

# Government Plan for Combating Drugs and Addictive Behaviours 2013-2017



## Preface

Anybody may at some time be affected by addictive behaviours. We are exposed to them by our lifestyle, as well as by personal, professional and social difficulties that we may go through in life.

In the face of the changes observed in recent years, the question of drugs can no longer be approached from the point of view of substances alone. Henceforth, a more comprehensive response needs to be put in place, which focuses on addictive behaviours as a whole.

Apart from prevention, care and treatment with regard to individual behaviours, it is also necessary to deal with the problem of supply. The latter is constantly becoming more diverse and methods for the reduction of health and social risks, though essential, are not enough. The growing interaction between trafficking, delinquency and organised crime, at the national and international levels, represents a threat to both the stability of our economies and to democracy.

It is up to society at large, as well as the authorities as a whole, to take action in order to meet these challenges. For this reason I considered it necessary to mobilise all of the ministers concerned, that is to say effectively the government as a whole, in the fight against drugs and addiction.

The Government Plan for 2013-2017 was built on the basis of this position. The Plan devotes particular attention to young people, since they are both the most fragile group and the most vulnerable to addictive behaviours. It makes present and future younger generations the first beneficiaries of the measures that it contains and will thus help our society to face up to the new problems lying ahead of it tomorrow.

Jean-Marc AYRAULT

PRIME MINISTER



## INTRODUCTION

In a society in which the new technologies shape an image of the world at one's fingertips, human behaviours have changed in order to respond ever faster to the continually renewed enticements of images that induce desire and promote performance.

These changes have not been without effect upon the world of drugs, whether with regard to demand or supply. The phenomena of growing accessibility of drugs, in particular via the Internet – a particularly attractive channel for young people – and increasing consumption of psychoactive products by women and girls are broadly shared at the international level, while drug trafficking takes root.

We are also beginning to gauge the impact of the economic crisis upon modes of drug use and the consequences thereof on public health policies, in Europe in particular. The social vulnerability resulting from unemployment encourages the development of addictive behaviours and associated social and health problems. Certain countries have already observed an increase in HIV/Aids infection among drug users while, at the same time, budgetary constraints can cause lengthening of waiting times for the commencement of courses of treatment.

These changes are immediately taken into account by traffickers, who take advantage of every new mode of drug use, in the same way as they explore new routes and channels for transporting the products. There has been unprecedented growth in maritime trafficking. By facilitating the rapid distribution of new chemical compositions, about the effects of which little is known, on an anonymous market of international dimensions, the Internet has come to constitute an increasing source of difficulties for police investigations.

Such trafficking destabilises certain foreign countries, as well as numerous districts in our own cities. Its connection with organised crime and financial flows that are subject to little or ineffective control represents a threat both to the world's economies and to democracy.

This reality calls for a rethinking of the focus of our policy for combating drugs and addictive behaviours.

Since pragmatic and ambitious strategies ensure the greatest effectiveness, the Government Plan is based just as much on the practices and experience of professionals on the ground as it is upon the results of research into these phenomena, which undergo constant, rapid and far-reaching changes, and the negative effects to which they give rise.

In the field of risk-reduction for example, France – which long had reservations about this policy – is progressively becoming a reference. This approach, which is based upon the provision of support in order to prevent the pathologies associated with drug use, is deliberately conducted alongside penalisation of the latter, notably through improved mutual knowledge of professional practices among all of the actors on the ground. This model is regularly jeopardised and needs to be consolidated. It constitutes one of the practices with the most direct effects in terms of public health. They also need to be better integrated into practices of social mediation aimed at the local residents of areas where such schemes are in operation.

Support and healthcare schemes have been given a highly organised structure alongside the consolidation of knowledge of addictions and treatments. It is necessary to continue to adapt them to

the changing lifestyles and practices involved in drug use. The integration of participative use of the Internet into care and treatment constitutes one example of such adaptation.

However, strong coordinated action in terms of prevention is proving to be essential. Indeed, previous policies have shown their limitations. Though making it possible to curb drug use among the general population, they have proven ineffective, and sometimes counterproductive, with regard to the most high-risk types of drug use: among young people, women and chronic drinkers.

This Plan extends over a longer period of time than its predecessors, since today it is essential to take a long-term view, which alone will enable a response to persistent problems of health and public security. The interministerial nature of the fight against drugs and addictive behaviours should no longer be a source of dispersion but a valuable asset. The Government's strategy cannot consist of nothing more than a catalogue of actions, sometimes focused on health and sometimes on criminal justice, for mere reasons of public display.

With this attitude in mind, the Ministries involved in this public policy have elaborated the Plan in association with the Interministerial Mission for the Fight against Drugs and Drug Addiction (MILDT). The process of interministerial reflection was informed by the use of observational data and multidisciplinary research work, ranging from neuroscience to the human and social sciences, enabling a dispassionate approach to the debate in order to reach enlightened positions.

### **The plan is based upon three priorities:**

#### **Basing Public Initiative upon Observation, Research and Assessment**

Addictive behaviours are a consequence of interaction between multiple biological, mental, family, economic, social and environmental factors. Prevention, risk-reduction and treatment actions cannot be developed effectively without drawing upon new knowledge. The constant objective of improving the identification of the motivations behind drug use and of making drug use less commonplace – including in the professional environment – with regard to alcohol, tobacco and cannabis in particular, makes it essential to support research efforts.

Such efforts should not be solely aimed at understanding addictive behaviours, but should also be concerned with improvement of the care and treatment thereof by means of new medication and innovative therapeutic strategies.

The provision of new objectivised facts through observation and assessment is essential to the elaboration and subsequent adaptation of public policies. Basing policies upon validated scientific data is a means of simultaneously increasing their effectiveness and consolidating acceptance thereof by proving their legitimacy.

#### **Taking the most Vulnerable Population Groups into account in order to Reduce Health and Social Risks and Negative Impact.**

It is rare to find young people aged 17 who have not tried any of the three principal addictive substances, which are alcohol, tobacco and cannabis. Yet, this drug use is all the more harmful insofar as it takes place at the stage when the brain is maturing and exposes young people to greater risk-taking behaviours. It therefore appears urgent to develop validated strategies, in compliance with international recommendations, in terms of both prevention and treatment.

From early childhood to post-adolescence, the prevention of addictive behaviours needs to be conducted with a constant concern to prevent, delay and limit drug use, without providing hygienist or moralising answers, the ineffectiveness of which is well known. Legal prohibition alone does not constitute a sufficient argument. In order to be understood, it has to be integrated into an overall policy for the promotion of health. Above all, it needs to be accompanied by an effort to consolidate young people's psychosocial skills and those of their parents. When such an approach is possible, the former need to be helped to say no and the latter to open and maintain dialogue, in order to fix boundaries more effectively.

Support for this task, which always remains difficult, will be provided to all of the actors in contact with children, young people and their families, by means of training programmes in the early detection of addictive behaviours.

However, youth is not the only factor of vulnerability. In the field of addictive behaviours, social inequalities are particularly significant. Indeed, higher levels of abuse and excessive drug use are observed in association with a lower socioeconomic level. Special problems are experienced, for their part, by women. Drug use exposes them to the development of specific diseases and, when pregnant, permanently affects the health of the child to be born. Despite the fact that they are exposed to greater social and health risks, women who use drugs often refrain from seeking healthcare due, in particular, to the severe stigmatisation attached to female drug use.

Because of the need to reach out to "those who do not seek help", this plan creates the conditions for health professionals to come into contact with these vulnerable population groups. It sets out to develop the accessibility of the schemes and early detection of addictive behaviours in order to refer drug users to the most suitable care and treatment.

We also need to change our view of narcotics users, without indulgence, but with understanding. This constitutes an individual, personal, almost intimate challenge. However, it is on this condition alone that we will succeed in developing appropriate preventive and therapeutic strategies which include social and professional integration, a key factor in the success of treatment. To this end, social mediation initiatives, encouraging the registration of users in community healthcare and support schemes, need to be widely developed.

### **Reinforcing Public Security, Order and Health by Fighting against Trafficking and all Forms of Crime Linked to the Use of Psychoactive Products.**

The harsh fact is that use of psychoactive substances plays a role in the commission of numerous crimes and offences, while the trafficking that accompanies it constitutes a threat to citizens and society as a whole.

In a preventive approach, the authorities need to ensure that protective and punitive laws – such as the laws prohibiting the sale of alcohol and tobacco to minors and those sanctioning the use of narcotics – are applied with equal strictness. The clarity of the legal framework and, moreover, equality before the law, are all the more important insofar as they promote understanding of the balance between health-based and punitive approaches.

From the point of view of the application of the law, the fight against crime and trafficking needs to be conducted unceasingly.

At the local level, we need to mobilise the whole of the actors involved on a permanent basis. It is necessary to try to involve all of the authorities, partner associations and locally elected representatives, while giving priority to interaction with the population.

Public responses to drug trafficking need to be coordinated upstream in view of emerging trends with regard to the nature of the substances, the modes of production and the trafficking routes.

Indeed, in the face of the criminal networks' great capacity for logistical adaptation, only continuous commitment will enable such criminal activities to be destabilised and broken up. It is therefore up to us to support the competent services of the State in this task and consolidate the initiative of France at the European and international levels. In this field, consolidation of operational intelligence, adaptation of techniques and means of investigation and pooling of know-how will contribute to confronting the consequences of local and international trafficking and the devastating combined effects thereof.

Thanks to its interministerial position and its capacity for providing impetus and coordination, the Interministerial Mission for the Fight against Drugs and Drug Addiction (MILDT) sets out to support an integrated approach whose responsiveness enables real time adaptation of the policies conducted with regard to the various issues, in particular in the various different experiments that it puts forward in this Government Plan, in support of the initiatives of the various Ministries.

However, beyond the measures and means deployed in this Government Plan, the conditions under which it was designed should also contribute to its success. This renewed approach to combatting drugs and addictive behaviours is the result of collaboration between the Ministries and the MILDT heads of project in the departments and regions and consultation of the national and international experts, researchers, health professionals and sociologists as a whole. Their involvement should be welcomed.

This dialogue is expected to create the conditions required to win support from the public at large and facilitate implementation of the Plan at the national level, as well as promoting France's position outside of our borders.

Globalisation admittedly represents a challenge as far as addictions are concerned, but it also constitutes an unprecedented opportunity for improving knowledge of positive experiments and best practices, pooling our means of combat and sharing our values and established knowledge and experience. France is able to work with its partners in order to face up to this common threat.

Danièle Jourdain Menninger

President of the Interministerial Mission for the Fight against Drugs and Drug Addiction  
(MILDT)





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## *The Prime Minister*

**1 3 6 4 7 1 2 / SG**

Paris, 17<sup>th</sup> October 2012

Dear Mrs Jourdain-Menninger,

You have just taken up your position as President of the Interministerial Mission for the Fight against Drugs and Drug Addiction.

The interministerial role of the MILDT is set out in a body of texts, which establish this task force's powers of coordination and organisation. The fight against drugs, drug addiction and addictive behaviours is a transverse policy to which each Ministry needs to contribute in its own field of competence, to match the efforts required by the fields of public initiative for which it is responsible as a whole.

The Mission's administrative attachment to the Prime Minister enables it to put forward far-reaching and integrated initiatives, combining prevention, health, research, the fight against trafficking, compliance with the law and training.

Scientific data show that the development of addictive behaviours is the result of multiple and complex interactions between repeated exposure to drugs and individual, family and social problems. The public health measures that you put forward should therefore take all of the decisive elements and confirmed factors of risk into account.

Accordingly, priority should be given to a broadened view of prevention as an integral part of civic and scientific education, including the raising of awareness of risks as a whole. In particular, behavioural influences linked to Internet and social networks should be taken into account: these factors are all the more important insofar as they are aimed at very young and therefore vulnerable people.

A consistent and coordinated approach to the prevention of addictive behaviours requires the elaboration of an active policy including tobacco, alcohol, psychotropic prescription drugs and narcotics. The phenomena of "poly-drug use", the practice of doping and non-substance based addictions (for example gambling addiction) need to be taken into account.

Madame Danièle JOURDAIN-MENNINGER  
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In spite of the efforts of the various services of the State, narcotics trafficking remains a threat to public security in France. We need to be in a position to understand all of the dimensions of this phenomenon. It is important for you to ensure consolidated coordination between the initiatives of the independent Ministries, in order to stimulate responses that measure up to the issues involved.

The fight against trafficking needs to be conducted unceasingly. The “drug” cooperation funds, financed by the seizure and confiscation of traffickers’ assets and managed by the MILDT, should provide resources for regularly conducting effective and innovative initiatives in the fight against trafficking. It is important to ensure that the sums thus confiscated are also devoted to the development of appropriate preventive actions.

These directions are to be implemented with the support of the network of heads of drug addiction projects, placed in close relation with the prefects, at the departmental and regional levels. In order to ensure consistency of public initiative it is important to make sure that the regional health agencies are involved in the reflection and work undertaken by the heads of project, with equal regard to prevention, healthcare and risk-reduction.

You should also aim to consolidate the MILDT’s role of providing expertise to the authorities, with the support of the OFDT / French Monitoring Centre for Drugs and Drug Addiction (*Observatoire français des drogues et des toxicomanies*), research teams in the fields concerned and the Ministry of Higher Education and Research. The MILDT thus needs to help to promote the expansion of multidisciplinary research in medicine and the human and social sciences, within establishments and large research bodies.

At the international level, the MILDT will contribute, in close association with the SGAE / French Secretariat for European Affairs (*Secrétariat général aux affaires européennes*) and the Ministry of Foreign Affairs, to the elaboration of the French position in international and European bodies with regard to the fight against drugs. In particular, the MILDT will promote France’s overall integrated approach, both in bilateral relations with foreign partners and in international bodies. It will make use of the Training Centre for the Fight against Drugs (CIFAD) in order to disseminate the know-how of the French administrations in the countries of the Caribbean arc and Latin America.

Under your presidency, I also want the MILDT to become a source of proposals with regard to the legal changes necessary for ensuring the effectiveness of the fight against drugs, drug addiction and addictive behaviours.

These directions as a whole should constitute the priorities of the next Government Plan.

I ask you to rapidly begin the elaboration of the new Plan with the Ministries concerned, while ensuring close coordination of this work and collecting the opinions of the territorial authorities and associations of locally elected representatives, as well as the various partner professionals and associations. The work needs to draw upon advances made in scientific knowledge. In accordance with government initiatives, this plan should make it possible to ensure better prevention of addictive behaviours – among young people and vulnerable population groups from unstable and insecure social backgrounds in particular –, reassert the importance of risk-reduction policy, put forward initiatives in the field of support and follow-up – for persons in custody in particular –, improve the effectiveness of the fight against trafficking, conduct regular and long-term communication initiatives and undertake determined action in French overseas territories, as well as at the international and European levels.

I ask you to set out to promote measures whose effectiveness has been proven

within this long-term Plan. The initiatives undertaken need to be regularly assessed.

This Government Plan for the years 2013-2015 will be validated by a meeting of the Interministerial Committee for the Fight against Drugs and Drug Addiction and for the Prevention of Dependence held under my chairmanship.

Yours sincerely,

Jean-Marc AYRAULT



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## **1. PREVENTION, CARE AND RISK REDUCTION**

## 1.1 PREVENTION AND COMMUNICATION

The Interministerial Mission for the Fight against Drugs and Drug Addiction (MILDT / *Mission interministérielle de lutte contre la drogue et la toxicomanie*) aims to promote coordination of policies with regard to education, health and application of the law, the earliest possible implementation of preventive actions adapted to the populations concerned, including actions aimed at their environment, and on the basis of scientific evidence, in accordance with international and European recommendations concerning the effectiveness of prevention of addictive behaviours.

In spite of restrictions upon access to psychoactive products, consumption of alcohol, tobacco, cannabis and other illicit products remains widespread, among both boys and girls, with commencement of use at an early age in the case of certain products and practices. Yet adolescence constitutes a particularly critical period in terms of vulnerability.

Consumption of tobacco, alcohol and cannabis at adolescence can be predictive of a later dependence upon these or other substances. The earlier such drug use begins (in early adolescence), the greater the risk of becoming dependent.

For these reasons, adolescents should be the principal beneficiaries of both universal and selective, prescribed preventive action, in order to avoid commencement of drug use or to ensure that the age of commencement is as late as possible. The MILDT also aims to support strategies of universal prevention in schools and universities, in the professional environment and in the world of events and leisure activities, as well as within any other set-ups dealing with young people (youth counselling and healthcare advice centres - *maison des adolescents*-, for example).

Development of preventive action for the benefit of groups exposed to risk (selective prevention) and vulnerable individuals (prescribed prevention) will be encouraged, in particular for:

- Young people;
- Women showing addictive behaviours;
- Pregnant women users of alcohol and/or tobacco;
- The working poor, the unemployed and the most disadvantaged population groups (socially-excluded persons, the homeless and migrants) which are particularly difficult to reach.

### 1.1.1 Promoting Evidence-Based Preventive Strategies

- **Through the creation of an interministerial commission for the prevention of addictive behaviours.** The development of scientifically validated preventive programmes needs to be promoted, in accordance with European and international recommendations. This commission will be chaired by the MILDT and will be part of an original procedure for the selection of existing or innovative programmes, with a view to organising the scientific validation thereof. This assessment will be conducted by specialists (academic teams) and financed by the MILDT. The MILDT and its regional network will promote scientifically validated programmes corresponding to national priorities.

### 1.1.2 Influencing the Environment and Behaviours

- **By integrating compliance with the law into the overall approach to prevention.** Indeed, legislative, regulatory and administrative measures contribute to ensuring an environment conducive to the prevention of addictions by providing a framework for the social and economic context within which drug use takes place. These kinds of measures are intended to have an effect upon the behaviours that preventive actions aim to influence.
- **By taking action well before drug use begins within the framework of an overall policy of promotion of children's health,** not only in the perinatal period but also throughout infancy and childhood. This policy focuses on the promotion of children's well-being and psychosocial / life skills and requires coordinated action on the part of the health, social and educational systems and set-ups for the provision of support to families.
- **Through provision of information and assistance to families,** implementation of early intervention in young drug users' clinics, provision of information and support to families within maternity wards, maternal and child protection centres (e.g. the PANJO programme for the promotion of health and attachment between new-born babies and young parents), family planning and education centres, parentcraft support networks and CSAPA centres for the treatment, support, prevention and study of addictions (*centres de soins d'accompagnement et de prévention en addictologie*), as well as through improved accessibility and modernisation of help websites providing information and referral to specialised professionals.
- **Through consolidation of parents' and children's psychosocial skills.** Indeed, experts confirm the value of actions aimed at developing both parents' and adolescents' skills, as far as preventing commencement of drug use and limitation of addictive behaviours is concerned. The skills worked on with parents principally concern communication between parents and children (with regard to drugs in particular) as well as their ability to fix limits and manage conflicts, using an approach that should avoid trivialisation, dramatisation and apportionment of blame. Assertiveness, self-esteem, problem resolution (management of emotions) and resistance to the influence of peers and marketing strategies are the psychosocial skills to be consolidated among young people. This approach also needs to strengthen their ability to engage in shared activities with those around them (family and peers) as well as at school and within the framework of extracurricular activities, in accordance with the directions of the Act of 8<sup>th</sup> July 2013 concerning the reform of the education system.
- **By raising awareness among young people of the adverse short-term effects of addictive behaviours** (alcoholic coma, unwanted pregnancies and road accidents), to which they tend to be more receptive, as well as of their long-term effects, about which they are less concerned (cancer, difficulties of professional and social integration). Research has shown that provision of information alone is not enough, and may even prove counterproductive among the youngest groups. Provision of information always needs to be part of a long-term approach and accompanied with initiatives for the development of psychosocial skills.
- **By developing provision of information and prevention with regard to addictive behaviours among the student population** in order to protect students' health and guard against risks of failure in their training and

education courses. The initiatives will be focused upon the detection of addictive behaviours (poly-drug use, doping behaviours, and behavioural dependencies) and risk reduction.

- **By adapting preventive actions both to young people, whose use of cannabis, alcohol and tobacco are cause for concern, and to the audiences most out of reach of traditional measures due to their insecure social situation.** Innovative initiatives will be developed which reach out to these groups.
- **By adapting preventive messages to audiences that are socially or economically vulnerable** and to unemployed persons in particular. Absence of a professional activity is a factor of vulnerability to addictive behaviours, with excessive consumption of psychoactive substances.

### 1.1.3 Consolidating Preventive Action

#### 1.1.3.1 Developing New Approaches

- **By promoting early intervention procedures.** The objective of this approach is to shorten the period between the appearance of the first signs of drug use risks and the provision of suitable care. Early intervention makes it possible to provide support to those with the greatest personal and social difficulties, contribute to an environment that is more conducive to young peoples' development and consolidate their resources. To a large extent, early intervention will be put into practice by the professionals in contact with young people. Young drug users' clinics will disseminate this method at their regional level.
- **By placing special importance on peer-based prevention,** in the fight against tobacco in particular. Peers can also be called upon within the framework of risk reduction measures connected to drug use in certain specific situations, such as festive gatherings, in the face of the increasing prevalence of the practice of occasional heavy drinking and poly-drug use.

#### 1.1.3.2 Drawing upon the tools of urban policy

- **By stepping up preventive initiatives aimed at young people in urban policy districts,** in particular school dropouts and unemployed young people lacking qualifications. To this end, efforts will be made for better provision of information to professionals in local teams, second chance schools and public EPIDE centres (*établissements publics d'insertion de la défense*) for the social and professional integration of disadvantaged young people, in association with the improvement of training in addictive behaviours within the urban political network (including representatives of prefects). This targeting will be reinforced through the mapping of specialised schemes, by means of geolocation of the organisations located in these territories.

#### 1.1.3.3 Reinforcing Preventive Action aimed at Persons in Custody

- **By stepping up the use of video for the dissemination of preventive messages in penal institutions.**
- **By developing addictive behaviour support groups as a preventive measure,** in particular with regard to the connection between use of narcotics and

alcohol, on the one hand, and criminal behaviour and passing to the act on the other.

- By putting in place operational tools to support professional practices, at the disposal of the staff of the judicial youth protection service (*protection judiciaire de la jeunesse*), in order to prevent drinking among minors in custody.

#### 1.1.3.4 Instituting Partnerships and favourable Institutional Frameworks

- **By reinforcing partnerships between the professional and educational environments and healthcare and social welfare schemes** in order to offer support for the social and professional integration of persons making use of the services of young drug users' clinics and CSAPA (centres for the treatment, support, prevention and study of addictions), while also enabling persons identified by educational professionals as in difficulty to be referred to specialist organisations.
- **By planning a "tobacco-free campus" experiment** in close association with the Ministry of Higher Education and Research, the vice-chancellors of universities (*présidents d'université*) and the Vice-Chancellors' Association (*conférence des présidents d'université*).
- **By raising awareness of the problems involved in the organisation of student evenings among the management teams of higher educational establishments.** It is proposed that a charter should be signed by student associations organising festive events and the head of the establishment, in order to provide better support for the organisers of student evenings. Management teams will thus be led to take part in the organisation of responsible evenings, in order to avoid the risks of excessive use of alcohol and other psychoactive products.
- **By promoting the sharing of professional cultures between the actors of prevention.** In particular the MILDT seeks to promote the dissemination of best professional practices via its website. In addition, it will organise a dedicated prevention event.
- **By reinforcing the impact of these programmes through the encouragement of their integration into the projects of schools, higher educational institutions, apprenticeship training centres, leisure centres and sports associations, as well as in the training of young employees, social cohesion schemes and in-service staff training in education, health and social work.**

### 1.1.4 **Reducing the Attractiveness of Tobacco Products and certain Alcoholic Drinks**

#### 1.1.4.1 Increasing Prices in order to Reduce Consumption

- **By continuing a policy of regular increases in sales prices for tobacco products as a whole.**

#### 1.1.4.2 Influencing Sales Outlets

- **Through raising awareness of public health issues and regular provision of information to tobacconists about legal rules, during their training.**

- **By renewing the issuing of this information on a regular basis.**

### 1.1.5 Prevention in the Professional Environment

The prevention of addictive behaviours in the professional environment in the private sector rests upon the process set in motion by the previous government plan for 2008-2011, consolidated by the Act of 20<sup>th</sup> July 2011 on the organisation of healthcare services at work. This process needs to be reinforced and will be extended to the three categories of public sector employment.

#### 1.1.5.1 Facilitating the Implementation of a Collective Policy in the Public and Private sectors for the Prevention of Addictive Behaviours with regard to Drugs and Alcohol

- **By promoting a twofold approach to risk prevention and overall protection of health at work** in the spirit of Article L 4121-1 of the Labour Code (*Code du travail*) which provides that “all employers are bound to take measures to ensure workers’ safety and protect their physical and mental health”.
- **By amending the Labour Code as far as alcohol in workplaces is concerned** (Article R 4228-20) in order to enable companies to put measures in place to limit the consumption of alcoholic drinks, by means of policies and procedures.
- **By distributing a circular from the French Directorate-General for Labour (*direction générale du travail*), jointly signed by the MILDT**, to Regional Departments for Businesses, Competition, Consumption, Labour and Employment (*DIRECCTE / directions régionales des entreprises, de la concurrence, de la consommation, du travail et de l’emploi*) concerning prevention of the occupational risks associated with the bringing of drugs and alcohol to work, and use thereof within companies.
- **By drawing upon the Act of 20<sup>th</sup> July 2011 concerning the organisation of occupational medicine** for training company medical officers in the practice of early detection and short therapies.
- **By making prevention of the use of psychoactive products one of the major policy lines for health and safety at work in public sector employment.**
- **By more systematic provision of training in the professional environment with regard to addictive behaviours.** This training will, in particular, be intended for members of CHSCTs (Health, Safety and Working Conditions Committees / *Comité d’hygiène et de surveillance des conditions de travail*), company and preventive medical officers and managerial staff.

#### 1.1.5.2 Improving Knowledge of the Effects of Drug and Alcohol Use on Health and Safety at Work as well as on Employment Relations

- **By promoting studies and research with regard to the consequences of the use of psychoactive products upon the various different aspects of life at work:** absenteeism, unfitness, problems of interpersonal relations at work, sources of conflict and quality of work.
- **By asking company medical officers and preventive medical advisers to take part in drug use inquiries** on a voluntary basis by means of questionnaires,

which are made anonymous and handed out at the time of regular medical check-ups .

- **By enabling improved identification and quantification of serious and fatal industrial accidents attributable to drug and alcohol use**, on the model of the “narcotics and fatal accidents” inquiry conducted in 2002 in the field of road safety.
- **By organising inquiries into other industrial accidents and occupational diseases**, for certain professional sectors and certain groups of employees and officials.
- **By initiating reflection on the implementation of new knowledge-based tools** (health barometer for company medical officers and preventive medical advisers and the collective assessment of drug and alcohol use in the workplace).

#### 1.1.5.3 Disseminating this Knowledge within the Professional Environment

- **By developing communication initiatives** with the support of professional federations, Ministries, the industrial accidents and occupational diseases branch of the CNAMTS (French National Health Insurance Fund for Employees) and supplementary insurance companies.
- **By developing initiatives for the provision of information aimed at employees in the sectors with the highest risks** identified by the latest INPES (French national institute for health education and prevention) inquiry into the dangers associated with the use of alcohol and drugs.
- **By encouraging the inclusion of initiatives to raise awareness of the risks associated with the use of drugs and alcohol in vocational training programmes** (work-based learning, apprenticeships etc.).

### **1.1.6 Increasing the Impact of Communication Campaigns**

The figures concerning the use of psychoactive products in France highlight the necessity of developing targeted communication strategies according to specific groups and based on a common objective: establishing awareness of the harm to individuals and society that is associated with use of psychoactive products.

Campaigns will be prepared by the French Ministry of Health, and if necessary by the other Ministries concerned, which are consistent with the strategic plan, in liaison with the French Government Information Service (SIG / *service d'information du Gouvernement*) and the MILDT. The campaigns will be implemented, in particular, by the INPES, the INCa (*Institut national du cancer*, the French national institute for cancer) and the road safety authority (*délégation à la sécurité routière*). MILDT heads of project will support their deployment on the ground.

#### 1.1.6.1 Taking Better Account of the Specific Characteristics of Young People in the Elaboration of Messages and the Methods of Dissemination thereof

- **By communication on specific immediate risks to which they are exposed due to their drug use behaviours, in both health and social terms.** The phenomenon of occasional heavy drinking and the still widespread prevalence

of tobacco addiction and use of cannabis will be placed at the heart of reflection with regard to messages.

- **By emphasising the motivations behind drug use and the artificial effects thereof, which give the illusion of greater socialisation and personal development.** The campaigns will take age, educational background and risk associated with drug use into account.
- **By encouraging them to become aware of the strategies of influence directed at them** by tobacco and alcohol manufacturers, on the one hand, and peer pressure, on the other. The campaigns will thus highlight the ambivalence of their relation to psychoactive products by bringing out the imbalance between their submission to external influences and their ostensible freedom of consumption.
- **By integrating current knowledge on factors affecting their receptiveness**, in particular their difficulties in assessing long term risk, ability to develop avoidance strategies and lack of interest in guilt-provoking and moralistic discourse.
- **By making use of the changes in their use of media.** A multi-media or “cross media” (traditional media and social networks) approach will be developed.
- **In particular, by making use of the codes of expression to which they subscribe.** Priority will be given to anti-advertising and reality television strategies, such as personal stories for example.

#### 1.1.6.2 Promoting Awareness of the Greater Health and Social Risks incurred by Women

- **By raising women’s awareness of their real levels of drug use**, and of alcohol and tobacco in particular, which are becoming closer to those of men.
- **By reinforcing initiatives specifically** aimed at pregnant women (and at their partners in the case of tobacco).
- **By highlighting the health** (development of certain cancers, for example) **and social risks** (increased exposure to violence, for example) **specific to women.**
- **By sharing and disseminating better knowledge of scientific evidence concerning risks inherent to drug use during pregnancy.** Indeed, the reasons for which abstinence is recommended remain little understood and appear to come up against credit placed in the experience of people around pregnant women rather than scientific evidence.
- **By emphasising the paradox between the aspiration for a well-balanced life and the effects of psychoactive substance use.** The connection between weight control and tobacco use will also be addressed.

#### 1.1.6.3 Bringing Communication Campaigns Closer to their Audiences

- **By promoting the deployment of campaigns on the territory.** Consistent communication initiatives that are appropriate to local situations, as well as to the specific characteristics of audiences, will be developed by the MILDT heads of project and regional health agencies. Local elected representatives will be involved therein insofar as possible.



- **By providing information on the location of support and care schemes and the services which they provide**, in particular with regard to young drug users' clinics.
- **By specifically passing on communication tools to schemes and organisations dealing with groups that are vulnerable**, due to their social situation or geographical isolation.
- **By supporting the consolidation of prevention in the professional environment**, by means of an appropriate communications strategy.

## 1.2 SUPPORT AND HEALTHCARE

### 1.2.1 Adapting the Provision of Primary and Specialised Healthcare

Although the use of psychoactive products is unevenly distributed across the territory, it should be possible for every user of psychoactive products to benefit from the provision of local healthcare and contact with a professional competent in this field, enabling them to assess their drug use and formulate a plan for dealing with their addictive behaviour. Priority will be given to the use of existing arrangements and reinforcement of their effectiveness.

#### 1.2.1.1 Reinforcing the Skills of Professionals in Contact with Young People

- **By positioning young drug users' clinics as key institutions in the implementation of early intervention**, as an intermediary for all schemes and arrangements dealing with young people.
- **By consolidating the skills of professionals working in young drug users' clinics, and of all those who are in contact with young drug users, in the detection of vulnerabilities and high-risk practices** (schools, young people in custody, young people dealt with within the framework of child protection, the maternal and child protection system (*protection maternelle et infantile*), sports and cultural activities and professional activities and young people in EPIDE public institutions for social and professional integration).
- **By training the staff of SUMPPS (*services universitaires de médecine préventive et de promotion à la santé*) University Services for Preventive Medicine and the Promotion of Health in order to improve knowledge of addictions** and provide relevant preventive actions and better support for students in need of care. It is necessary to bring the knowledge of staff up to date (doctors, nurses, social workers) and encourage pooling between services and the dissemination of best practices.

#### 1.2.1.2 Reinforcing Health Professionals' Skills and the Positioning of General Practitioners

- **By including short therapy strategies in the initial training programmes for all health professionals**. It should be possible for short therapies to be conducted by all health professionals in a position to detect high-risk drug use and factors of vulnerability, as well as referring patients to specialist professionals. They will be backed up by recommended best practices, which will be submitted to the *Haute Autorité de Santé* health authority concerned (French independent

scientific public authority contributing to regulation of the quality of the health system).

- **By including short therapies and motivational interviewing as priority areas in the continuing professional development of health professionals**, and of general practitioners in particular, in order to enable them to take action within the framework of their consultations prior to the appearance of damage to the health and social welfare of patients.
- **By conducting reflection regarding the extension of use of short therapies among health professionals as a whole for all users of psychoactive products.** To date alcohol consumption is the only form of drug use to be treated using this method. It could be extended to all substances.
- **By facilitating coordinated courses of treatment and clear territorial organisation, based on the directions set out within the framework of the French SNS national healthcare strategy (*Stratégie nationale de santé*).** The networks of addiction treatment specialists encourage the integration of general practitioners' work into a multi-professional framework and a coordinated field of treatment.
- **By studying the modes of registration of and provision of care for addictions among the teams of multidisciplinary health centres (*maisons de santé pluridisciplinaires*) (including very small organisations therein),** within the framework of the national healthcare strategy, thus enabling more dynamic involvement on the part of general practitioners with regard to access to healthcare for persons presenting addictive behaviours.

#### 1.2.1.3 Extending Specialist Healthcare Scheme Initiatives

- **By drawing lessons from the work of the IGAS General Inspectorate of Social Affairs (*Inspection générale des affaires sociales*) and the assignments conducted by the CSAPA and the CAARUD Risk-Reduction Support and Reception Centres for Drug Users (*Centres d'Accueil et d'Accompagnement à la Réduction de risques pour Usagers de Drogues*),** with regard to prevention and professional integration in particular, as well as reception and support for families (partnership with existing organisations dealing with families, such as the maternal and child protection system and the parentcraft support networks; establishment of support groups aimed at families and children).
- **By consolidating the skills of health professionals within CSAPAs in the detection and referral of persons suffering from non-substance-based addictions, and gambling in particular.** The objective is to achieve homogeneity of provision of care of this kind in the territories and to ensure that it has greater visibility, for the benefit of the gamblers concerned and their close relations.
- **By continuing the development of ELSA addiction treatment liaison and healthcare teams (*équipes de liaison et de soins en addictologie*) within healthcare institutions, with the support of the ARS regional health agencies (*agences régionales de santé*),** in authorised emergency medicine establishments in particular. The plan will make it possible to highlight their action within authorised psychiatric institutions. These mobile teams are major actors in the commencement of specialised care for patients who have not yet begun courses of treatment for addiction. They give priority to working with

professionals in order to train them in the detection of addictive behaviours, while also taking care of initial consultations with patients so as to organise continuity of healthcare.

- **By organising the deployment of a number of schemes on the territory** providing residential therapeutic care for women with children.
- **By promoting the creation of experimental schemes for the coordination of** perinatal/addiction treatment teams and social services.

#### 1.2.1.4 Reinforcing Geographical and Social Accessibility

- **By developing mobile CAARUD programmes** in rural areas in particular.
- **By adapting the supply of healthcare and best professional practices to the populations of urban policy districts as well as to the specific populations** constituted notably by young homeless people, migrant persons, persons in custody and women presenting addictive behaviours. Women are more often subject to harsh judgement from society and more inclined to secret use of psychoactive products, thus hindering their access to healthcare.

### 1.2.2 **Adapting Therapeutic Strategies**

Changes in the types and levels of drug consumption among groups of drug users, in the supply of drugs and in the prevalence of comorbidities make it necessary to promote new therapeutic strategies.

#### 1.2.2.1 Supporting and Propagating Multidimensional Family Therapy (MDFT)

*This family therapy approach has been developed for more than twenty years in the United States and now belongs to the list of treatments for addictions among adolescents recognised by the National Institute on Drug Abuse (NIDA) in the USA. It has been validated by the Cannabis Youth Treatment study. This clinical approach has been tested in six major randomised clinical research protocols, of which the latest is the European INCANT (International Cannabis Need of Treatment) study, which covers five European countries, including France, and is financed by the MILDT.*

- **By instituting an MDFT training plan with a view to its deployment in a number of young drug users' clinics** distributed across the French territory. Such family therapy is a suitable method of care for patients with the greatest difficulties with regard to their use of cannabis, and in particular those presenting psychiatric disorders.
- **By propagating such family therapy within judicial youth protection service facilities, in both open and closed environments.** Indeed, this approach, which has demonstrated its effectiveness in reducing cannabis consumption among the young cannabis users in greatest difficulty and upon their behavioural disorders, appears particularly appropriate for monitoring young people coming under the authority of the judicial youth protection service. This method is currently being tried out in two educational establishments. A program evaluation will be conducted in these establishments at the end of the trials.

#### 1.2.2.2 Using an Integrated Approach to Psychiatric Comorbidities

*Integrated healthcare will be developed in a manner consistent with the Ministry of Health's psychiatry and mental health plan.*

- **By promoting a concomitant disorders healthcare strategy for all patients presenting addictive behaviours.** This strategy will take into account the importance of trauma as a risk factor and the need for coordinated and integrated action.
- **By targeting young people for early intervention for mental health disorders.** Adolescence is a crucial period with regard to the emergence of comorbid disorders, the treatment of which is all the more effective when commenced at an early stage.
- **By facilitating the accommodation of minors who are in the greatest difficulties within residential CSAPAs,** which would be reserved to them, offering a plan comprising child psychiatric care as well as consolidated professional integration.

#### 1.2.2.3 Using an Integrated Approach to Somatic Comorbidities

- **By supporting the testing and follow-up of somatic pathologies associated with the use of psychoactive products,** and HIV and hepatitis in particular (Rapid referral diagnosis test / *Test rapide d'orientation diagnostique*, Fibroscan).
- **By promoting the treatment of somatic pathologies** in close collaboration with specialist health establishments and professionals within the framework of coordinated courses of treatment, and in particular HIV and hepatitis infections, as well as dental pathologies.

#### 1.2.2.4 Supporting Research into New Treatments for Addictive Behaviours and Dependence

- **By developing new therapeutic strategies** adapted to the use of synthetic drugs, alcohol dependence and patients for whom current treatment possibilities are unsuitable...

#### 1.2.2.5 Improving the Quality of Healthcare for Patients receiving Opioid Replacement Therapy and Increasing the Accessibility thereof

- **By trialling and assessing new therapeutic methods** and initial methadone prescription in urban community medicine, in particular, in order to avoid misuse and promote appropriate healthcare.
- **By increasing the accessibility of these treatments,** in particular through greater mobility of the programmes (methadone bus).
- **By bringing the recommendation of the ANSM French national agency for the safety of medicines and health products (*Agence nationale de sécurité du médicament et des produits de santé*) into general application with regard to the daily dispensing of opioid replacement medicines in pharmacies** for patients receiving care within the urban community.

- **By reducing drug interactions through the creation of a functional liaison between urban pharmacies and CSAPAs** for patients receiving care within these facilities.
- **By putting therapeutic education protocols in place, in liaison with the regional health agencies (ARS),** for patients taking these medicines.
- **By more systematic use of screening tests in urban medical practices, in accordance with ANSM recommendations.** These tests, the results of which are interpreted by doctors during consultations with patients, do not constitute a surveillance tool. They are used in a spirit of mutual trust: patients thus feel that they are backed up and supported by therapists and healthcare providers on jointly fixed therapeutic objectives.
- **By promoting the practices recommended** in the guide for opioid replacement therapy in the prison environment.

#### 1.2.2.6 Offering Remote Support Services

- **By placing new methods of support provision and healthcare services accessible online at the disposal** of people suffering from addictions and those around them. These remote support services will be based upon validated protocols.

#### 1.2.2.7 Encouraging the Use of Support Groups

- **By improving their visibility** among professionals and persons presenting addictive behaviours.
- **By developing partnerships between support groups and prevention and healthcare facilities.**

#### 1.2.2.8 Facilitating and Supporting Giving Up Smoking

*On the basis of the principle that all cigarettes are harmful and that giving up smoking is beneficial, however long the period of nicotine addiction, support for smokers trying to give up needs to be consolidated, in particular for young people and pregnant women.*

- **By mobilising general practitioners and health professionals as a whole with regard to approaches to ending nicotine addiction** (in particular by means of training in providing advice on giving up smoking) in order to widely disseminate them within primary healthcare as a whole. Indeed, according to the ITC (International Tobacco Control) France national report of October 2011<sup>1</sup>, the majority of smokers who consulted doctors did not receive any assistance, including pregnant women. The latter should benefit from assistance for giving up smoking from the health professionals who take care of them (gynaecologists and midwives). Treatment actions are considered all the more effective insofar as they are conducted by professionals, who set a date for giving up smoking and prescribe nicotine substitutes.
- **By systematising detection at the time of the prescription of oral contraceptives.**

- **By mobilising for family planning and education centres (*centres de planification ou d'éducation familiale*)** in order to enable the issuing of products intended for use in overcoming tobacco addiction and advice for girls in particular.
- **By organising better reimbursement by the French national health insurance system of the cost of giving up smoking for young adult smokers (from 20 to 25 years of age).** To date and on medical prescription, **the former** reimburses nicotine replacement therapy at the rate of up to €50 per beneficiary per year, this amount being increased to €150 in the case of pregnant women. The effectiveness of overall reimbursement (consultations and nicotine replacement therapy (NRT)) is proven by a highly favourable cost-effectiveness ratio. Young adult smokers between the ages of 20 and 25 constitute the principal age group in which large numbers of people become regular smokers; they show real concern about illnesses linked to tobacco and 50% of them declare that they want to give up smoking.
- **By improving support for pregnant women with regard to assistance for giving up smoking** through the development of support measures beyond reimbursement of the cost of replacement therapies.
- **By consolidating existing tools and developing new ones,** with a constant concern for the fulfilment of expectations and practices with regard to participative Internet. The increase in use of the tobacco information service *Tabac Info Service*, by young people in particular, needs to be backed-up by modernisation of methods of interaction with users. Provision of updated online services needs to be developed. Assistance by mobile phone is also effective. Adaptation and trial of the English operational Quit Kit programme for giving up smoking, based on a social marketing approach, needs to be looked into.
- **Through encouragement of giving up smoking by means of suitable communication.** In particular, promotion of the *Tabac Info Service* should be reinforced. Specific information for pregnant women needs to be developed.

## 1.3 REDUCING HEALTH RISKS AND NEGATIVE SOCIAL IMPACT

Risk reduction policy will take data from INSERM (French National Institute of Health and Medical Research) collective assessments into account as well as recommendations from reports of working groups handed over to the MILDT<sup>2</sup>. It should be part of an approach ensuring consistency with therapeutic strategies and relying upon all of the actors involved in the field of addictions. The collective approach to risk reduction needs to be accompanied by provision of personalised care, making it possible to respond to the diversity of each drug user's needs.

Negative social impact includes individual harm suffered by drug users (damage to health, dependence, insecurity and disadvantage in social position) as well as harm to society (affecting persons and property). Alcohol is by far the product which causes the most family and social problems.

Among the victims of these negative effects, women constitute a group exposed to particularly high risks (unwanted pregnancies, violence and domestic violence in particular, as well as prostitution).

### 1.3.1 Opening New Prospects in the Field of Risk Reduction

#### 1.3.1.1 Promoting the Acceptability of Risk-Reduction Initiatives

- **By putting the emphasis on social mediation initiatives for the benefit of the users and inhabitants of residential areas affected by nuisances associated with drug use.** Inhabitants of urban districts and elected representatives need to be involved in activities coming within the field of risk-reduction policy. Indeed, risk-reduction initiatives should combine objectives of public health and of public order.

#### 1.3.1.2 Extending the Field of Risk-Reduction to Products as a whole

- **By extending risk-reduction initiatives to all products subject to problematic use, through the elaboration of frames of reference and supporting changes in professional practices within this framework.** While maintaining the primary objective of reducing infectious pathologies (HIV, hepatitis, sexually transmitted diseases and tuberculosis) and lethal overdoses, the extension of risk-reduction initiatives to products such as alcohol, tobacco, cannabis and poly-drug use, which are responsible for major damage to health and/or far-reaching negative social effects, is today absolutely essential. In this respect, special attention will be given to the phenomenon of occasional heavy drinking among young people in festive situations.
- **By reinforcing analysis of new synthetic drugs and dissemination of information on their composition.** Indeed, poisoning linked to new synthetic drugs creates serious problems for the emergency services due to the frequent absence of connection between products' commercial names and their composition and the difficulty of establishing diagnoses in the absence of toxicological analyses identifying such products.
- **By studying the value of the use of electronic cigarettes in risk-reduction linked to nicotine addiction.**

#### 1.3.1.3 Developing Population Group-Based Approaches to Risk Reduction

- **By placing greater importance upon initiatives making it possible to approach the most disadvantaged users** ("outreach" initiatives). Involvement of the users themselves (peer participation) in the "outreach" approach also needs to be developed and promoted.
- **By reinforcing the framework of risk-reduction initiatives in festive events through the validation of a national frame of reference.** Consolidation of this framework – also extended to initiatives concerned with prevention and application of the law, according to an integrated approach recommended by the EMCDDA – needs to support the action of the CAARUDs, CSAPAs and associations involved in festive events. This support will include schemes applied within the framework of community health.
- **By testing new methods of action for reaching young people via the Internet** This section of the public is made up of occasional drug users who, on the face of it, are socially integrated and very little aware of risk-reduction messages. Their preferred media will be used, and Internet technologies and Smartphone applications in particular.
- **By increasing the number of initiatives specifically aimed at very young people with regard to occasional heavy drinking behaviour in the public**

**arena.** These initiatives established in the territory will be conducted in liaison with local elected representatives and MILDT project heads, with a special focus on university towns.

- **By raising awareness among professionals of the role of alcohol in domestic violence,** and among child welfare personnel and gendarmerie social workers in particular.

#### 1.3.1.4 Consolidating the Accessibility and Security of Provision of Risk-Reduction Services

- **By ensuring better geographical coverage of the specialist healthcare network.**
- **By increasing the availability of risk-reduction equipment and promoting its suitability for the various drug use practices, in order to contribute to reducing the prevalence of HIV and HCV.** Injection equipment will be made more easily available, while the network of automatic distributors will also be modernised and adapted. Equipment for snorting and inhalation will, in particular, be included among the new tools taken into account within the risk-reduction framework. Certain practices limiting access to risk-reduction equipment in specialist facilities need to be rectified.
- **By assessing the value of sending risk-reduction equipment by mail for users located far from the facilities,** it being understood that systematic telephone contact makes it possible to combine listening and the passing on of preventive information with such measures.
- **By backing-up volunteer pharmacists in the role of primary health professionals** in relation to users of psychoactive substances (reception of users offering an approach to risk-reduction, detection and referral of patients, daily dispensing of replacement therapy drugs at pharmacies etc.).
- **By adapting risk-reduction services to the specific characteristics of the most vulnerable populations,** and in particular to women, who do not make sufficient use of these facilities. The changes in progress with regard to the opening of dedicated time slots and the putting in place of specific workshops for them should be reinforced.

#### 1.3.1.5 Trialling Innovative Initiatives

- **By trialling the opening of low-risk drug consumption rooms, in Paris to begin with, and then in one or two other cities, over the timespan of the plan.** This measure, which will be implemented on the basis of legal texts currently being prepared, corresponds to a triple objective, getting drug users to begin courses of treatment (in some cases replacement therapy and drug withdrawal) and risk reduction, limiting risks of overdose and infection and reducing nuisances and disturbances of public order. These trials will be preceded by and accompanied with social mediation work. At the same time, scientific assessment of these trials will be conducted from the outset. Committees will be put in place to monitor the trials at the national and local levels.
- **By building an integrated programme of prevention and care for disorders linked to the consequences of addictive behaviours on pregnant women and on the perinatal period,** including foetal alcohol syndrome, and then



commencing the implementation of trials thereof in one or two regions marked by negative indicators of female alcohol consumption.

### 1.3.2 Promoting the Social and Occupational Dimension of overall Healthcare

Therapeutic strategies aimed at patients presenting addictions need to include psychological and social follow-up work. Long-term treatment of addictions, combined with social and occupational rehabilitation work, including housing, are key elements of the success of such healthcare. They promote prevention of relapses and avoid the resumption of costly treatment.

- **By promoting long-term housing benefits.** To this end it will be appropriate to build upon the tools recommended in the long-term plan against poverty and for social inclusion. The overall objective is to succeed in ensuring stable places of residence enabling reimbursement of the costs of treatment by the social security system, through provision of either accommodation or housing, according to the person's needs and capacities (in terms of financial contributions in particular). Partnership experiments will be sought between the actors involved in addiction and integration through housing.
- **By supporting the social and professional integration of drug users** attending CSAPA and CAARUD facilities. CSAPA and CAARUD facilities will implement actions, either by developing suitable schemes themselves, or by organising referral to services and associations competent in this field.

### 1.3.3 Coordinating Initiatives in Health and Criminal Justice

- **By undertaking reflection on the conditions required for coordination between awareness-raising courses on the dangers of narcotics and young drug users' clinics, and on inclusion of the topic of poly-drug use in such courses.** Such reflection could come under the task of health-criminal justice assessment (cf. *infra*).
- **By supporting improvement in the organisation of healthcare for addictions in prison, in particular at the time of release.** The overall organisation of healthcare for addictions has been consolidated for institutions within which no addiction treatment consultations existed and where referral to specialists could not be taken care of by a CSAPA. The ARS regional health agencies will be able to adapt organisation in view of local resources and the results of an inquiry to be conducted into the putting in place and operation of ELSA teams within penal institutions.
- **By conducting reflection on procedures for regular monitoring of data concerning the state of health of persons placed in custody,** within the framework of a health – criminal justice partnership working group, coordinated by the MILDT.

## 1.4 SPECIFIC INITIATIVES IN FRENCH OVERSEAS DEPARTMENTS AND TERRITORIES

French overseas departments and territories and metropolitan France have numerous points in common, with regard to the training of health professionals, the primary healthcare network and healthcare within coordinated courses of treatment in particular. However, as far as the fight against addictions is concerned, French overseas departments and communities have to face up to certain special problems, which need to be dealt with specifically.

#### 1.4.1 Improving Knowledge of Drug use in French Overseas Departments and Territories

Although little data is available on overseas departments and territories, the early age of commencement of drug use (and of alcohol in particular) among young people is particularly notable, a factor that tends to lead to problematic use, as well as poly-drug use. Included in these types of poly-drug use are cannabis in Réunion and crack in the West Indies. Adults, for their part, show heavy alcohol use (with particularly high levels of foetal alcohol syndrome in Réunion in particular) and a high rate of gambling dependence. Conversely, levels of opiate use are lower than in metropolitan France.

- **By including overseas departments and communities in the inquiries conducted among the adult population for the establishment of the “health barometer” rating.** Health actors in these departments and territories have long been calling for a change of this kind, which they consider essential in order to enable questions of overseas public health to be better taken into account.
- **By consolidating capacities for assessment and provision of information on drug dependence in overseas departments.**
- **By extending Réunion’s Internet information and exchange platform to French overseas departments as a whole.**

#### 1.4.2 Adapting Healthcare Schemes to Identified Needs

It will be appropriate to adapt existing schemes according to data supplied, in particular, by the specific overseas departments and territories health barometer rating (end of 2014).

- **By organising better geographical coverage of the specialist healthcare network.**
- **By increasing the mobility of facilities.**
- **By adapting the provision of information, communication and healthcare to the specific characteristics of vulnerable populations.**

#### 1.4.3 Promoting and Consolidating Young Drug Users’ Clinics

- **By promoting the dissemination and adoption of best professional practices.**
- **By improving the visibility of CJC young drug users’ clinics (*consultations jeunes consommateurs*) for primary care professionals and families** in order to encourage the earliest possible intervention.
- **By organising training of professionals in early intervention.**

## **2. STEPPING UP THE FIGHT AGAINST TRAFFICKING**

## 2.1 TAKING ACTION UPSTREAM OF TRAFFICKING

The objective is make use of three levers in order to conduct initiatives upstream of the logistics of criminal networks and limit the supply of narcotics on national territory.

### 2.1.1 Reinforcing International Cooperation and the Pooling of Intelligence

- **By promoting international cooperation in order to identify potential threats** upstream from trafficking, by means of bilateral and multilateral cooperation mechanisms.
- **By optimising research, collection and distribution of intelligence** concerning the fight against trafficking, in particular by establishing regular analyses of current threats distributed to all of the actors concerned (investigation departments and members of national legal services) and annual mapping of new international and national routes for the transport of drugs by sea, land and air.

### 2.1.2 Consolidating Capacities for the Monitoring of Land, Air and Sea Routes

- **By promoting adaptation of the means of surveillance possessed by the services concerned to new constraints affecting monitoring of the road route** characterised, in particular, by the general extension of free flow (fluid traffic fluxes) and the sophistication of means of concealment. Cooperation with motorway companies needs to be pursued by means of protocols signed with the State.
- **By taking into account the growth of narcotics trafficking by river and sea** (in containers in particular), the diversification of the routes and means of transport used and the need to consolidate corresponding surveillance capacities.
- **By meeting the challenge constituted by the use of dedicated air routes by traffickers** (from secondary airfields and platforms of convenience)<sup>3</sup>, while consolidating the monitoring of fluxes of passengers and freight in commercial airports.

### 2.1.3 Increasing Surveillance of use of the Internet as a channel and Fighting Against the Supply of Illicit Products Online

A survey on online shops offering psychoactive substances or products likely to contain them in at least one EU Member State identified 693 online shops in January 2012, as compared with 314 in January 2011 and 170 in January 2010<sup>4</sup>. At the end of 2011, about thirty French language e-commerce websites were offering synthetic drugs<sup>5</sup>. In order to protect very young people, it is necessary to reinforce surveillance of use of the Internet as a channel while fighting against the supply of illicit products online.

- **By widening the field of offences for which infiltration of electronic communication networks is authorised**, in order to enable use of this

investigation technique with regard to narcotics trafficking and incitement of minors to engage in the use and trafficking of narcotics.

- **By reinforcing collaboration with Internet access providers, managers of search engines and web hosting services.**

## **2.2 ADAPTING THE STATE RESPONSE TO THE SCALE OF NARCOTICS TRAFFICKING**

The responses given to trafficking need to be differentiated according to the nature thereof and adapted according to its scale and deep-rootedness in the urban fabric. They also need to take the whole of the actors implicated in it into account. At the time of the meeting of the French interministerial committee for cities of 19<sup>th</sup> February 2013, the ministry of Justice, with the support of the Interior ministry, placed the fight against narcotics trafficking among the priority criminal policy initiatives to be conducted in priority geographical area urban districts.

### **2.2.1 Specific Handling of Local Trafficking, in Urban Policy Districts and High-Priority Security Zones (ZSP / *zones de sécurité prioritaires*) in particular**

- **By addressing the problem of trafficking in a manner appropriate to its current state, which is characterised by very deep-roots in urban areas, in large agglomerations in particular.** Responses of this kind need to be designed in liaison with the whole of the administrations, local partnerships (involving associations in particular), territorial authorities and inhabitants concerned.
- **By developing research and use of operational intelligence.**
- **By optimising use of information collected upstream from the supply of drugs in sensitive districts**
- **By consolidating the coordination of operations between the various State services against drug trafficking and the black economy.**
- **By tightening the bonds of trust between citizens facing the consequences of narcotics trafficking and the State's actors in the territories, in close collaboration with elected representatives**

### **2.2.2 Providing a Specific Response to Narcotics Trafficking in Small and Medium-Sized Towns as well as in the Rural Environment**

- **By promoting the dissemination of best investigation practices (legal and operational) among local investigation services, in particular with regard to the investigation of assets.**
- **By identifying new routes used by traffickers via secondary roads.**

### **2.2.3 Continuing the Effort to Break Up Major Trafficking Organizations possessing International Networks**

Within the EU currently exist 3,600 active organised criminal groups, presenting increasingly internationalised profiles and organised in networks, of which almost 50% are active in drug trafficking<sup>6</sup>.

- **By continuing the development of specific investigation techniques which require increasing specialisation of staff dedicated to breaking up transnational criminal groups,** at both the national and international levels.
- **By stepping up the implementation of joint investigation teams and European teams for the investigation of assets, in liaison with EUROJUST and EUROPOL.**

#### **2.2.4 Fighting against Trafficking involving Minors**

- **By continuing work aimed at discouraging and punishing the involvement of minors in trafficking,** with special vigilance and coordination of the services concerned as a whole, both at the preventive level and with regard to the response in terms of criminal justice.
- **By promoting partnership between the police and schools in order to better fight against trafficking in the areas around the latter establishments.**

#### **2.2.5 Fighting against Drug Trafficking in the Prison Environment**

A third of new prison entrants declare long-term or regular use of narcotics or diverted pharmaceuticals (statistics of the prisons administration). Action is needed with regard to this drug use, which weighs heavily upon prisoners' state of health.

- **By continuing to put in place measures to prevent the throwing of objects (nets, video surveillance) and millimetre wave scanner gates, while training staff in the use of these devices.**

### **2.3 ACTING DOWNSTREAM OF TRAFFICKING THROUGH REINFORCEMENT OF THE FIGHT AGAINST MONEY LAUNDERING AND THE ASSETS-BASED APPROACH TO CRIMINAL INVESTIGATIONS**

The objective is to deprive criminal networks of profits from their trafficking and to deter recidivism.

#### **2.3.1 Consolidating the Fight against the Laundering of Money acquired by Trafficking**

The State response needs to be adapted in the face of the strategies used by traffickers for getting around the anti-money laundering system.

- **Taking into account changes in money laundering media:** it appears necessary to include electronic money, casino chips and gold under disclosure requirements for sums, securities and assets, for which the limit is fixed at 10,000 euros.
- **By making changes to the disclosure requirements system, in particular in order for it to no longer be solely focused on travellers:** indeed the regulations could include freight, express freight and postal delivery, as well as the issue of getting around regulations by means of dividing large amounts into several smaller sums.

### **2.3.2 Continuing the initiatives conducted at the level of law enforcement concerning investigation of assets**

Seizures of criminal assets in France increased by 60% between 2010 and 2011. These results are the consequence of the inclusion of inquiries into assets within investigations conducted against drug traffickers.

- **By continuing reflection upon the means to be implemented in order to systematise and simplify the assets-based approach to the fight against trafficking, for all of the actors of the criminal justice system** (investigators, members of the national legal service), whatever their areas of activity.
- **By continuing work undertaken for the purpose of updating the implication of persons around traffickers**, in the fraudulent concealment of drug money in particular.

## **2.4 INFLUENCING THE MAJOR EMERGING TRENDS WITH REGARD TO PRODUCTION AND SUPPLY**

The State's response needs to be adapted to new challenges with regard to supply of illicit products and illicit supply of lawful products.

### **2.4.1 Stepping Up the Fight against Cannabis Cultivation**

Seizures of cannabis plants have increased appreciably at the European level in the course of the recent period, totalling 4.6 million plants in 2011 as compared with 3.1 million in 2010<sup>7</sup>. France is henceforth no longer unaffected by the increase in indoor cannabis cultivation<sup>8</sup>.

- **By widely disseminating the data collected by the authorities on this emerging phenomenon**, in order to clear up generally accepted ideas about the "organic" virtues of cannabis cultivated in this way and recall the illegal character of this activity, as well as the dangers for health that it presents.
- **By offsetting the generally propagated image of the nature cannabis cultivation as a convivial craft industry by provision of information to the public** on the existence of real "cannabis factories"<sup>9</sup>, in the hands of transnational criminal groups<sup>10</sup>, of which a number have recently been broken up on national territory.
- **By exercising special surveillance on channels of access to cannabis cultivation** (specialist shops, websites, postal and express freight).
- **By providing the investigation services with innovative means of detection, drawing inspiration from the experience of countries that have recognised expertise in this area.**

### **2.4.2 Continuing the Fight against Tobacco Smuggling**

The 371 tonnes of contraband tobacco seized in France in 2012<sup>11</sup> bear witness to the potential for trafficking in this area. This traffic threatens the monopoly of national distribution and harms both health policy aimed at limiting supply and tax revenues.

- **By maintaining the fight against contraband as a major direction based upon the strategy set out in June 2013 by the European Commission** aimed at “stepping up the fight against cigarette smuggling and other forms of illicit trade in tobacco products”<sup>12</sup>.

### **2.4.3 Improving the State’s response with regard to Synthetic Drugs**

The rate of appearance of new synthetic drugs has been increasing since 2010, with a new substance being identified every month.

- **By improving identification of new synthetic drugs through continuous adaptation of technical means.**
- **By improving the rapidity with which information is passed on to the prevention and health services.**

### **2.4.4 Reinforcing the Fight against Diversion of the Chemical Precursors of Narcotic Products**

Although “chemical precursors” constitute essential products for drug production, they are also used legitimately for the production of numerous products of everyday consumption. Fighting against diversion of chemical precursors for the production of narcotics is one of the priorities of the European Union’s anti-drugs action plan for the 2013-2020 period<sup>13</sup>.

- **By undertaking fresh interministerial reflection concerning the introduction of specific criminal charges into the repressive arsenal**, with regard to diversion of use in particular.
- **By continuing detection of networks engaged in the diversion of chemical precursors.**
- **By perfecting innovative chemical precursor detection tests** for use by the services concerned.

## **2.5 PROMOTING TARGETED ACTION IN THE FIGHT AGAINST NARCOTICS TRAFFICKING IN FRENCH OVERSEAS DEPARTMENTS AND TERRITORIES**

French overseas departments and territories present major issues with regard to the international fight against narcotics trafficking, as in the case of the Caribbean axis of communication, as well as at the local level.

### **2.5.1 Reinforcing the Fight against inter-island Trafficking in the West Indies**

Trafficking involving cocaine, which is transported to the West Indies from neighbouring islands for local use and channelled on to metropolitan France, requires targeted measures.

- **By mobilising means of detection and interception** of the routes used by traffickers that are adapted to the specific characteristics of the geographical area (radars, aerial, maritime and terrestrial means) **and increased gathering of intelligence.**



### **2.5.2 Stepping up the Fight against Local Trafficking in French Overseas Departments and Territories as a whole**

The inhabitants of overseas territories need to be protected from crime linked to the supply of narcotic products.

- **By consolidating the initiatives against local production of cannabis and pharmaceuticals trafficking**

### **2.5.3 Reinforcing the action of the Interministerial Training Centre for the Fight Against Drugs (CIFAD) at Fort de France aimed at States that neighbour French Departments in the Americas.**

- **By increasing the professional training offered by the CIFAD, which contributes to dissemination of the French administration's know-how concerning the fight against narcotics trafficking among the States of the Caribbean arc and Latin America.**



### **3. IMPROVING THE APPLICATION OF THE LAW**

## 3.1 BUILDING UPON THE LAW IN ORDER TO PROTECT THE VARIOUS POPULATION GROUPS

### 3.1.1 Limiting the Commencement of Drug Use among Young People

Indeed regular drunkenness among young people is markedly increasing. According to the 2011 ESCAPAD survey, young people of 17 years of age exhibit regular phenomena of drunkenness representing 10.5% of this age group in 2011 as compared to 8.6% in 2008. Recent studies have also shown that the ban on the sale of alcohol and tobacco to minors is for the most part not complied with. It therefore appears essential to ensure effective application of the specific provisions of the French HPST Act [the “Hospital, Patients, Health and Territories” Act of 21<sup>st</sup> July 2009] concerning the sale of alcohol and tobacco to minors.

- **By ensuring effective application of the HPST Act with regard to the sale of alcohol and tobacco to minors, in particular by means of increased controls upon the prohibition of sale.**
- **By including alcohol in the prefects of French departments’ control plans** provided for by the circular of 3<sup>rd</sup> August 2011 and in the reports that regional prefects have to make in this regard.
- **By involving municipal police in checks upon the sale of tobacco to minors and in the recording of such offences,** within the framework of coordination conventions between the national and municipal police forces.
- **By planning a national annual summary of the control plan reports** produced by regional prefects.

### 3.1.2 Better Prevention of the Harmful Effects caused by Alcohol and Tobacco

#### 3.1.2.1 Adapting Provisions concerning Alcohol Advertising and the Promotion of Alcohol and Tobacco Products in order to reinforce the Protection of Minors

*Adaptation of the French legal framework has been rendered necessary by the European Tobacco Products Directive and changes in use of alcohol and tobacco among young people.*

- **By undertaking reflection concerning the conditions of promotion of alcohol and tobacco products.** For this purpose, the MILDT will lead a multidisciplinary working group.
- **By involving the media and advertisers in preventive actions** through the establishment of a charter of commitment to good practices with regard to the promotion of tobacco and alcohol.

#### 3.1.2.2 Warning Pregnant Women of the Risks of Tobacco and Alcohol in a more effective manner

- **By placing a “Zero tobacco during pregnancy” pictograph on cigarette packets and making the “Zero alcohol during pregnancy” pictograph on alcoholic drinks containers clearer and more comprehensible.**

#### 3.1.2.3 Better Protection for Non-Smokers

*The dangers of passive smoking are well known, and the carcinogenic nature of environmental exposure to tobacco smoke in particular. The ban on smoking in public places, workplaces, hospitals, schools, restaurants, bars and cafés is a step forward for non-smokers’ health.*

- **By stricter checks on compliance with the smoking ban in public places**
- **By asking regional authorities and restaurant and café owners to widen the scope of the smoking ban in certain places open to the public** on a voluntary basis (beaches, playgrounds, bus shelters etc. and an official “Non-Smoking Terrace” label) .

#### 3.1.2.4 Including the Use of Electronic Cigarettes among Public Health Issues

The French Minister of Health and Social Affairs has decided to extend two measures currently applicable to tobacco to electronic cigarettes (prohibition of sale to minors, advertising ban), pending a definition of their status at the European level, and has requested a legal study of the possibility of prohibiting their use in public places from the French Council of State (*Conseil d’Etat*).

## 3.2 FIGHTING AGAINST CRIME DIRECTLY OR INDIRECTLY RESULTING FROM THE USE OF NARCOTICS AND EXCESSIVE ALCOHOL CONSUMPTION

### 3.2.1 Ensuring the Effectiveness of the State’s Response to Offenses Committed after Consumption of Alcohol and Narcotics

The large proportion of offences and criminal acts committed under the influence of these substances or in connection with them constitutes a major issue. Indeed, almost half of the victims of violence, and domestic violence in particular, declare that their attacker was under the influence of drugs or alcohol<sup>14</sup>. Measures ordered within the framework of the criminal justice system should therefore aim to reduce the risk of recidivism, that is to say the negative social impact resulting from the use of drugs and alcohol. For this reason, the contents of criminal justice measures and the relation between use of these products and crime deserve to be analysed and assessed in order to fully draw the lessons therefrom in terms of training and provision of information to criminal justice professionals and the actual response provided by the criminal justice system.

- **By better detection of the involvement of alcohol and drug use in offences involving assault causing bodily harm**, and in domestic violence in particular. Within the framework of the handling of cases of this kind, this assessment should enable professionals to take the importance of problems connected with the use of alcohol and narcotics into greater consideration, and the persons themselves to become aware of the risks to which their use of drugs and alcohol exposes the people around them.

- **By conducting an assessment, within the framework of a health-criminal justice assignment, of the content of sanctions ordered in cases connected with the use of alcohol and/or narcotics**, with regard to alternatives to prosecution, pre-trial measures or sentences. The effectiveness of these measures is to a large extent based upon locally-implemented protocols, of which an appraisal needs to be conducted.
- **By conducting an overall assessment of the legal procedures applied to narcotics users** including the practices of investigation departments, articulation with the provision of treatment and the response in terms of criminal justice. This type of case is subject to a specific response from the State, with the number of cases of persons being taken in for questioning having been multiplied by five in the course of the last twenty years. Special attention needs to be given to the way in which minors involved in drug use are handled.
- **By conducting experiments concerning the possibility of taking saliva samples instead of blood samples** for the purposes of authentication of narcotics use.

### **3.2.2 Undertaking Educational Initiatives with regard to the Dangers of Driving under the Influence of Psychoactive Substances**

The dangers of use and poly-use of psychoactive products (such as alcohol and cannabis) are still too often poorly understood and underestimated as far as driving is concerned. They should be brought to the attention of the public.

- **By conducting specific communication and information campaigns.**
- **By raising driving licence applicants' awareness of drug use problems** within the framework of preparation for the Highway Code examination.

## **3.3 ACTION AGAINST DOPING BEHAVIOURS AND DIVERSION OF PHARMACEUTICALS**

### **3.3.1 Organising a broader State Response with regard to Doping Behaviours**

Apart from doping in sports, the State's response needs to include "recreational" doping and the use of "performance drugs", within a framework promoting operational cooperation between the various actors in the fight against doping.

- **By promoting reflection with regard to regulation of doping practices beyond high-level sportspeople alone.**
- **By encouraging collection and processing of information concerning doping products through the development of partnerships with the pharmaceutical industry.**
- **By setting out dissuasive arguments specific to the use of "performance drugs and substances".** The practice of diverting pharmaceuticals from their normal purpose and using them as "performance enhancing drugs" is a particularly serious issue as far as the various different population groups engaged in performance-based activities are concerned, such as amateur

sportspeople and even pupils and students, due to perceived and/or actual pressures exerted by their environment.

### **3.3.2 Making the Chain of Prescription and Dispensing of Pharmaceuticals more Secure**

The fight against the diversion of pharmaceuticals and in particular medicines with psychotropic effects, including veterinary drugs, requires consolidation of the current system with regard to control.

- **By undertaking reflection on the usefulness of reinforcing investigation departments' powers with regard to the trafficking of prescription drugs.**
- **By targeting the sale of pharmaceuticals via the Internet in particular.**

### **3.3.3 Dealing with the specific problem of Diversion of Prescription Drugs in the Prison Environment**

- **By improving training of prison staff and provision of information to prisoners** in order to warn against the dangers associated with the diversion of prescription drugs. These initiatives need to be conducted alongside measures designed to combat the trafficking of prescription drugs fraudulently brought into prisons.





#### **4. BASING POLICIES FOR COMBATING DRUGS AND ADDICTIVE BEHAVIOURS UPON RESEARCH AND TRAINING**

## 4.1 SUPPORTING RESEARCH AND OBSERVATION

In France, support for high-level research in the field of addictive behaviours has constituted a major priority of previous government plans. Research has thus been supported into the basic mechanisms of addictions, psychiatric comorbidities and psychological and social aspects within the framework of several national calls for projects, including the “Investing in the Future” (*Investissements d’avenir*) programme.

At the same time, promising international partnerships have been initiated such as the “ERANID” European Research Area Network for cooperation in the human and social sciences and the partnership between the “ITMO Neurosciences” multi-organisation thematic institute and the North American NIDA institute for drugs research.

Today, research into drugs and addictive behaviours is included in the strategic priorities of thematic research alliances<sup>15</sup> and of the principal multi-organisation thematic institutes in the field of health and the social sciences<sup>16</sup>.

The need to build public policies upon scientifically established data makes it essential to continue these efforts.

Addictive behaviours are a consequence of interaction between multiple biological, mental, family, economic and social factors. Action in favour of prevention and treatment requires the development of an ambitious multidisciplinary research policy, in order to gain a more accurate understanding of the factors of vulnerability to addictive behaviours, the transitional processes leading to addiction and/or other pathologies. Gender-based approaches need to be promoted.

### 4.1.1 Making Progress in Understanding Addictive Behaviours

#### 4.1.1.1 Developing Multidisciplinary Research into Addictive Behaviours

*This research will be supported within the framework of the national programme of calls for research projects organised in particular by the French Ministry of Health (the PHRC hospital clinical research programme), the ANR (French National Agency for Research), the ANRS (French National Agency for AIDS Research), the INSERM, the EHESS (School for Advanced Studies in the Social Sciences), the INCa and the MILDT (the “PREVDROG, Prevention, Drugs and Society” call for projects).*

- **By stimulating research in the neurosciences into the molecular and cellular mechanisms** behind the various different forms of addiction, factors of genetic predisposition and specific biological markers among young people in particular. Such research is essential in order to continuously pose the question of the effectiveness of prevention, early detection and treatment actions.
- **By consolidating research potential in the social sciences** in order to improve knowledge of addictive behaviours as “social practices”. Precedence will be given to multidisciplinary research into the motivations, perceptions and attitudes of population groups considered as taking priority. Specific environments – such as educational, occupational, rural and peri-urban background – will be explored. Another useful approach will be the

development of reflexive research into public policies in order to gain a better understanding of public actors' presuppositions, the forms of knowledge on which they base their action and the norms that they propagate. Support will also be given to research aimed at updating socioeconomic assessment of drug use in France.

- **By consolidating potential in all disciplines (neurosciences, clinical research and research in the social sciences) for tobacco research**, which is particularly neglected in France. The establishment of a knowledge transfer platform, organised by the INCa, should contribute to giving impetus to this field of research (cf. 4.1.3.1).

#### 4.1.1.2 Consolidating Understanding of the Effects of Substances and Excessive Gambling Practices during Adolescence

- **By stimulating research into the short and long-term health effects of consumption of alcohol, cannabis and tobacco.** As far as alcohol is concerned, its effects will be studied according to gender, as well as the consequences of heavy episodic drinking. With regard to cannabis, research into the long-term effects of regular use during adolescence will be encouraged, in order to identify new therapeutic targets for prevention of the emergence of psychiatric disorders.
- **By developing knowledge with regard to the psychological and social risks associated with practices of excessive gambling and use of the Internet and screens at an early age.** Addictive behaviours involving gambling and video games constitute an emerging area of research which, at the methodological level in particular, justifies the provision of aid for the creation of a consortium of researchers for an investigation project lead by the institutional partners concerned (MILDT, INPES, etc.). This consortium will enable the approach to be extended beyond the adolescent period alone to the population as a whole and the hard gambling sector, for the development of knowledge into excessive and pathological gambling.

#### 4.1.1.3 Promoting Epidemiological Research into the Health and Social Effects of Drug Use among Young People in France

- **By putting longitudinal follow up work in place among young people and according to gender**, in order to promote study of the long-term health and social effects of early use of psychoactive products. Indeed, international scientific literature indicates that early use of psychoactive products is associated with increased addictive force and greater cognitive and psychiatric disorders, the appearance of which is sometimes delayed in relation to the use of the products.

#### 4.1.1.4 Consolidating Measures of Observation and Surveillance of Addictive Behaviours

- **By expanding the French system of quantitative and qualitative investigations** in order to improve life path follow-up (cohort of injecting drug users in order to assess low-risk drug consumption room experiments, school cohorts, surveys among the general population) and changes in practices and perceptions. The aim will be to explore the expectations and

perceptions associated with addictive practices, including excessive and pathological gambling, as well as their influence upon use patterns. It will be particularly useful to study recent French data on changes in habits and their duration according to social background and gender.

- **By coordinating and consolidating quantitative investigations into topics linked to health: the creation of a common platform for surveys** among the population will enable pooling of the numerous French inquiries in the field of addictions (e.g. ESCAPAD [Survey on Health and Drug Use During Call-up and Preparation for Defence Day], ESPAD [European School Survey Project on Alcohol and Other Drugs], HBSC [Health Behaviour in School-Aged Children]) and in the field of health more broadly (INPES Health Barometer rating, OFDT inquiries [the French Monitoring Centre for Drugs and Drug Addiction]). This platform will promote better liaison between the agencies and the research teams, from a methodological point of view, and will be conducive to the production of fine descriptive and explicative analyses focusing upon types of population groups and cross-connected issues in particular (e.g. addiction and parentcraft, addiction and suicide etc.). Apart from its methodological value, this pooling will make it possible to ensure budgetary economies of scale.

#### 4.1.2 Reinforcing Clinical Research in the field of Addictions

Translational (clinical and preclinical) and multidisciplinary (preclinical, human and social sciences) projects aimed at improving the treatment of substance-based and behavioural types of dependence (gambling, Internet, screens, doping behaviours) will be promoted through calls for research projects (hospital clinical research programme in particular).

##### 4.1.2.1 Improving Coordination between Clinical Investigation Centres and Networks for the Clinical Treatment and Study of Addictions

- **By developing collaboration between research teams and researcher-lecturers in clinical research into addiction grouped together in the French Federative Organisation for Research and Teaching in the study and Treatment of Addictions (SFRA / *structure federative de recherché et d'enseignement en addictologie*).** Epidemiological and experimental clinical research will be addressed from a more systematic point of view, while involving general practitioners working with addictive behaviours.

##### 4.1.2.2 Supporting Research into Innovative Medicines and New Therapeutic Strategies

- **By encouraging pharmacogenomics research in order to enable the range of addiction treatment medicines to be widened, including opioid replacement therapy drugs.** The objective, as far as the latter are concerned, is to adapt them to specific population groups for which current treatments are unsuccessful. New dosage forms enabling inhalation and transdermal treatment (transdermal patches) could constitute an alternative. Short half-life opioid replacement therapies would also be useful.
- **By supporting research into new therapeutic strategies for combating addictive behaviours with regard to alcohol use,** including Baclofen in particular.

- **By supporting research into new therapeutic strategies for combating addictive behaviours with regard to tobacco use**, including electronic cigarettes in particular.

#### **4.1.3 Improving the Interface between Researchers and Decision-Makers**

The implementation of public policies based upon scientific evidence requires improvement of the interface between the respective concerns of decision-makers and scientists. Appraisals, studies and assessments likely to produce scientific results that are directly useful for public policy decisions will be promoted.

##### **4.1.3.1 Developing Studies as a Decision-Making Support Tool**

- **By stimulating the setting up of studies that directly correspond to needs expressed by the administrations** (e.g. Drug Money Study 2013-2014). These studies will enable mobilisation of the academic community and research methods likely to produce results useful for decision-makers' needs within short timescales.
- **By improving communication of the results of research concerning tobacco, to decision-makers and actors on the ground in particular.** Due to lack of accessible and/or operational data, it appears that policies for combating tobacco are inadequately backed-up by scientifically validated information, a fact which renders them questionable. The setting up of a new transfer platform, organised by the INCa, is specifically aimed at this objective and will enable improved dialogue between actors on the ground, decision-makers and researchers.

##### **4.1.3.2 Developing Preventive Research**

- **By encouraging the development of scientific knowledge with regard to public prevention policies** in order to improve their effectiveness in particular for populations groups considered to constitute priority sectors.

##### **4.1.3.3 Developing Evaluative Research**

- **By assessing risk-reduction and support and treatment schemes as well as users' life paths.**
- **By assessing the impact of strategies of influence developed by the tobacco and alcohol industries.** Research will be promoted with regard to product packaging and the presence of brands and products in the media, including online.

#### **4.1.4 Reinforcing the Organisation of Scientific Activity and the International Openness of French Research**

##### **4.1.4.1 Reinforcing the Organisation of Scientific Activity**

- **By organising national events that bring together operators and research teams involved in the problems of drugs and addictions** in order to encourage the sharing of needs and skills between communities of researchers from

different disciplines, in particular with regard to specific concepts and tools for assessment and intervention.

- **By developing “scientific mediation” events and projects on drugs and addictions.** Scientific culture will be promoted with regard to the problems of drugs and drug addictions by means of dedicated events and programmes aimed at the public at large (and young people in particular) and according to social and occupational background.

#### 4.1.4.2 Stimulating the International Openness of French Research

- **By encouraging research teams to respond to European calls for tenders and multi-country programmes.** In this respect, the opening of the first cross-border call for projects on illicit drugs (ERANET – ERANID [European Research Area Network on Illicit Drugs]), scheduled for 2015, should produce a major lever effect for research in the human and social sciences.
- **By developing scientific cooperation in this field** through the negotiation of agreements for collaboration with foreign research agencies working on addiction, the financing of postdoctoral exchange grants and the provision of support for innovative open international projects in all disciplines.

## 4.2 COORDINATING THE CONTENT OF INITIAL AND CONTINUING TRAINING ON THE BASIS OF COMMON CORE KNOWLEDGE AND SKILLS.

Drug use involves issues of public health as well as public security. Because the relation between these two types of issues is sometimes contradictory, the MILDT will support the coordination of public policies through training. These training programmes are aimed at improving understanding of the reality of behaviours as well as public health and public security issues. The content of the initial and continuing training modules for health professionals will be based upon the good practice recommendations of the *Haute Autorité de Santé* (French independent scientific public authority contributing to regulation of the quality of the health system).

### 4.2.1 Reinforcing Initial Training with regard to Addictive Behaviours

- **By creating an inter-university Master’s Degree in addiction research** open to practicing medical students and other health professionals. In this respect, the expertise of the Federative Organisation for Research in the study and Treatment of Addictions (SFRA) can be called upon insofar as necessary.
- **By consolidating the teaching concerning the study and treatment of addictions introduced in the 2007-2011 addictions plan, for medical studies at the Bachelor’s, Master’s and PhD levels.**
- **By extending teaching on addictions, which is currently provided to medical students, to health professionals, social workers, occupational therapists and psychomotor therapists as a whole.**
- **By creating addictive behaviour awareness-raising modules suitable for professionals working in the school, university and criminal justice environments.** These modules will be intended for inclusion in the various different existing initial training courses.

#### 4.2.2 Encouraging the Sharing of Professional Cultures through Continuing Training

- **By organising a training module for all actors involved in prevention**, who have not had the benefit of such training and are in contact with young people. Such interministerial training in addiction prevention, based upon a body of common knowledge, should lead to the award of a national certificate.
- **By creating specific training in prevention and treatment of the negative consequences of drug use in the world of festive events**, for both health and security professionals, young people (student associations) and partners involved in the organisation of events (professionals of nightlife establishments, organisers of evening events, managers of temporary bars etc.).
- **By developing early detection and intervention training programmes**. These training programmes will be aimed at health, education, social work and criminal justice professionals, placed in contact with priority groups and, more specifically, with young people and pregnant women.
- **By trialling common training programmes in the field of risk-reduction**, built on the basis of concrete situations rooted in the territories, for members of the police forces, justice system and health services, in partnership with associations working for risk-reduction.
- **By continuing to adapt the training of actors in the criminal justice system to changes in trafficking** and, in particular, to combating the supply of drugs via the Internet and the practice of seizing and confiscating criminal assets, as well as the detection of chemical precursor diversion networks.
- **By reinforcing the process of cooperation between professions with regard to local drug use and trafficking problems**. These training and exchange programmes will be intended for professionals in education, public security, medical-social work and representatives of local and regional authorities. The issue of the involvement of minors in narcotics trafficking will be explored in particular.





## **5. REINFORCING THE COORDINATION OF NATIONAL AND INTERNATIONAL INITIATIVES**

## 5.1 REINFORCING THE EFFICIENCY OF GOVERNANCE AT THE CENTRAL AND TERRITORIAL LEVELS

Changes in the boundaries of the fight against drugs and addictive behaviours have a direct impact upon the MILDT's role of providing impetus and coordination, whether with regard to the whole range of substance-based and other addictions to be taken into account or concerning the development of new synthetic drugs, often sold on the Internet and delivered by post. Its framework of operation therefore has to be adapted accordingly, in particular through the consolidation of governance at the central and territorial levels.

### 5.1.1 Action at the Central Level

The MILDT comes under the authority of the French Prime Minister and is responsible for providing impetus and coordination to the initiatives undertaken by the Ministries concerned. However, the fulfilment of its role is impeded by the existence of legal and institutional grey areas which need to be rectified.

#### 5.1.1.1 Confirming the MILDT's Field of Authority

- **By setting out the MILDT's competence with regard to psychoactive substances and non-product based addictions as a whole in legislative texts.** Indeed, the scope of its field of authority, upon which interministerial cooperation depends, is not specified under the already dated texts which govern the MILDT (decree of 1999 codified in the French Public health Code (*Code de la santé publique*)).
- **By making the remit entrusted to the interministerial committee and the MILDT's field of authority consistent in the Code of Public Health** by means of an amendment of decree R 3411-13.

#### 5.1.1.2 By Renewing the Authority Vested in the Coordination Bodies and Systems

- **By calling regular meetings of the permanent committee at the MILDT president's disposal** and newly vesting it with the task of following-up the initiatives contained in the plan.
- **By involving some of the MILDT's operational partners in the permanent committee insofar as necessary**, particularly the operators of the Ministries concerned (INPES, INCa, and DNSR etc.).
- **By involving the MILDT in the campaign steering committees developed by the operators of the Ministries concerned** (INPES, INCa, DNSR etc.), as from the elaboration of the statements of objectives.
- **By showing specific indicators for each of the Ministries in the transverse policy document**, thus consolidating the management of public policy for combating drugs and addictive behaviours by the MILDT.

#### 5.1.1.3 Consolidating the Operators' Management

- **By providing the MILDT's two operators, that is to say the OFDT and the CIFAD, with a performance contract** to make certain that they ensure their action is in line with the objectives of the government plan and that they contribute more effectively to the success of the public policy coordination objectives for which the MILDT is responsible.
- **By building on the results of the public action modernisation process.**

### 5.1.2 Action at the Territorial Level

The MILDT regional and departmental heads of project organise the territorial implementation of public policy for combating drugs and addictive behaviours, in association with ARS and local education authorities, while respecting these different bodies' respective areas of competence.

#### 5.1.2.1 Promoting the Territorial Application of Public Policy

- **By conducting an assessment of the territorial application of this policy, as requested by the MILDT, within the framework of the modernisation of public action.** This assessment will be conducted by the three inspectorates (IGAS [General Inspectorate of Social Affairs], IGA [General Inspectorate of the Administration] and IGSJ [general inspectorate of legal services]) and will include the recommendations concerning territorial organisation and, in particular, the partnerships which govern the implementation of policy, in accordance with the mission statement sent to the president of the MILDT by the Prime Minister.
- **By identifying the expectations within the territorial network concerning the necessary conditions for the implementation of effective territorial management.** The MILDT will organise a working group composed of heads of project, which will be regularly convened, thus enabling consolidation of the effectiveness of the territorial policy that it finances.

#### 5.1.2.2 Backing up MILDT Heads of Project in the Exercise of their Duties

- **By consolidating the MILDT territorial network at the regional level on the basis of organisational projects** consistent with the prevention schemes conducted by the ARS and the local education authorities.
- **By asking them to integrate the directions of public policy for fighting against drugs and addictive behaviours into territorial plans for combating drug trafficking, as well as into urban policy contracts, thus enabling implementation of all of the different parts of the national plan.** Objectives and indicators will be provided for these plans. The essential assessment of actions will be included in them upstream.
- **By creating real management dialogue between the MILDT and the project heads.** This dialogue will proceed by means of regular meetings, participation of heads of project in reflection conducted at the national level and dissemination of best practices.
- **By including raising of awareness concerning the fight against trafficking and the prevention of addictive behaviours in training programmes for Prefects' heads of staff (who are MILDT heads of project in the majority of cases),** in association with the Interior ministry and the Ministry of Health and Social Affairs.

- **By enhancing the prestige of the position of head of project within professional careers.** It would be worth undertaking reflection with the Interior ministry into means of promoting professional involvement in territorial implementation of the government plan within the careers of heads of project.
- **By appointing a correspondent in charge of policy for fighting against drugs and related transverse policies** (crime prevention, urban policy and road safety) **to work with regional heads of project.** Such correspondents will be appointed within the departments of the French Administration in the territories. In addition, heads of project will be able to make use of external methodological support insofar as necessary. Pooling of work between connected transverse schemes will be promoted.

### 5.1.3 Assessing the Government Plan

The objective of the assessment will be overall examination of the state of progress of the initiatives and measures implemented in order to fulfil the strategic directions, throughout the duration of the plan.

- **By entrusting the validation of the assessment authorisation to the permanent committee** of the MILDT president. This authorisation will determine the assessment's aims, principles and indicators.
- **By mobilising an independent academic research team specialised in public policy within the framework of assessment of the plan (at mid-term and at the end).** This team will work in close collaboration with the OFDT, which is authorised to define the methodological choices of the assessment by the MILDT. Mid-term assessment of the strategy will be conducted in the light of the progress made within the framework of the 2013-2015 action plan. Quantitative and qualitative data collected concerning the initiatives put in place will enable useful operational recommendations to be made with regard to any readjustments that may prove necessary in 2015.
- **By including the assessment of specific schemes.** A certain number of specific schemes providing new responses will be assessed, in order to better judge the potential usefulness of their being made general.

## 5.2 REINFORCING FRENCH INITIATIVES AT THE EUROPEAN AND INTERNATIONAL LEVELS

The world of addictions is constantly changing: poly-drug use, in particular the combination of narcotics, alcohol, tobacco, prescription drugs and unregulated substances, has become the dominant mode of drug use in Europe. The supply of narcotics remains plentiful and is rapidly adapted, as shown by the continuous appearance of new synthetic drugs, the growing availability of psychoactive substances on the Internet and the diversification of the means of transportation used (civil aviation, narco-submarines etc.).

Moreover, drug trafficking is associated with growth in general levels of violence in certain countries, and urban violence in particular, and produces a financial manna enabling certain criminal organisations to have resources at their disposal that are comparable and sometimes superior to those of certain States. Penetration of "dirty money" into economies and the corruption resulting therefrom

thus worsen the difficulties of countries and even entire regions, where the rule of law is often threatened.

Regions of production and transit are also very vulnerable to growth in levels of drug addiction and related pathologies (HIV/AIDS and various different forms of hepatitis). The continuous increase in drug use in Afghanistan and West Africa bear witness to developments of this kind.

In addition, the economic crisis which is hitting numerous countries could increase the vulnerability of certain population groups, with a potential risk of new localised epidemics of HIV, while at the same time reducing the capacity of States to provide adequate responses.

Our policy is, of course, in line with compliance with international conventions and a European framework which changes over time. In addition to being one of the largest funding bodies for the fight against drugs, the European Union constitutes a major channel and lever for the policy conducted at the national level. In December 2012, the Council of the European Union adopted the EU Anti-Drugs Strategy for the 2013-2020 period. The EU Action Plan on Drugs (2013-2016), adopted by the Council in June 2013, sets out the initiatives to be implemented in order to fulfil the objectives of the strategy. A second action plan will be elaborated for the 2017-2020 period, following an assessment scheduled for 2016.

The EU alcohol strategy also represents a reference framework for our initiatives and the proposal for an EU directive on tobacco, currently in the course of discussion, represents an opportunity to conduct a consistent policy aimed at reducing tobacco use at the European level.

The respective Presidencies of the Council of Europe Pompidou Group and the Dublin Group, currently held by France, constitute a favourable period for promoting our policy.

### **5.2.1 Sharing Established Knowledge and Experience**

- **By promoting a clear and consistent policy with regard to addictions which, while reaffirming the need for an unceasing fight against trafficking, stresses the importance of prevention, treatment and risk-reduction.**
- **By giving impetus, at the European and international levels, to a policy based upon addictive behaviours** rather than upon substances. Within this framework, France will propose an approach to its partners that includes alcohol, tobacco and psychotropic prescription drugs, as well as non substance-based addictions, with regard to measures of prevention and treatment in particular.
- **By promoting coordination of the various existing European tools (whether political, legislative or financial).** Moreover, the funds made available by the European Union for cooperative initiatives need to be more clearly identified and more effectively used.
- **By promoting the inclusion of the question of the fight against drugs in agreements, and partnership agreements in particular, that the European Union may enter into with third countries,** while stressing the need for adequate mobilisation of financial resources for the effective implementation thereof.
- **By promoting the creation of national monitoring bodies in certain regions, enabling policy-makers to gain an overview of the situation and developments with regard to both drug use and trafficking.** France will encourage the creation

of such monitoring bodies on the basis of the model that it upholds within the framework of its Presidency of the Pompidou Group of the Council of Europe.

### 5.2.2 Targeting Initiatives

- **By focusing our action upon West Africa, Afghanistan and neighbouring countries, Latin America, the Caribbean and the Balkans in priority.**
- **By developing increased cooperation and sharing of experiences with the countries of the southern shore of the Mediterranean, because of the profound changes sweeping the region.**

### 5.2.3 Reinforcing Internal Security

- **By promoting a concerted approach to law enforcement,** based upon intelligence and targeted assessment of threats, as well as the development of international exchange of information and pooling of resources with our principal partners. Use of dedicated teams will be developed.
- **By consolidating the police, customs and, in particular, legal capacities of countries of production and transit.** Such consolidation is a strategic issue since it is essential to ensure proper functioning of the criminal justice system as a whole, it being understood that if the part of the system constituted by the courts and the law remains weak, all of the efforts undertaken by the operational forces will remain futile.
- **By promoting exchange of operational information between trusted partners, and European partners in particular,** enabling optimisation in the deployment and coordination of maritime, air and terrestrial means of surveillance and intervention.
- **By conducting reflection about the possibility of entering into bilateral agreements, as and when necessary, with a view to separating the handling of goods, crew and ship with regard to the fight against narcotics trafficking via maritime transport** (cf. *Livre Blanc sur la défense et la sécurité nationale* [“White Paper on Defence and National Security”] delivered by the President of the French Republic in April 2013).
- **By greater targeting of certain means of narcotics transport,** such as maritime containers, **as well as new channels, notably the sale of drugs via the Internet and light aircraft.** The new *modi operandi* of certain cartels, such as use of narco-submarines for transporting drugs, should lead to reflection on the best possible responses thereto, with the prospect of an interministerial approach in view (optimisation of sharing of intelligence, assessment of real threats and routes, use of means of interception etc.).
- **By consolidating the fight against diversion of chemical precursors and new psychoactive products.**

### 5.2.4 Promoting an Economic Approach to Preventing and Combating Drug Trafficking

#### 5.2.4.1 Making the Assets-Based Approach a Cornerstone of International Cooperation

*This approach is justified by the sheer size of the financial sums involved and by the money laundering and corruption to which they give rise.*

- **By encouraging our partners to systematically identify, seize and confiscate drug traffickers' assets.** International mobilisation against tax havens, offshore financial centres and zones of financial lawlessness constitutes an opportunity for action in this direction. Judicial international cooperation should be strengthened to this end.
- **By encouraging our partners to use the proceeds from the seizure and confiscation of criminal assets generated by drugs trafficking** and other similar measures to consolidate the fight against drugs to the greatest possible extent, when so applicable and in accordance with their national laws. French law in this area allows such funds to be used for preventing and combating trafficking. These receipts originating from crime are potentially useful for consolidating the prevention and combat of trafficking, while depriving criminals of illegally acquired assets.

#### 5.2.4.2 Providing an Economic Alternative to Narcotics Cultivators

- **By promoting sustainable alternative development policies in drug-producing countries.** By integrating the fight against drugs into development aid policy, in Latin America and Afghanistan in particular, as well as at the European level, France will encourage initiatives aimed at providing an economically viable alternative to coca leaf and opium poppy cultivators. Special attention will be devoted to development aid targeting the connection between production and processing of drugs and the environment in particular.

### 5.2.5 **Developing Health Cooperation**

#### 5.2.5.1 Facing up to HIV/AIDS Epidemics and the Serious Health Situation in Certain Countries

- **By promoting access to treatment, including risk-reduction measures, for drug addicts as a human right<sup>17</sup>, both at the bilateral level and in international forums.** Indeed it appears crucial to make treatments available that are in compliance with the recommendations made by the international scientific community: treatment aimed at fighting against illness and the comorbidities thereof, combining psychological, prescription drug-based and social care, while combining such treatment with measures of prevention against secondary complications (replacement therapies, syringe exchange programmes, systematic vaccination against hepatitis B and therapeutic education). Although these measures have proven their effectiveness against fatal overdoses and serious infectious complications such as HIV infection, several countries are still hostile or doubtful with regard to them.

#### 5.2.5.2 Supporting European and International Action aimed at Promoting Reduction of Tobacco Use

- **By preserving the possibility for Member States to introduce supplementary national measures, within the framework of negotiations on the EU Tobacco**

**Directive**, in order to guarantee protection of people's health, amplify the health messages placed on packets and avoid liberalisation of online sales.

- **By encouraging the signature, ratification and implementation** of the Framework Convention on Tobacco Control (FCTC), as well as the Protocol on Illicit Trade in Tobacco Products.



## **6. APPENDICES**

## APPENDIX 1: SUMMARY OF DRUGS AND ADDICTIONS, ESSENTIAL DATA 2013

This document was initially published as a summary in the OFDT publication *Drogues et addictions, données essentielles 2013* ["Drugs and Addictions, Essential Data 2013"]. The sources of the data are given in the sections of the latter work to which this summary refers. Three key questions are here addressed: who and how many people use lawful and illicit drugs in France, whether simply experimenting or as regular users? Which drug users are in difficulty? What is the negative impact of this drug use, with equal regard to the health, social and legal aspects thereof? The work presents the current situation and the changes that have occurred in the course of the last decade. The question of gambling addiction is also briefly examined.

### How many people use drugs in France?

#### ➤ *Drug Use for the French Population as a Whole*

Tobacco and alcohol are the most widely used psychoactive substances in France. Alcohol is consumed by the vast majority of French people, at least occasionally, and more regularly by over a quarter of the population. It is also very common to try tobacco smoking. However, due to various factors, its strong addictive power in particular, daily use of tobacco is more common than alcohol and cannabis: three out of ten French people smoke every day, whereas only one French person out of ten uses alcohol on a daily basis, and two out of a hundred in the case of cannabis.

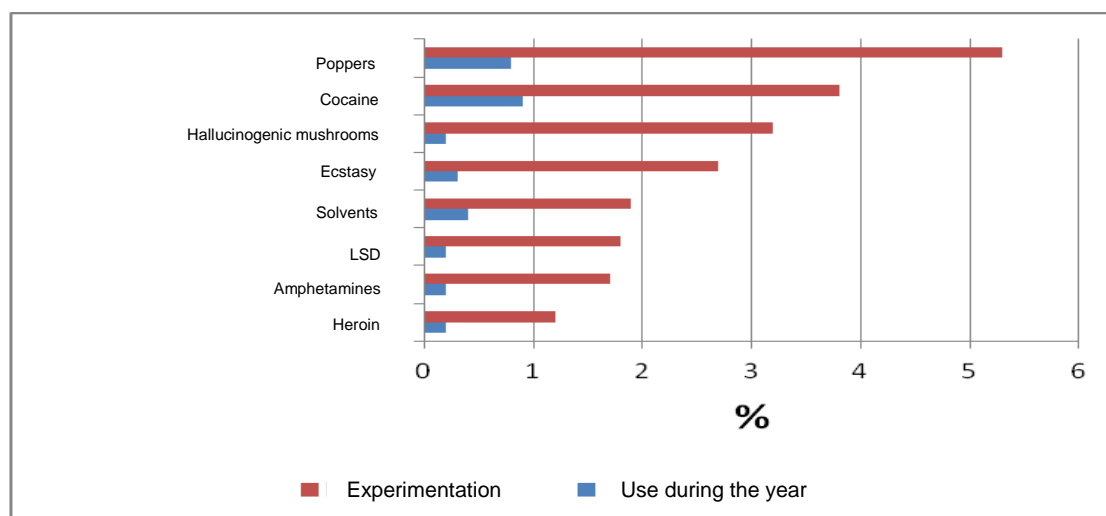
#### ***Estimate of the number of regular users of psychoactive products among those aged 11-75, in metropolitan France, 2011***

Alcohol	8.8 million
Tobacco	13.4 million
Cannabis	1.2 million
Note: regular use = 10 or more times in the course of the past 30 days, except in the case of tobacco (daily use)	

*Sources: Baromètre santé 2010 ["Health Barometer Rating 2010"], INPES; ESCAPAD 2011, OFDT; ESPAD 2011, OFDT and HBSC 2010, Service médical du rectorat de Toulouse (Medical department of the Toulouse local education authority).*

Cannabis is the most frequently used illicit product. While 13.4 million French people have tried the drug, regular users are much less numerous, though they nevertheless represent a substantial minority. Use of other illicit drugs concerns a very small proportion of the French population. Thus, less than 1% of the population between 18 and 64 years of age used cocaine or poppers in the course of the year. The figures concerning other substances are even lower: less than 0.5% for heroin use in the course of the year. It is not possible to measure the prevalence of regular use of illicit substances other than cannabis in a precise manner by means of surveys among the general population. Other statistical and qualitative methods need be used in order to determine among which population groups use of these illicit substances is widespread, which in this work are considered to be high-risk and problem drug users (see the section of this summary devoted to drug users in difficulty).

**Estimate of the number of persons experimenting with and using psychoactive products other than cannabis in the course of the year among those aged 18-64, in metropolitan France, 2010 (in %)**



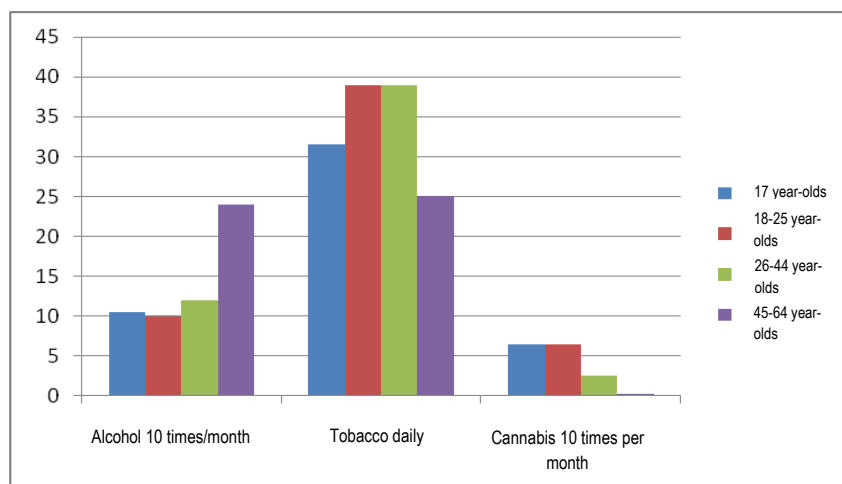
Source: Baromètre santé 2010, INPES

➤ **Drug Use among Young People**

Drug use among young people differs from that of their elders in two principal respects: the importance of the role played by cannabis and the place occupied by heavy episodic drinking (five glasses on a single occasion for young people, six for adults).

The proportion of regular cannabis users is twice as great among young people of 17 years of age and between the ages of 18 and 25 than among people aged 26 to 44. Regular cannabis use becomes practically inexistent among people between 45 and 64 years of age. Heavy episodic drinking is incomparably more common among young people: 53% of the latter declared at least one episode in the course of the previous month, as compared with 36% of adults having had an episode in the course of the year. Moreover, tobacco is the most frequently consumed product for all age groups, though particularly common before 45 years of age.

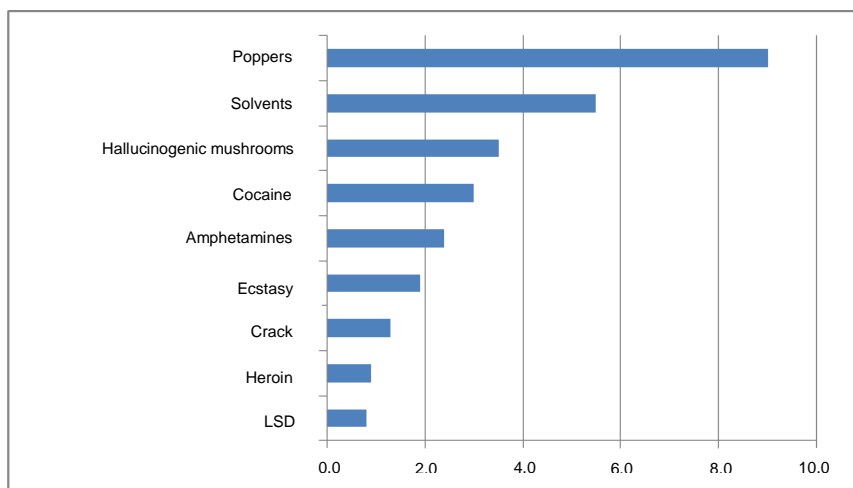
**Frequency of regular use of the three principal psychoactive products in metropolitan France, for those aged 18-64 (2010) and 17 year-olds (2011)**



Sources: ESCAPAD 2011, OFDT; Baromètre santé 2010 ["Health Barometer Rating 2010"], INPES

Experimentation with illicit drugs other than cannabis is a fairly rare phenomenon. In proportional terms, it concerns less than 3% of young people (aged 17 years) in the case of products such as poppers, solvents, hallucinogenic mushrooms and cocaine.

***Frequency of experimentation with illicit drugs other than cannabis among 17 year-olds, 2011***



Source: ESCAPAD 2011, OFDT

➤ *Predominantly Male Drug Use*

It is clear that far more men than women use alcohol on a regular basis. The same applies to an even greater extent with regard to cannabis. On the other hand, tobacco smoking behaviour shows little differentiation according to sex, while use of psychotropic prescription drugs is observed more frequently among women than among men. These differences between the sexes are greater among young people of 17 years of age than among adults in the case of alcohol and psychotropic medicines, and less marked in the case of cannabis and tobacco.

➤ *Changes*

Trends concerning changes in drug use among French people as a whole and the consequences thereof differ according to the product considered and the age group studied. Within the framework of this summary, the changes are viewed over a period of about twelve years, that is to say from the early 2000s until the early 2010s. In view of the different periods covered by the surveys it is not possible to delimit the period of observation more precisely.

➤ *Difficulty in Giving Up Smoking among French People*

Between 2005 and 2010 the proportion of tobacco users increased among the French population aged 18 to 75. This constitutes the first significant increase since the *Loi Évin* Act of 1991 which regulates the advertisement of alcohol and tobacco. The change appears above all to be linked to an increase in smoking among women, in particular between 45 and 64 years of age. After a fall in nicotine addiction in the early 2000s, this overall increase once again brought tobacco use in 2010 back to about the same level as in 2000. This stability appears all the more surprising in view of the succession of anti-tobacco measures such as price increases and bans on smoking in public places implemented in the course of the decade. Faced with increasing tobacco prices, French people reacted by changing over to purchasing rolling tobacco, buying cigarettes in neighbouring countries with lower prices and also, in much smaller proportions, making use of illegal buying circuits (the black market and the Internet). Certain indexes suggest that the prevalence of nicotine addiction shows an overall downward trend at the beginning of the

2010s: following significant and repeated price increases in the years 2008-2012, tobacco sales on French territory finally fell quite markedly in 2012 and during the first half of 2013, breaking with several years of near stability. Part of the fall in sales was probably offset by increased purchases outside of French borders and illegal purchases, but the 2012 tobacco Eurobarometer reveals a fall in the percentage of smokers in France as compared with 2009. In spite of the limits of this survey, its correlation with changes in sales is a relatively strong sign of a downward trend. Among young people of 17 years of age, daily tobacco use showed a quite marked upward trend at the end of the 2000s after continuously falling between 2000 and 2008. The proportion of persons experimenting with tobacco smoking fell between 2002 and 2010 among schoolboys and girls of 11, 13 and 15 years of age. The age of initiation to smoking has increased among young people: at the end of the 2000s first cigarettes are smoked at an older age than they were at the beginning of the decade.

➤ *Less Alcohol on a Daily Basis, more Heavy Episodic Drinking*

As far as consumption of alcoholic drinks is concerned, the proportion of persons using alcohol on a daily basis fell markedly in the course of the 2000s, as is also the case for the quantities of alcohol offered for sale, thus continuing a trend that has been observed for several decades. However, the rate of decline appears to have slowed in the second half of the 2000s. Although daily alcohol use is falling, heavy episodic drinking behaviours (five to six glasses on a single occasion) have increased since 2005 (prior to which this indicator was not available) among adolescents of 17 years and young adults. This increase was particularly marked among young women aged 18 to 25, although the practice still remains much less frequent among them than among men.

➤ *A Fall in the Use of Hypnotics and Antidepressants*

The data concerning reimbursements reveal a fall in the use of hypnotics and antidepressants in the course of the 2000s. Use of anxiolytics fell between 2002 and 2009, but increased markedly in 2010, thus returning to about the same level as at the beginning of the 2000s. For antidepressants, the fall in levels of use came after 2005, breaking away from a period of growth between 1990 and 2003.

➤ *Stabilisation or Slight Drop in Cannabis Use*

Among the population aged 18 to 64 the proportion of persons using cannabis in the course of the year remained stable during the 2000s. Among young people, cannabis use has followed a downward trend since the beginning of the 2000s. This is thus the case with regard to use in the course of the last 12 months for the 18-25 age group and for both experimentation and regular use (10 times a month) in the case of young people aged 17. The prevalence of the latter indicator halved between 2002 and 2011 (from 12% to 6%). Although the movement was less pronounced between 2008 and 2011 than earlier in the decade, changes among young people in the course of the 2000s unquestionably showed a downward trend. In 2011 France nevertheless remains the country with the highest proportion of cannabis users among young people of 15-16 years of age out of the 36 countries that took part in the same survey on drug use among secondary school students in 2011.

Although the product is for the most part consumed in resin form in metropolitan France, marijuana is becoming increasingly popular among users. The practice of cannabis cultivation by the users themselves has increased in the course of the last decade: in 2010, 80,000 users declared that they exclusively use the product grown by themselves. At the same time, as elsewhere in Europe, traffickers are investing in large scale production (cannabis factories), which are on the increase in the territory.

➤ *Distribution of Cocaine and Emergence of New Synthetic Drugs*

Cocaine use increased in France in the course of the 2000s, owing to increasing availability and a fall in prices. The

proportion of persons aged 18-64 having used the drug during the previous year tripled in the course of the decade, increasing from 0.3% to 0.9%. Similar changes occurred among young people of 17 years of age: the proportion of experimenters increased from 0.9% to 3% between 2000 and 2011. However, recent changes have occurred with regard to perception of the product: users are more aware of the negative health consequences of long-term use and the quality/price ratio is considered to be deteriorating. Competition from new, less expensive products is perhaps not without influence on this change.

Indeed numerous other stimulant products exist, although they remain less widely available than cocaine. Some of them have already long been present, such as amphetamine and MDMA (ecstasy). Others have appeared more recently. Since 2007-2008, a range of substances grouped together under the term new psychoactive substances (NPS), for the most part stimulants (although they also include synthetic cannabinoids), have been spreading throughout Europe. They are designed to circumvent narcotics laws and take advantage of the Internet as a commercial outlet. The explosion in the number of these products (more than 60 detected in France since 2007) renders their identification and the interpretation of changes particularly difficult. The proportion of NPS users is currently unknown, though consumption appears to be less widespread in France than in other European countries. Initially found among specific groups connected with the festive and party world, use of these products can become more widespread, as was the case for ecstasy from the 1990s until the early 2000s. In the early 2010s ecstasy appears to be losing momentum: in the festive events world it continues to be used in powdered form (MDMA) rather than in tablets. The distribution of amphetamine also remains very limited in France and appears to have remained stable in the course of the 2000s.

#### ➤ *A Revival of Heroin Use*

After a decline following the emergence of opioid replacement therapies, heroin went through a new phase of expansion in the 2000s. Between 2005 and 2010, the proportion of persons aged 15-35 using heroin in the course of the year virtually doubled, increasing from 0.5% to 0.9%. On the other hand, the percentage of 17 year-olds experimenting with heroin tended to remain stable during the period. Anthropological observations on the ground reveal an increase in the availability of heroin in the second half of the 2000s, with the drug showing very low levels of purity, and the appearance of new types of users. These are for the most part persons enjoying better social integration and taking part in the festive and party world. The upward variations observed for other data (seizures, fatal overdoses, treatment) also constitute indexes corroborating an increase in the distribution of heroin from the years 2002-2003 until 2008-2009. The data appears to indicate a levelling off in the distribution of the drug at the start of the 2010s.

#### ➤ *Hallucinogens, Poppers: Distribution in the Festive and Party Environment*

Levels of use of hallucinogenic products are very low, which makes it difficult to monitor changes in the population as a whole. There has however been significant growth in the use of ketamine in the festive events world. The drug is for the most part used in the alternative techno scene, though its popularity has been growing in larger circles of the festive events world since the end of the 2000s. Another product whose use is very much associated with the festive and party environment, poppers, saw a distribution peak among young people of 17 years of age in the course of the 2000s. Indeed, among the latter group the proportion of experimenters increased from 4.5% in 2003 to 14% in 2008, before falling to 9% in 2011.

#### ➤ *Perceptions and Opinions with regard to Drugs*

Measurement of changes in perceptions and opinions among French people with regard to drugs has been made possible by surveys, conducted for the first time in 1999 and repeated at regular intervals. The idea that psychoactive substances are dangerous from the moment that one first tries them is an opinion shared by almost all French people in the case of heroin and cocaine, by just over one French person out of two for cannabis, four out of ten in the case of tobacco and one out of ten for alcohol. In the course of the 2000s, these opinions tended to

increase as far as legal substances are concerned; they remained stable in the case of heroin and cocaine and, after a quite marked increase between 2002 and 2008, returned to the same level as 1999 for cannabis. With regard to users, 80% to 90% of French people consider that users of heroin, cocaine and excessive amounts of alcohol constitute a danger to the people around them. This proportion is 67% in the case of cannabis users, an increase as compared with 2008. Only a minority of people feel that use of one of these drugs can be considered to be an illness: less than one out of five people hold this opinion in the case of heroin and cocaine, one out of ten for cannabis, and one out of four when the question concerns heavy drinkers of alcohol. The proportion of French people holding this opinion has fallen between 2008 and 2013 for all of these substances.

As far as measures for combatting use of these substances are concerned, the great majority of French people are in favour of the ban on the sale of alcohol and cigarettes to minors (90%) and the prohibition of the unrestricted sale of cannabis (78%). However, six French people out of ten consider that use of this product could be authorised under certain conditions, this opinion having been collected before the announcement by the Ministry of Health of the authorisation of medical cannabis. With regard to the sanctions and responses provided for by law in case of use and possession of cannabis, only 36% of persons interviewed approved of the principle of imprisonment, whereas warnings, cautions and compulsory treatment were approved by 90%. On the controversial question of the opening of low-risk drug-consumption rooms, a majority (58%) appear henceforth in favour of the principle. The question was asked before the decision to trial this type of scheme had been taken.

#### Which drug users are in difficulty?

The risks and issues involved in drug use are not the same for persons having tried a substance on a single occasion in their lives, or who very occasionally use such substances, and those who use large quantities on a daily basis. Specialists in the study and treatment of addictions have established diagnosis criteria and tools which enable detection of the presence or absence of drug use behavioural disorders and grading of the seriousness thereof in clinical situations. Epidemiologists, for their part, have tried to transfer this approach to their own inquiries in order to distinguish population groups of drug users likely to encounter problems due to their substance use. Nevertheless, the difficulty of adapting clinical tools to inquiry situations has led to the inclusion of simplified detection tools in questionnaires, which do not usually make it possible to discern wide enough categories of high-risk drug use. In surveys of the general population, the number of users consuming illicit products, such as cocaine and heroin, on anything other than an occasional basis is very low, or even inexistent, which makes this approach difficult or even impossible as far as these substances are concerned. Other sources of quantitative (essentially surveys among persons attending healthcare facilities for drug users) and qualitative information therefore have to be used in order to establish figures for the number of problem users of these products and describe their characteristics.

#### ➤ *High-Risk and Problem Drug Use*

The “high-risk drinkers” category is defined by daily consumption of between three and seven glasses. In 2010, 9% of persons of 18-75 years of age were defined as “high-risk chronic drinkers”, with persons of 18-25 years being the most affected (14 %). Proportionally, this category of users had increased as compared with 2005 (+ 7.6 %). People who drink more than 49 glasses a week, that is to say at least 7 glasses a day, are for their part classed as “drinkers at risk of dependence”. 1.2% of drinkers between 18 and 75 years of age came within this category in 2010 (that is to say about 520,000 people), as compared with 0.9 % in 2005. However, the prevalence of high-risk drinkers is certainly underestimated due to a tendency to play down the number of glasses drunk in declarative inquiries, and also because certain population groups with high levels of alcohol use are difficult to reach by means of telephone surveys.

The question of discerning a high-risk or problem population group is rarely raised in the case of tobacco, which is almost always smoked on a daily basis and therefore exposes users to an undeniable risk. For this reason, attention has instead tended to focus upon grading of levels of dependence. These have been measured in surveys by means of the Fagerström mini-test for Nicotine Dependence. Thus, in 2010, among persons of 18-75 years of age, 35 % of

daily smokers show signs of moderate dependence and 18 % show signs of high dependence.

As far as cannabis is concerned, data on the prevalence of problem use is only available for young people. In 2011, in light of the responses given to the Cannabis Abuse Screening Test (CAST), 16 % of young people of 17 years of age having used cannabis in the course of the previous year presented a high risk of problem use, or even of dependence (19 % for boys and 12 % for girls), a figure which corresponds to 6 % of adolescents of this age group as a whole (8 % for boys and 3 % for girls).

In France, in order to describe the core of regular users of illicit substances other than cannabis, it is necessary to distinguish between several sub-groups presenting specific characteristics, but who nevertheless have the common characteristic of being poly-drug users in most cases. A first group is constituted by opiate dependent drug users attending healthcare facilities and following opioid replacement therapies. Though following courses of treatment, some of them nevertheless use other products on a more or less regular basis. A second such group is formed by persons attending risk-reduction facilities, in most cases opiate users but also heavy poly-drug users, often taking drugs intravenously and frequently showing associated psychiatric disorders. These users' social situation is on average much more unstable and insecure than for the first group, with regard to accommodation in particular. Young people without fixed homes, who are heavy poly-drug users and likely to switch between and combine use of stimulants, hallucinogens and opiates, represent a third group. A fourth group is formed by new migrants from Central and Eastern Europe, users of prescription drugs, in particular high-dose buprenorphine, very often taken intravenously. Finally, practices of relatively frequent drug use are also encountered among persons from different social backgrounds, much better integrated than the abovementioned population groups, who spend time in the partying environment. These users are mainly consumers of stimulants, but also of hallucinogens. Opiates are in general used more occasionally in order to handle the effects of other products. Of course, these various groups overlap in certain areas.

It is possible to estimate the size of the population of problem drug users in France (intravenous drug users and regular users of opiates, cocaine or amphetamines in the course of the year) on the basis of the number of persons attending healthcare and risk-reduction facilities in a certain number of large urban centres. Problem drug use among persons of 15-64 years of age in France is thought to concern 281,000 users (middle figure in the estimate range: 222,000-340,000) for the year 2011, that is to say an average of 7.5 users for 1,000 inhabitants between 15 and 64 years of age.

#### ➤ *Care and Treatment*

Help is provided to users of psychoactive substances in difficulty with their drug habits by various different healthcare and support professionals. In the first place there are specialised establishments, Centres for the Treatment, Support, Prevention and Study of Addictions (CSAPA), whose principal role is to cater for these patients by means of outpatient treatment. These community health and social establishments, of which there were 419 in 2010, received 133,000 patients with a principal alcohol problem and 104,000 for principal problems with illicit drugs, of whom 52,000 with opiates, 38,000 with cannabis and almost 7,000 with cocaine. In the course of the second half of the decade of the 2000s, the number of patients with drug use problems above all increased for alcohol, opiates and cannabis. In the middle of the 2000s, special aid was provided to consolidate the facilities catering for young users of drugs - often cannabis - within the framework of young drug users' clinics (CLC), for the most part managed by CSAPAs. The number of young people catered for within this scheme is not precisely known, but could be in the region of between 23,000 and 25,000 people for 2010. At the end of the 2000s there were also forty CSAPAs providing therapeutic stays for patients for periods ranging from three months up to two years in certain cases. In 2010, these establishments catered for just under 2,000 patients.

Apart from these specialised establishments, healthcare can also be provided for these patients in non-specialised hospitals and certain psychiatric hospitals. Data for provision of treatment in hospitals only concerns the number of in-patient stays. Hospital statistics for 2011 (apart from psychiatric hospitals and follow-up and rehabilitation care) recorded just over 200,000 stays with principal diagnoses of mental and behavioural disorders linked to alcohol. When alcohol as an accompanying diagnosis is also taken into account, the number of stays reaches 470,000. For hospitals as a whole (including psychiatric hospitals and follow-up and rehabilitation care), there were about 1



million stays in 2011 for 400,000 different patients. Hospitalisations for illicit drug addiction problems are incomparably less numerous: there were 6,000 such stays in 2011 (principal diagnosis only). There is also a specific scheme comprising 660 clinics for the study and treatment of tobacco addiction, for the most part operating within the framework of hospitals. The number of patients catered for in these facilities is not known. Addiction treatment liaison and healthcare teams (ELSA) and hospital clinics for the study and treatment of addictions have expanded since the consolidation of their resources within the framework of the Addiction Plan adopted in 2007. There is currently no national information system enabling assessment of the activity of these facilities. There are also gaps in the recording of patients receiving treatment for addiction problems in addiction follow-up and rehabilitation healthcare centres and psychiatric hospitals.

For numerous patients, community general practitioners remain the primary source of healthcare. In 2009 the latter catered for around 50,000 patients a week with regard to alcohol withdrawal, 90,000 patients a week for tobacco withdrawal and 110,000 patients a month for opioid replacement therapy prescriptions. Prescriptions for these treatments greatly increased in France in the second half of the 1990s and continued to rise in the 2000s. In 2010, 171,000 people received such prescriptions (apart from prescriptions in the prison environment), of which two thirds were high-dose buprenorphine and one third methadone. Although still in the minority, methadone prescriptions greatly increased in the second half of the 2000s. In certain regions (principally Alsace and Provence-Alpes-Côte-d'Azur), patients can receive healthcare within the framework of an original scheme referred to as "micro-clinics" organised in general practitioners' surgeries. Patients' follow-up is jointly organised by the doctor, a psychologist and a social worker present in the surgery at fixed time slots.

Finally, it is important to emphasise the major role in providing support and help to users that continues to be played by associations of former users of alcohol and illicit drugs such as Alcoholics Anonymous, Narcotics Anonymous and other organisations operating according to similar principles.

#### What are the negative consequences of such drug use?

##### ➤ *Damage to Health linked to Tobacco and Alcohol*

Tobacco is the psychoactive product that has the greatest impact on health at the collective level. The pathologies principally linked to tobacco are cancer of the lungs and upper respiratory tract, cardiovascular diseases and respiratory diseases. Tobacco addiction is considered to be responsible for around 73,000 deaths per year, that is to say more than one out of seven deaths. This mortality rate principally concerns men (81 %), but has been decreasing for the latter since the mid-1990s. On the other hand, it rapidly increased over the same period in the case of women, in this respect reflecting observed changes in use, with a time lag.

Alcohol is the direct cause of a certain number of pathologies such as cirrhosis of the liver and foetal alcohol syndrome. It is more or less directly involved in the occurrence of a large number of other illnesses: cancers of the respiratory tracts, diseases of the circulatory system (jointly responsible with tobacco in the case of the latter two groups of pathologies), liver cancer, optic neuritis, polyneuritis, mental disorders, accidents (road, domestic and industrial), fights and suicides. The annual number of deaths attributable to alcohol in France is estimated at 49,000 for the year 2009, which corresponds to 13% of the total annual mortality. These deaths concern men in 75% of cases.

The number of deaths attributable to alcohol and tobacco was calculated using the latest knowledge concerning risks of death among tobacco and alcohol users, which leads to figures for both substances which are higher than those previously published. These increases result from methodological changes and do not reflect a rise in mortality linked to tobacco and alcohol. In order to trace changes in these indicators, it is preferable to limit the inquiry to one cause of mortality for which each product is the principal risk factor. The best such indicator is mortality attributable to lung cancer in the case of tobacco and mortality attributable to cirrhosis of the liver in the case of alcohol. The rate of mortality from lung cancers continued fall among men in the course of the 2000s while increasing among women. The rate of mortality from cirrhosis of the liver continued to fall among both women and men. However, these changes are to a large extent attributable to the consequences of falls in use dating back several years, with variable time lags according to the illnesses considered.

The numbers of deaths attributable to tobacco and alcohol cannot be added together. Some of these deaths (in particular those resulting from cancers of the upper respiratory tracts) are caused by combined use of alcohol and tobacco and would therefore be counted twice in such a total.

➤ *Damage to Health linked to Illicit Drugs*

Data on damage to health linked to illicit drugs are much rarer than for lawful substances. In particular, long-term effects linked to chronic use are poorly known, due at once to the relatively recent expansion of these kinds of drug use, the nature of use of these substances which, by definition, is more hidden and clandestine than for legal products, and the number of users, which remains limited or in any case incomparably smaller than for lawful products. Comparison of data on mortality rates needs to take this problem in particular into account.

Unlike other illicit substances, cannabis is not a cause of fatal overdoses. Users of the substance can nevertheless encounter a certain number of problems. Acute cannabis intoxication is manifested, in a more or less marked manner according to the dose ingested and the tolerance developed by the user, in lengthened reaction times and motor coordination disorders, with panic attacks and hallucinations in certain cases. An annual 175 to 190 road accident deaths have their origin in use of this substance. Chronic use can lead to lack of interest in daily activities, difficulties of concentration and memorisation (“amotivational syndrome”) and deterioration of learning abilities. In certain cases, regular use of the substance can contribute to the appearance of psychiatric disorders and the occurrence of schizophrenia in particular. Assumptions are also made as to the involvement of cannabis in cancers of the lungs and upper respiratory tracts and certain vascular pathologies. These various negative effects are recounted in several published studies, but there is no data in France enabling measurement of the scale thereof and the tracing of changes over time.

Persons who use opiates and other substances such as cocaine on a regular basis, who generally speaking are poly-drug users, expose themselves to overdose risks. After a marked fall in the course of the 1990s, the number of deaths from overdoses began increasing once again in 2004, reaching the figure of 392 in 2010. Although several products are often involved in these deaths, opiates are the most prevalent. Infectious diseases (HIV, HCV and HBV), for the most part transmitted as a result of the sharing of injection equipment, constitute another major category of risks for intravenous drug users. The declared prevalence of HIV among drug users attending risk-reduction facilities, having previously engaged in intravenous use, continued to fall in the course of the 2000s, thus decreasing from 11 % in 2004 to 7 % in 2010. As far as the Hepatitis C virus is concerned, its declared prevalence continued to increase until the beginning of the 2000s. However, the most recent data collected from intravenous users reveal a downward trend in the second half of the 2000s. Thus, among intravenous users under 25 years of age, the declared prevalence of HCV fell from 23% in 2006 to 8% in 2010.

➤ *Negative Social Impact and Criminal Problems linked to Alcohol and Illicit Drugs*

The negative social impact linked to consumption of alcohol and illicit drugs is still poorly researched. Certain facts can nevertheless be stated. Users of alcohol and illicit drugs undergoing treatment are characterised by their more insecure and unstable social position as compared to the French population as a whole. A link can also be established between problem use of alcohol and illicit drugs and social exclusion, the character of this link remaining complex to define. Similarly, use of alcohol and illicit drugs is often associated with the commission of violent acts against third parties and self-harm (suicide attempts) and, more generally, with various different forms of crime. These links are difficult to measure and figures for France are very rare and incomplete in this field. However, recent data show that 46 % of men and 34 % of women aged between 18 and 64 years of age having suffered physical violence at the hands of another person, who was not a member of their household, consider that their attacker was under the influence of alcohol or a drug.

As far as crime is concerned, the involvement of psychoactive substances is exclusively measured on the basis of offences linked to such substances, such as those relating to the use and trafficking of narcotics on the one hand and indictable motoring offences linked to alcohol on the other. In 2010, 157,300 arrests were recorded for breaches of the law on narcotics, of which 86 % were for offences involving use of drugs, principally cannabis. In

2010 the courts pronounced 28,000 sentences for drug use offences and 21,800 for offences linked to narcotics trafficking (possession-purchase, transport, import-export and supply-sale). Among these sentences, the sanctions imposed for simple possession were fines in just over half of cases and (partially or entirely suspended) prison sentences in a third of cases. Offences linked to narcotics trafficking were punished by terms of imprisonment in almost 90% of cases. Alternative measures to prosecution are ordered for a large proportion of persons arrested for simple drug use for which no sentence is pronounced. The place taken by such measures as a part of the response made to cases of narcotics use increased between 2001 and 2007 (from 55 % to 75 %) and then fell slightly (70 % in 2010).

Almost 290,300 road safety offences linked to alcohol were recorded in 2011, of which 171,600 indictable motoring offences and 118,600 offences liable to a fine. The number of such offences increased markedly between 2001 and 2007 and then became stable. In 2011 almost 152,600 sentences were pronounced for road safety offences aggravated by alcohol, which thus represent more than half of convictions for road traffic offences and almost a quarter of convictions of all types as a whole in France. Half of these convictions were accompanied with fines, almost 40% resulted in prison sentences and just over 10% resulted in non-custodial sentences (and other punishments). The offence of driving under the influence of narcotics was created in 2003. In 2011, the police and gendarmerie recorded 25,400 offences of this kind and the courts pronounced 16,260 convictions. The proportional distribution according to type of sentence in the case of narcotics closely resembles that given for alcohol above.

#### Gambling and Problem Gamblers

Almost one French person out of two declares having gambled in the course of the previous year. One gambler out of five gambled at least 52 times and/or staked at least 500 euros. These gamblers are men in six cases out of ten. Lottery and scratch card games, that is to say those which require the least skill, are the most widely practiced.

In 2010 it was possible to estimate the prevalence of excessive gambling in France for the first time: it was established at 0.4 % of the population between 18-75 years of age, that is to say around 200,000 people. For moderate-risk gamblers the percentage is thought to amount to 0.9 % (i.e. approximately 400,000 people), out of a total of 1.3 % for problem gamblers. These gamblers are younger and have a more insecure social position and fewer qualifications than the average.



## APPENDIX 2: DRUGS, KEY FIGURES – JUNE 2013



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<sup>15</sup> The French National Alliance for Life Sciences and Health (AVIESAN) and the French National Thematic Alliance for Human and Social Sciences (ATHENA)

<sup>16</sup> ITMO for "Public Health" and "Neurosciences, Cognitive Sciences, Neurology and Psychiatry"

<sup>17</sup> The Pompidou Group is currently working on the drafting of a consensus document on prevention policy and reduction of risks and negative impact, which will contribute to clarifying the concept of risk reduction and making progress in scientific debate at the international level.