

# Best practice workbook

## 2022

*France*

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## Definitions

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

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

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

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

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

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

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

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

## T0. Summary

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

Summary of T1.1.1

- State whether your National Drug Strategy addresses quality assurance.

Summary of T1.2.1

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

Summary of T1.2.2

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

Summary of T1.2.3

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

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

(T1.2.1) In France, quality assurance in Drug Demand Reduction (prevention, risk reduction, treatment and rehabilitation) builds on specific advocacy, guidelines or trainings from public health institutions or professional societies. It is in the remits of the French Public Health Agency (*Santé publique France - SpF*) and the French National Authority for Health (*Haute autorité de santé - HAS*). SpF disseminates evidence in drug prevention research and supports the local experimental transfer of international evidenced-base programmes like Unplugged (Lecrque 2019), GBG, SFP, etc. The HAS diffuses professional guidelines/recommendations on risk reduction and treatment addressing: (i) Opioid Substitution Treatment, (ii) Early intervention and risk/harm reduction for crack or free base users, (iii) Clinics for young drug users, (iv) Treatment of cocaine users, (v) Harm and risk reduction in low threshold services (CAARUD) and lastly (vi) Prevention and harm reduction delivered by drug treatment centres (CSAPA) (released in December 2019).

The two later guidelines (v and vi) serve as a baseline for compulsory evaluations of drug services but the fulfilment of the other guidelines is not a formal prerequisite for support or subsidies. Some tools exist to help decision makers to select quality prevention programmes (EDPQS materials and the ASPIRE toolkit adapted from them) and practitioners to develop quality programmes but the extent to which they are used is unknown.

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

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

Despite a lack of resource services in prevention engineering at local level, there is a noticeable will at national level to enhance quality in the programmes and services delivered, especially in prevention.

(T1.2.4) There is a one-year specialised training in addiction in the third cycle of medical studies. Continuing education programmes for medical doctors and other professionals in the field of addiction are also in place.

(T3.1) An important dynamic has been engaged to support the extension of evidence-based programmes to develop psychosocial skills, with particular support from the French Public Health Agency (Lamboy et al. 2022). A special impetus has been made to develop the Unplugged programme in France: ten of the thirteen French regions are engaged in the implementation of the programme in a limited number of secondary schools. They take part in the elaboration of a national strategy for the adaptation and dissemination of Unplugged, following adaptations to the national context. Many guidelines were issued during the covid-19 epidemic to support help services to continue their activities on the basis of dematerialised means.

## T1. National profile

### T1.1. Policies and coordination

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

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

The national drug action plan entitled “Plan for Mobilisation against Addictions 2108-2022” was adopted in December 2018 (MILDECA 2018). The Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA) which reports to the Prime Minister is responsible for its implementation. The strategy reaffirms the need to base public action on the available scientific knowledge across its five areas of action among which one is directly related to observation, research and evaluation. It is aimed at reinforcing quality in responses to the consequences of addictions for the individuals and the society.

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

- Under the prevention objective 3.2 “Give the schools the resources for effective prevention” (see T.1.1.1 of the [2021 ‘Best Practice’ workbook](#)).
- Under the prevention objective 3.3 “Help professionals to know how to take action at the first signs of problematic addictive behaviours related to substances or screen/gaming” (see T.1.1.1 of the [2021 ‘Best Practice’ workbook](#)).
- Under the treatment objective 6.3 “Develop good practice recommendations in addictology and facilitate their adoption” (see T.1.1.1 of the [2021 ‘Best Practice’ workbook](#)).
- Under the treatment objective 6.4 “Renovate the professional practices” (see T.1.1.1 of the [2021 ‘Best Practice’ workbook](#))
- Under the treatment objective 7.4 “Prevent overdoses” (see T.1.1.1 of the [2021 ‘Best Practice’ workbook](#))
- Under the research objective 15.1 “Tighten the links between researchers, decision-makers, professionals and citizens” (see T.1.1.1 of the [2021 ‘Best Practice’ workbook](#))
- Under the research objective 16.2 “Widen knowledge to better prevent” (see T.1.1.1 of the [2021 ‘Best Practice’ workbook](#))
- Under the research objective 16.3 “Widen knowledge to improve risk reduction and care” (see T.1.1.1 of the [2021 ‘Best Practice’ workbook](#))
- Under the research objective 16.4 “Widen knowledge in the field of criminal justice response (see T.1.1.1 of the [2021 ‘Best Practice’ workbook](#)).

### T1.2. Organisation and functioning of best practice promotion

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

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

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

In September 2018, the National Public Health Agency (SpF) inaugurated an online register of effective and promising interventions in prevention and health promotion (Santé publique France 2022) (See [T.1.2.1 Workbook “Best practice” 2021](#)).

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

The HAS absorbed the National Agency for the Quality Assessment of Health and Social Care Organisations and Services (ANESM) and has taken over its tasks. Therefore, the HAS is now responsible for supporting quality assurance in the service provision of Social and Medicosocial Establishments and Services (ESSMS), including specialised drug treatment centres (CSAPA) and low threshold facilities (CAARUD). It is now the HAS that accredits external evaluators to carry out the mandatory two independent external evaluations of the activities and service quality of the ESSMS during the 15-year license period. These evaluations must follow a set of specifications laid down by decree [[Décret du 15 mai 2007 fixant le contenu du cahier des charges pour l'évaluation des activités et de la qualité des prestations des établissements et services sociaux et médico-sociaux](#)]. This helps the Regional Health Agencies (ARS) to decide on the renewal of the operating authorizations for the addiction-related ESSMS. In addition, the HAS makes recommendations for professional best practices (see T.1.2.1 of the [Workbook “Best practice” 2020](#)).

The association “*Fédération Addiction*” coordinates a multi-partnership portal for health professionals willing to engage in early intervention or outpatient care towards drug users (drug must be understood as licit or illicit drugs (alcohol, tobacco, cannabis, psychotropic medicine, etc.): <https://intervenir-addictions.fr/>). This portal provides common law practitioners from the community, school, workplace or emergency settings with guidance and tools to detect problematic drug use, to refer to specialised services or to prescribe/initiate opioid substitution treatment. Training materials and networking indications are also available.

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

**a) Treatment provision:**

As part of the roadmap “*Preventing and Responding to Opioid Overdoses. Roadmap 2019-2022*” (Ministère des Solidarités et de la Santé 2019) from the French Ministry of Solidarity and Health (DGS), the HAS has published recommendations for good practices on the prevention and management of opioid overdoses in march 2022. In order to reduce overdose and physical dependence to opioids the aims of the recommendations are to:

- recall general principles for opioids medicine use
- promote the appropriate use of analgesic opioids in the management of acute or chronic pain

- promote the appropriate use of opioid agonist therapy and naloxone in the management of opioid substance use disorder and overdose (HAS 2022).

For other documents related to treatment provision published earlier, refer to [T1.2.2 a\) in the Workbook "Best practice" 2021](#).

b) Prevention:

The French public health Agency (SpF) has developed guidelines for decision-makers and practitioners, which aim to facilitate the development of quality interventions that promote psychosocial skills (PSS) among young people, for early action throughout childhood and adolescence and in all settings, in a generational perspective (Lamboy *et al.* 2022). The guide provides a synthesis of scientific knowledge on the PSS and provides a first theoretical reference framework to support action and decision. It was designed by SpF with the collaboration of several researchers, stakeholders and decision-makers. In particular, it provides an up-to-date definition and categorization of PSS based on the scientific literature and international categorisations (Chapter 1). Then it describes each of the 9 general PSS and the 21 underlying specific PSS, at the cognitive, emotional or social levels (Chapter 2) and explains the outcomes of evidence-based PSS programmes (Chapter 3). Finally, it describes the common "key factors" to evidence-based PSS programmes (Chapter 4).

The professional recommendations "Early Identification Tool and Brief Intervention: Alcohol, Cannabis, Adult Tobacco", initially published in 2014, were updated in January 2021 in order to incorporate the expert notice of 4 May 2017 on the public discourse on alcohol consumption in France to limit the health risks (HAS 2014, updated 2021; Santé publique France and INCa 2017). This notice recommends in order to limit the health risks: not to consume more than 10 standard drinks per week and not more than 2 standard drinks per day and to have days in the week without consumption.

In 2021-2022, the French National Authority for Health (HAS) is developing guidelines for social and health and social establishments to develop prevention and harm reduction responses for the populations they address. These targeted professionals are social workers, educators and health professionals working with:

- young persons under child protection, including unaccompanied minors;
- elderly people who are losing their independence;
- children and adults with mental, mental, sensory or motor disabilities;
- people in the process of social inclusion.

(Publication scheduled for the second semester of 2022)

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

The guidelines for "Appreciation and Selection of Prevention programs Issued from the Review of the EDPQS (ASPIRE) are a French adaptation of the EDPQS standards directed to decision makers. These guidelines are part of executive toolkit provided each year by MILDECA (Interministerial Mission for Combatting Addictive Behaviours) to the prefectoral "Drugs and Drug Addiction" project leaders who are responsible at the local level for organizing government drug policies and for subsidising drug prevention programmes. The ASPIRE guidelines are part of the quality assurance material identified within the framework of the Further ENhancing the Implementation of Quality Standards in drug demand reduction

across Europe (FENIQS-EU) project. They should be reviewed during the second semester of 2022.

c) Harm reduction:

Further to recommendations on risk and harm reduction in low-threshold facilities published in 2017 (CAARUD) (ANESM 2017), the HAS has published recommendations on addiction prevention and risk and damage reduction in specialised care centre (CSAPA) in January 2020 (HAS 2019).

The HAS has also issued recommendations on addiction prevention and risk and damage reduction for social and medico social workers in November 2020 (HAS 2020).

For other documents related to harm reduction published earlier, refer to [T1.2.2 c\) in the Workbook "Best practice" 2021.](#)

d) Social reintegration:

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

e) Peer support:

In September 2020, the Fédération Addiction published the guide "Participation of users: from involvement to cooperation", with the support of the Ministry of Health (Fédération Addiction 2020). This guide was created by a joint working group – composed of as many care professionals as users – including mutual aid and self-help associations. It provides an overview of how drug users are involved in their care pathway, within their care and support structure, towards their peers and in society, and it shows the diversity of practices. It aims to promote drug users' empowerment, to help them co-build a care pathway that meets their needs and improves their quality of life. Peer work is also supported by stakeholders of the social inclusion sector as shown by the manifesto co-written by the Interministerial Delegation for Accommodation and Access to Housing (DIHAL) and the Federation of Actors of Solidarity (DIHAL and Fédération des acteurs de la solidarité 2018). The purpose of this publication is to provide an overview, to open up perspectives and to propose tools to promote the development of peer working practices.

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

There is no formal system of accreditation or certification for intervention providers in drug demand reduction. Detail on how addiction services are taken into account in the existing system is detailed in section T1.2.3 of the [2021 'Best Practice' workbook](#).

T1.2.4. Do you have specific education systems for professionals working in the field of demand reduction? If yes, please provide a brief description. Information relevant to this answer includes:

- specific academic curricula
- specific continued education/specialization courses

#### Specific academic curricula

There is a one-year specialised training in addiction in the third cycle of medical studies. Continuing education programmes for medical doctors and other professional in the field of addiction are also in place. See section T1.2.4 of the [2021 'Best Practice' workbook](#) for details.

#### Specific continued education/specialisation courses

Specific continuing education is provided to drug specialised law enforcement officers, i.e. FRAD (national *Gendarmerie*) or PFAD (national Police) (see T.1.2 of the 2022 "Prevention" workbook), who are likely to train their colleagues and deliver prevention interventions on topics like drugs, alcohol or violence, in various settings (mainly schools, and also occupational settings, common touristic sites...).

#### Specific training for peer helpers

In order to better inform and train people and drug service practitioners in first aid and administration of naloxone in case of opioid overdose, the NGO SAFE offers an online short training that explains how to use Naloxone, entitled "One Hour to Save a Life" (<https://naloxone.fr/>).

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

## **T2. Trends. Not applicable for this workbook.**

## **T3. New developments**

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

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

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

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

The dissemination and adaptation of the *Unplugged* programme according to the model tested in the Loiret territory (département) is continuing under the coordination of the *Fédération Addiction* and a national steering committee (ministry of Health, ministry of Education, MILDECA, INCa and *Santé publique France*). The specificity of the model entitled "Unplugged-Loiret" lies in a multi-year accompaniment of the participating teachers by trained professionals from drug services (CSAPA) until their complete autonomy. The target audience is younger than in the original programme since they are secondary school students aged 11 to 13. This extension is based on the training of professional preventers and teachers, a monitoring tool for Unplugged operators developed by the French Public Health Agency (SpF), a [dedicated web page](#) (including FAQ, a testimony podcast, available evidence, etc.) (see T.1.2.2 of the 2022 "Prevention" workbook). A webinar on Unplugged has been organised by

the Fédération Addiction on July 1<sup>st</sup> 2021. During the school year 2020-2021, ten regions (out of 13) are concerned by this extension (see T.1.2.2 of the [2021 'Prevention' workbook](#)).

In April 2021, the Institute for Public Health Research (IRESP) launched a call for structuring actions to support research on psychoactive substance uses and addictions as part of its programme on Addictions (). This initiative has concerned the continuum of research (from primary to clinical research), including human and social sciences research. The objectives are:

- create bridges and encourage dialogue and synergies between researchers from various disciplines and topics and, possibly, with other stakeholders (user associations, healthcare or social professionals, decision-makers, etc.) in order to promote coordinated research;
- create the conditions for the emergence of new original research projects, particularly interdisciplinary and participatory ones;
- accelerate the dissemination of knowledge within the research community and to all stakeholders;
- make this field of research more attractive to young researchers, by explaining career opportunities, and by creating favourable conditions for the emergence of new research teams;
- strengthen existing networks and create new ones.

This call for proposals allowed the funding of 20 research projects for a total budget of € 3 866 863 (see the 2022 "Research" workbook).

## T4. Additional information

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

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

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

## T5. Sources and methodology

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

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

Index based on use of literature and the Internet

ANESM (2016). Prise en compte de la santé physique et psychique des personnes accueillies en CHRS. Agence nationale de l'évaluation et de la qualité des établissements et services sociaux et médico-sociaux, Saint-Denis. Available: [https://www.has-sante.fr/upload/docs/application/pdf/2018-03/anesm-rbpp-prise\\_en\\_compte\\_de\\_la\\_sante\\_en\\_chrs-pdf\\_interactif.pdf](https://www.has-sante.fr/upload/docs/application/pdf/2018-03/anesm-rbpp-prise_en_compte_de_la_sante_en_chrs-pdf_interactif.pdf) [accessed 25/07/2022].

ANESM (2017). La réduction des risques et des dommages dans les Centres d'accueil et d'accompagnement à la réduction des risques pour usagers de drogues (CAARUD). Recommandations de bonnes pratiques professionnelles. Agence nationale de l'évaluation et de la qualité des établissements et services sociaux et médico-sociaux, Saint-Denis. Available: [https://www.has-sante.fr/portail/jcms/c\\_2833717/fr/la-reduction-des-risques-et-des-dommages-dans-les-centres-d'accueil-et-d-accompagnement-a-la-reduction-des-risques-pour-usagers-de-drogues-caarud](https://www.has-sante.fr/portail/jcms/c_2833717/fr/la-reduction-des-risques-et-des-dommages-dans-les-centres-d'accueil-et-d-accompagnement-a-la-reduction-des-risques-pour-usagers-de-drogues-caarud) [accessed 25/07/2022].

DIHAL and Fédération des acteurs de la solidarité (2018). Développer le travail pair dans le champ de la veille sociale, de l'hébergement et du logement. Available: [https://www.gouvernement.fr/sites/default/files/contenu/piece-jointe/2018/12/publication\\_travail\\_pair.pdf](https://www.gouvernement.fr/sites/default/files/contenu/piece-jointe/2018/12/publication_travail_pair.pdf) [accessed 25/07/2022].

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HAS (2014, updated 2021). Outil d'aide au repérage précoce et intervention brève : alcool, cannabis, tabac chez l'adulte. Rapport d'élaboration. Haute Autorité de Santé, Saint-Denis. Available: [https://www.has-sante.fr/upload/docs/application/pdf/2021-02/reco403\\_rapport\\_elaboration\\_2014\\_maj2021\\_alcool\\_cannabis\\_tabac\\_cd\\_2021\\_02\\_05.pdf](https://www.has-sante.fr/upload/docs/application/pdf/2021-02/reco403_rapport_elaboration_2014_maj2021_alcool_cannabis_tabac_cd_2021_02_05.pdf) [accessed 25/07/2022].

HAS (2019). La prévention des addictions et la réduction des risques et des dommages par les centres de soins, d'accompagnement et de prévention en addictologie (CSAPA). Recommandation de bonne pratique. Haute Autorité de santé, Saint-Denis. Available: [https://www.has-sante.fr/upload/docs/application/pdf/2020-01/la Prevention\\_des\\_addictions\\_et\\_la\\_reduction\\_des\\_risques\\_et\\_des\\_dommages\\_par\\_les\\_cspas-recommandations.pdf](https://www.has-sante.fr/upload/docs/application/pdf/2020-01/la Prevention_des_addictions_et_la_reduction_des_risques_et_des_dommages_par_les_cspas-recommandations.pdf) [accessed 25/07/2022].

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

No studies used.