de lutte contre les drogues et les conduites addictives, Paris. Available: https://www.drogues.gouv.fr/publication-du-plan-national-de-mobilisation-contre-les-addictions-2018-2022 [accessed 21/07/2022].

MILDECA (2022). Nouveaux Produits de Synthèse, Nouvelles Substances Psychoactives, Nouveaux usages. NPS psycho-actifs. Mission interministérielle de lutte contre les drogues et les conduites addictives, Paris. Available: https://www.drogues.gouv.fr/nouveaux-produits-de-synthese-un-guide-actualise-et-une-appli-pour-une-meilleure-prise-en-charge [accessed 10/08/2022].

T5.2. Where studies or surveys have been used please list them and where appropriate describe the methodology? (suggested title: Methodology)

Methodology

CSAPA activity reports: use of activity reports from the specialised drug treatment centres (CSAPA)

National Health Directorate (DGS) / OFDT

Since 1998, CSSTs (Specialised care centres for drug users), and then the CSAPAs that followed them, have been annually completing a standardised activity report and submitting it to their Regional Health Agency (ARS). These reports are then sent to the DGS, which processes them with the assistance of the OFDT. The aim of this data collection exercise is to monitor the activity of the centres and the number and characteristics of the patients received. Epidemiological data are not recorded patient by patient, but rather for all people received in the centre. For the year 2019, the reports of 334 outpatient CSAPAs and 11 prison CSAPAs were able to be analysed, which corresponds to response rates of 89% for the former and 100% for the latter. In order to best estimate the number of people received and given the limited average variations, the missing values were replaced by those of the last year available, which in the vast majority of cases is year n-1.

SIAMOIS: System of Information on the Accessibility of Injection Equipment and Substitution Products

Groupement pour la réalisation et l'élaboration d'études statistiques (GERS) / French Monitoring Centre for Drugs and Drug Addiction (OFDT)

The system of information on the accessibility of injection equipment and substitution products (SIAMOIS) was designed in 1996 to monitor trends in terms of access to sterile injection equipment available in pharmacies and opioid substitution medications on a departmental level. No data are available from 2012 to 2015, but only from 2016 onwards.

EGBS: Échantillon généraliste des bénéficiaires simplifié [General sample of French persons with social security coverage]

National public health insurance (CNAM), processed by the French Monitoring Centre for Drugs and Drug Addiction (OFDT)

The population being dispensed an opioid substitution medication in the primary care setting was studied using data from the simplified French National Health Insurance Fund's "EGBS" general population sample. The EGB is a permanent representative sample of the population protected by the general health insurance scheme (excluding students and civil servants), the agricultural worker health insurance scheme (MSA) and the health insurance scheme for self-employed people (RSI). It comprises 1/97th of the list of Social Security numbers, grouping more than 700 000 beneficiaries in 2017. The database resulting from this sample contains some sociodemographic data and all reimbursed health services and treatments (medical consultations, medications and laboratory work, etc.). There are also medical data on treatment under the French ALD (long-term illness) scheme as well as hospital data from the Programme of Medicalisation of Information Systems (PMSI) covering medicine, surgery and obstetrics. The CNAM has made the EGB available to several health agencies, including the ANSM and OFDT. The 2011 and 2012 data were extracted by the ANSM, and the 2013 to 2017 data by the OFDT.

ENa-CAARUD: National survey of low-threshold structures (CAARUD)

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

Conducted every two or three years since 2006 in all CAARUDs (on mainland France and in French overseas departments), this survey determines the number of users seen in these structures, the characteristics of these users and their use patterns. Each user who enters into contact with the structure during the survey undergoes a face-to-face interview with someone working at the structure. The questions asked are on use (frequency, administration route, equipment-sharing), screening (HIV, HBV and HCV) and social situation (social coverage, housing, level of education, support from friends and family, etc.).

The 2015 survey was conducted from 14 to 27 September: 3 129 individuals completed the questionnaire and were included in the analysis. Out of the 167 CAARUDs registered in France, 143 took part in the survey (i.e. 86%). The data collection rate (proportion of users for whom the questionnaire was completed relative to all users encountered during the survey in the CAARUDs having taken part in the survey) was 64% in 2015.

CJC survey: Survey in Youth Addiction Outpatient Clinics

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

2015 is the fourth year (after 2005, 2007 and 2014) of the survey on clients of youth addiction outpatient clinics (CJC), a scheme created in 2005 to offer counselling for young psychoactive substance users. The 2015 survey is based on the responses by professionals having seen the patients or their families between 20 Avril and 20 June 2015. It covers mainland France and French overseas departments. Out of 260 facilities managing a CJC activity in mainland France and the DOM recorded in 2015, 199 responded to the survey, i.e., a response rate of 77%.

A year after a first survey in 2014, this second one reveals the evolution of the population attending the clinics following a communication campaign. In total, 3,747 questionnaires were collected during the 9-week inclusion period in 2015 (*vs* 5 421 during the 14-week survey period in 2014), ensuring a stable base of facilities participating in both surveys: 86% of facilities responding in 2015 took part in both surveys.

The questionnaire comprises four parts: circumstances and reasons for consulting, user sociodemographic characteristics, substances used and evaluation of cannabis dependence by the Cannabis Abuse Screening Test, and decision made at the end of the appointment.

RECAP: Common Data Collection on Addictions and Treatments

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

This system was set up in 2005 and continually collects information about clients seen in National Treatment and Prevention Centres for Addiction (CSAPAs). In the month of April, each centre sends its results from the prior year to the OFDT, which analyses these results. The data collected relate to patients, their current treatment and treatments taken elsewhere, their uses (substances used and substance for which they came in the first place) and their health. The common core questions help harmonise the data collection on a national level and fulfil the requirements of the European Treatment Demand Indicator (TDI) protocol. In 2020, approximately 206 000 patients treated for an addiction problem (alcohol, illicit drugs and psychotropic medicines, non-substance addictions) in 257 outpatient CSAPAs, 11 CSAPAs with accommodation and 1 CSAPA in prisons were included in the survey.

TREND: Emerging Trends and New Drugs

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

The aim of the TREND scheme, which was established in 1999, is to provide information about illegal drug use and users, and on emerging phenomena. Emerging phenomena refer either to new phenomena or to existing phenomena that have not yet been detected by other observation systems.

The system is based on data analysed by eight local coordinating sites (Bordeaux, Lille, Lyon, Marseille, Metz, Paris, Rennes and Toulouse) that produce site reports, which are then extrapolated to a national level using the following tools:

- continuous qualitative data collection in urban settings and in the party scene by the local coordination network, which has a common data collection and information strategy;
- the SINTES scheme, an observation system geared towards detecting and analysing the toxicological composition of illegal substances;
- recurring quantitative surveys, particularly among CAARUD clients (ENa-CAARUD);
- partner information system results;
- thematic quantitative and qualitative investigations that aim to gather more information about a particular subject.