

Drug policy workbook

2023

FRANCE

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T0. Summary

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

The answers should include the following points:

Summary of T1.1.1

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

Summary of T1.2

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

Summary of T1.3

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

Summary of T1.4

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

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

In France, on 9 March 2023, the Government adopted its new [Stratégie interministérielle de mobilisation contre les conduites addictives](#) [Inter-ministerial Strategy for Mobilisation against Addictive Behaviours]. It presents the new strategic framework for public action in the fight against drugs and addiction for the next five years (2023-2027). In terms of its scope, it covers addictive behaviours: its remit includes both licit and illicit drugs (alcohol, tobacco, psychotropic drugs, narcotics) and non-substance addictions (gambling, video/screen games).

This strategy will be supplemented by operational, national and local plans and programmes, drawn up in consultation with professionals, elected officials and local partners. The regional prefectures (MILDECA project managers) are responsible for developing roadmaps, in coordination with local partners.

The new strategy aims to activate all the levers and courses of action for coordinated action that can be implemented throughout the territory. It pays particular attention to psychosocial skills and knowledge of risks based on scientific data in order to enable citizens to make informed choices and protect the most vulnerable (minors, prisoners, etc.). It defines ten priorities, articulated around the objectives of prevention, education and denormalisation of consumption (restriction of advertising, compliance with sales bans, etc.) by proposing to create more protective environments and by strengthening public action against the attractiveness, availability and accessibility of products.

To respond to the growing threat of trafficking, the Government is continuing its action within the framework of [Plan national de lutte contre les stupéfiants](#) of 17 September 2019 [National anti-Narcotics Plan], in conjunction with the Inter-ministerial Strategy for Mobilisation against Addictive Behaviours.

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

The [2018-2022 National Plan for Mobilisation against Addictions](#) was recently evaluated as part of an internal evaluation process, led by the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA). The evaluation had a dual purpose: to establish an assessment of territorial dynamics and to design operational proposals that support the Interministerial Strategy for Mobilisation against Addictive Behaviours 2023-2027. The methodological approach was twofold, qualitative and quantitative. Its qualitative aspect was based on work and exchanges with State services involved in the fight against drugs and addictive behaviours, in two regions that are representative of the territorial dynamics underway: Occitanie and Normandy. Regional and departmental prefectures, regional health agencies, public prosecutors and education authorities were also involved. This initial evaluation exercise was completed by the monitoring of quantitative indicators, together with targets to be achieved by the end of the plan. Data indicators were updated on a yearly basis by the OFDT to monitor trends.

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

The directions of public policy in combatting drugs and preventing addictive behaviours are defined by the "Interministerial Committee for Combatting Drugs and Addictive Behaviours", under the authority of the Prime Minister. Prior to this stage, MILDECA is responsible for drafting the decisions of the interministerial committee, then coordinating French government policy for combatting drugs and addictive behaviours, and for ensuring that the decisions of the interministerial committee are implemented. On the authority of the Prime Minister, its scope of action includes prevention, treatment, harm reduction measures, integration, trafficking, law enforcement and research, monitoring and training of staff involved in activities to reduce supply and demand. At regional and departmental level, the MILDECA's project managers (generally the senior local government officers of the offices of departmental and regional prefects) are responsible for leading and coordinating decentralised government action. Since 1st January 2020, the Anti-Narcotics Office (OFAST) - a service attached to the General Directorate of the National Police (DGP) - has been designated as the lead agency for the internal security forces, Customs officers and the national navy, as well as the judicial authority in the fight against trafficking. The OFAST is responsible for coordinating the National anti-Narcotics Plan in conjunction with the Interministerial Strategy for Mobilisation against Addictive Behaviours.

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

In 2021, public spending on the fight against drugs and addictive behaviour is estimated at 2.84 billion euros, representing 0.11% of the gross domestic product (GDP) in France. This estimate is based on State expenditure contributing to the inter-ministerial policy to combat drugs and addictive behaviour, and that of National Health Insurance devoted to the management of addictions (mainly comprising the cost of the medico-social addictology system, expenses traceable to hospitals and the amounts reimbursed by all health insurance schemes for opiate substitution drugs dispensed within the community). Only part of this estimate is based on credits identified as such in public accounting documents, which represent 37.7% of the total, with non-earmarked expenditure accounting for the majority (62.3%).

External estimates of the social cost of drugs are periodically carried out in France by researchers. This cost has been estimated four times, in 1996, 2003, 2010 and 2019. The last estimate carried out was made under the coordination of the OFDT within the framework of financing from the Fund for Combatting Addiction (FLCA). Relying on last existing data, this new study estimates the social cost of illicit drugs at 7.7 billion euros, a far cry from the amount estimated for alcohol (156 billion euros) and for tobacco (102 billion euros). The results of this last estimate confirm that the social cost of drugs remains much higher than the resulting tax revenue.

Summary of new developments (250 words)

Three important topics in terms of public policy in France should be highlighted over the period 2022-2023 :

- The extension in 2022 of the scope of intervention of the Fund for Combatting Addiction (FLCA) to "non-substance addiction", which aims to provide support and measures adapted to the authorities and stakeholders for the implementation of a global and coherent prevention approach to respond to the challenges of consumption and addictive behaviour among young people in particular;
- The recent impetus given to the development of partnerships with local stakeholders in 2023, the central objective of current government policy. The subjects are varied, reflecting the scope covered by the policy to combat drugs and addictive behaviour (inter-ministerial guideline relating to the multi-sectoral national strategy for the development of psychosocial skills, calls for expressions of interest for the protection of childhood, ESPER system for the prevention of addictive behaviour in the workplace, etc.).
- The work of the Economic, Social and Environmental Council (CESE in French) in favour of the legalisation of cannabis in France. Among the main recommendations of the CESE are concrete measures aimed directly at minors (strengthening of prevention, risk reduction, education in use, policy of access to care) but also measures to reinforce repression of trafficking. In addition, the CESE recommends organising a broad societal debate aimed at making as many people as possible aware of the health, social, economic and environmental issues of cannabis.

T1. National profile

T1.1. National drugs strategies

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

Please structure your answers around the following questions.

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

Timeframe	Title and web link	Scope (main substances / addictions addressed)
Introduced on 2 February 1983 (implementation period not specified)	Programme de 25 actions [A 25-action program]	illicit drugs
Introduced on 17 September 1985 (implementation period not specified)	31 mesures de lutte contre la toxicomanie [31 measures to combat drug abuse]	illicit drugs
Introduced on 9 May 1990 (implementation period not specified)	Programme d'actions de 42 mesures de lutte contre la drogue [Action programme of 42 measures to combat drugs]	illicit drugs
Introduced on 21 September 1993 (implementation period not specified)	Plan gouvernemental de lutte contre la drogue et la toxicomanie [Government plan to combat drugs and drug addiction]	illicit drugs
Introduced on 14 September 1995 (implementation period not specified)	Programme gouvernemental de lutte contre la drogue et la toxicomanie de 22 mesures [22-measure government program to combat drugs and drug addiction]	illicit drugs
Introduced on 16 June 1999. Initially for a period of 3 years (1999-2001) but it remained in force until the next plan in 2004	Plan triennal de lutte contre la drogue et de prévention des dépendances (1999-2000-2001) Summary in English: Triennial action plan against drugs and for the prevention of dependencies 1999-2000-2001 https://bdoc.ofdt.fr/index.php?lvl=notice_display&id=62725	Alcohol, tobacco, psychotropic drugs and illicit drugs
Introduced on 30 July 2004 for 4 years (2004-2008)	Plan gouvernemental de lutte contre les drogues illicites, le tabac et l'alcool (2004-2008) https://bdoc.ofdt.fr/index.php?lvl=notice_display&id=56924	Alcohol, tobacco, and illicit drugs
2008-2011	Plan gouvernemental de lutte contre les drogues et les toxicomanies 2008-2011 English version: Combating drugs and drug addiction: Government action plan 2008-2011 https://bdoc.ofdt.fr/index.php?lvl=notice_display&id=52448	Alcohol, tobacco, diverted psychotropic drugs, doping and illicit drugs
2013-2017	Plan gouvernemental de lutte contre les drogues et les conduites addictives 2013-2017 English version: Government plan for combating drugs and addictive behaviours 2013-2017 https://bdoc.ofdt.fr/index.php?lvl=notice_display&id=73185	Alcohol, tobacco, psychotropic drugs, screens, Internet, gaming, doping and illicit drugs
2018-2022	Plan national de mobilisation contre les addictions 2018-2022 English version: Alcohol, tobacco, drugs, screens: National plan for mobilisation against addictions 2018-2022 https://bdoc.ofdt.fr/index.php?lvl=notice_display&id=81178	Alcohol, tobacco, psychotropic drugs, screens, Internet, gaming, doping and illicit drugs

Timeframe	Title and web link	Scope (main substances / addictions addressed)
Introduced on 17 September 2019 for a period of 3 years ¹	Plan national de lutte contre les stupéfiants [National anti-Narcotics Plan] https://www.interieur.gouv.fr/Archives/Archives-des-dossiers/Plan-national-de-lutte-contre-les-stupefiants	Drug trafficking
2023-2027	Stratégie interministérielle de mobilisation contre les conduites addictives 2023-2027 English version: Inter-ministerial Strategy for Mobilisation against Addictive Behaviour 2023-2027 https://www.drogues.gouv.fr/le-gouvernement-publie-la-strategie-interministerielle-de-mobilisation-contre-les-conduites	Addiction to psychoactive substances (alcohol, tobacco, illicit drugs, psychotropic drugs) and non-substance addictions (gambling and video games)

T1.1.2. Please summarise your current national drugs strategy document.

Information relevant to this answer includes:

- time frame,
- responsible ministries,
- overview of its main principles, priorities, objectives and actions,
- its structure (i.e. pillars and cross-cutting themes),
- the main substances and addictions addressed.
- Whether annual progress implementation reports are developed or not (if they are and are public documents, please provide a weblink). Please also briefly comment on the current status of strategy and action plan implementation.
- If your current national drugs strategy's stated timeframe has expired, please confirm whether or not it has the status of remaining in force pending the development and approval of a new one. Please also outline by when a new strategy is expected to be developed and approved.

On 9 March 2023, the French Government adopted its new [Inter-ministerial Strategy for Mobilisation against Addictive Behaviour \(SIMCA\)](#) which defines the strategic framework for public action by the State in the field of drugs **for the period 2023-2027**. In line with the previous guidelines, national and local operational plans and programmes, drawn up in consultation with professionals, elected officials and local partners, complete the Government's action framework for the next five years.

The new plan aims to **act equally and simultaneously to supply and demand, whether at local, national or international level**. In the new government strategy, all public stakeholders have a role to play in the fight against drugs and addictive behaviour, and the emphasis is placed on the need to include their respective interventions in a common strategic framework, in order to ensure the coherence and effectiveness of comprehensive public action.

The Strategy covers **addictive behaviours with and without substances** (in particular, gambling, games of chance and video/screen games), and looks at both licit drugs (alcohol, tobacco, medicines) and illicit drugs (narcotics).

Coordinated and led by the MILDECA, the Inter-ministerial Mission for Combating Drugs and Addictive Behaviours (placed under the authority of the Prime Minister), the Inter-ministerial Strategy concerns the objectives and measures of the National Anti-Narcotics Plan, the future National Anti-Smoking Plan (coming soon), the new regional projects of the Regional Health Agencies (autumn 2023) and the roadmaps and action plans of the prefectures (autumn 2023).

¹ Focused on the supply of narcotic products, a new plan to combat drug trafficking is planned for 2023, in conjunction with the new inter-ministerial strategy for mobilisation against addictive behaviour 2023-2027.

The Strategy for 2023 sets out about a dozen strategic aims.

- The first priority stipulated **is to provide citizens with the freedom to choose**. It emphasises the need to strengthen psychosocial skills in order to avoid risky behaviour. It aims to provide precise and clear information on risks, based on scientific knowledge and removed from ideological stances and financial interests. It also underlines the will of the public authorities to act beyond the dissemination of knowledge, by applying lessons in behavioural sciences (social marketing, denormalisation, etc.) to promote changes in behaviour that are more beneficial to health.
- The **protection of minors constitutes another central strategic axis of the inter-ministerial policy**. To achieve this, the strategy sets the objective of reinforcing the key role of the family domain, by raising awareness within the family environment of the risks to which children are exposed and by highlighting the resources available in terms of advice and support allowing them to develop parenting skills and promote environments conducive to the development and growth of children.
- The Strategy also pays particular attention to those people facing challenges with their consumption. In this perspective, it emphasises the need to offer **appropriate and quality care, accessible to all**. Each user must be able to be directed to the appropriate professionals, regardless of the vector of inputs of the socio-health system initially used.
- In the workplace and in places of education and training as well as in institutions dealing with those in the hands of the judicial system, the Inter-ministerial Strategy sets as a priority the denormalisation of the consumption of substances, by contributing **to making living environments more protective**.
- The 2023-2027 plan also highlights **the need to respond to the attractiveness of the supply and availability of products**, by proposing a stricter framework for advertising and by strengthening compliance with prohibitions on sales to minors. It also advocates the benefits of a sustained price increase policy for tobacco products as well as the effectiveness of specific measures aimed at restricting the accessibility of alcoholic beverages (prohibition of sale during certain time slots, during sport events, etc.). With a view to gambling operators, it proposes to revise the regulatory framework for rewards and commercial incentives targeting players. With regard to the supply of illicit drugs, and in particular with regard to the current situation concerning the threat generated by drug trafficking, the Inter-ministerial Strategy reaffirms the Government's desire to focus the coordination of its action on the OFAST (the French Home Affairs Department's Anti-Narcotics Office) in the framework of a new plan dedicated to combating drug trafficking.
- Finally, the last strategic orientation for the 2023-2027 period concerns **data and scientific knowledge** informing the decision of the public authorities to better act in the face of the complexity of the issues related to substances and uses, which are constantly evolving. Three key issues are defined:
 - Consolidation of the systems aimed at observing the supply and demand of psychoactive products as well as non-substance addictive behaviours in France and abroad;
 - Structuring research in the field of addictions, thanks in particular to the support of the National Fund for Combatting Addiction, paying particular attention to the development of applied research on the illicit supply of narcotics and to clinical research to develop effective new treatments;
 - Promoting evaluation within the framework of specific experimental programmes in order to base action on conclusive actions.

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

Title: National Crime Prevention Strategy 2020-2024, supported by the Inter-ministerial Committee on Crime and Radicalisation Prevention

Link to PDF document: <https://www.cipdr.gouv.fr/prevenir-la-delinquance/20202024-2/>

Summary: This national strategy is a continuation of the successive plans adopted by the Government within the framework of the [law of 5 March 2007 on the prevention of delinquency](#). Developed within the framework of a wide consultation of stakeholders, the 2020-2024 strategy mobilises State services, local authorities and associative networks. Its founding principles are intended to apply throughout the national territory, while highlighting local initiatives and the right to experiment. The new strategy sets priority actions for the next five years in relation to four shared objectives:

- Intervening with minors before the age of 12 by more systematically mobilising families and implementing awareness-raising and educational actions to counter new forms of delinquency.
- Protecting vulnerable people as early as possible (the elderly, people with disabilities, female victims of violence, minors, etc.)
- Involving the population and civil society in the prevention of delinquency and the creation of a peaceful society.
- Ensuring renewed governance through adaptation to each territory and coordination between the different actors (prefects, judicial authorities, mayors and presidents of inter-municipal authorities).

This 2020-2024 strategy defines 40 measures to boost crime prevention (volume 1) and provides a toolbox proposing actions to be chosen by the territories (volume 2). Measure no. 3 targets new forms of delinquency and specifically targets drug trafficking in the context of preventing entry into or maintenance of organised delinquency (Premier ministre 2022).

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

Additional national strategy documents for other substances and addictions	
Alcohol	
Strategy title	No specific strategy It should be noted that, as part of the 2021-2025 roadmap resulting from the 2021-2030 ten-year cancer control strategy, it is planned to set up a national "alcohol" risk prevention programme which would mobilise the following levers in particular: research, regulation (marketing, accessibility of supply, etc.), reinforcement of information (public discourse and benchmarks for lower-risk consumption) with particular attention paid to young people. INSERM's collective expert report (French National Institute for Health and Medical Research) on reducing alcohol-related harm, published in May 2021, will feed into this work (INSERM 2021). Link of the English version: https://www.inserm.fr/wp-content/uploads/inserm-expertisecollective-alcool2021-syntheseva.pdf
Web address	https://sante.gouv.fr/IMG/pdf/feuille_de_route_-_strategie_decennale_de_lutte_contre_les_cancers.pdf
Tobacco	
Strategy title	Programme National de Lutte contre le Tabac (PNLT) 2018-2022 [2018-2022 National Tobacco Control Program] New National Anti-Smoking Plan 2023-2027 in preparation, two major challenges: 1. Young people with the reaffirmed objective of a tobacco-free generation in 2032 by mobilising all the levers: primary prevention, development of psychosocial skills, detrimentalisation of tobacco, respect for the protective ban and protecting young people from the incentives of the products developed by the "addiction industrialists". 2. Reducing social inequalities in health by activating all the levers in order to engage as closely as possible with the populations concerned.
Web address	https://solidarites-sante.gouv.fr/IMG/pdf/180702-pnlt_def.pdf

Additional national strategy documents for other substances and addictions	
Strategy title	2023-2025 Tobacco plan to combat tobacco trafficking. This new 2023-2025 action plan aims to adapt the response of French customs services to the scale of the illegal tobacco market. The tobacco plan mobilises all the levers available to the public authorities in the fight against fraud. It provides for customs interventions to be reinforced throughout the territory, in partnership with the police, in order to intervene more effectively with traffickers and dealers and dismantle organised networks. To punish traffickers, this plan sets itself the objective of launching with the ministry of Justice a reflection on how to impose stricter criminal penalties. The additional penalty of prohibition from French territory will be extended to customs traffic, in particular tobacco. This plan also provides for increased prison sentences for the fraudulent production or manufacture of manufactured tobacco, and for retail sale by those without retailer status.
Web address	https://www.douane.gouv.fr/sites/default/files/2022-12/05/DP_Plan_Tabac_2023-2025.pdf?v=1674133827
Image and performance enhancing drugs	
Strategy title	Plan national de prévention du dopage et des conduites dopantes dans les activités physiques et sportives 2020-2024 [National Plan for the Prevention of Doping and Doping-Related Behaviour in Physical and Sports Activities 2019-2024]
Web address	https://www.sports.gouv.fr/sites/default/files/2022-12/plan-national-de-pr-vention-du-dopage-et-des-conduites-dopantes-2020-2024-doc-en-pi-ce-jointe-minist-re-des-sports-2020-2833.pdf
Gambling	
Strategy title	Plan stratégique 2021-2023 de l'Autorité nationale des jeux [National Gambling Authority (ANJ) Strategic Plan 2021-2023]
Web address	https://anj.fr/sites/default/files/2021-01/Plan%20strat%C3%A9gique%20VF.pdf
Gaming	
Strategy title	No specific strategy
Web address	
Internet	
Strategy title	No specific strategy
Web address	
Other addictions	
Strategy title	Prévenir et agir face aux surdoses d'opioïdes : feuille de route 2019-2022 [Preventing and Responding to Opioid Overdose : 2019-2022 roadmap]
Web address	https://sante.gouv.fr/IMG/pdf/strategie_prevention_des_surdoses_opioides-juillet_2019.pdf
Strategy title	Feuille de route : Santé des personnes placées sous main de justice 2019-2022 [2019-2022 roadmap for the health policy for inmates]
Web address	https://www.citoyens-justice.fr/k-stock/data/storage/fichiers/2019.07.02-DP_Feuille-de-Route_PPSMJ-DICOM.pdf?
*please include extra lines as necessary	

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

As provided for by the 2018-2022 National Plan for Mobilisation against Addictions, each regional prefecture (13 + 5 Overseas Territories) has set out government guidelines at regional and departmental level according to the priorities of each territory in the form of a "roadmap". As part of this provision, seventeen regions have adopted a roadmap in 2019, with French Guiana adopting one in 2020. Depending on the region, certain roadmaps have been drawn up and formally co-signed with the ARS, or co-constructed with the Public Prosecutor's Office, or National Education. Several regions have involved NGOs or certain towns in this exercise (MILDECA 2021).

As the 2018-2022 plan has expired, a new roadmap exercise has been launched, emphasising the development of departmental action plans. While waiting to be able to include local action in the framework of the new roadmaps for the next five years, MILDECA has asked its project managers², for 2023, to ensure continuity with the orientations of previous years.

For more information:

- MILDECA circular of 27 December 2018 inviting regional project managers to draw up a regional roadmap, aimed at defining a limited number of strategic actions for the period 2019-2022, in line with the National Plan for Mobilisation against Addictions.
(https://www.drogues.gouv.fr/sites/default/files/2021-12/mildeca_circulaire_2019_0.pdf)
- MILDECA circular of 12 December 2022 inviting project managers to ensure continuity with the orientations of previous years for the year 2023. (https://www.drogues.gouv.fr/sites/default/files/2022-12/Circulaire%20chef%20de%20projets%20MILDECA_2023.pdf)
- Guidelines of 28 March 2023 from the MILDECA to the prefects relating to the implementation in the territories of the Inter-ministerial Strategy for Mobilisation against Addictive Behaviour 2023-2027
(https://www.drogues.gouv.fr/sites/default/files/2023-04/MILDECA_instruction_SIMCA_28_mars_2023.pdf)

The following regional roadmaps are available online:

Region	Year ³	Title and web link	Scope (main substances / addictions addressed)	Pillars / action areas
Auvergne-Rhône-Alpes	2019-2022	MILDECA Auvergne Rhône-Alpes regional roadmap https://www.rhone.gouv.fr/content/download/49076/271124/file/Feuille%20de%20route%20r%C3%A9gionale%20MILDECA%20-%20Auvergne%20Rh%C3%B4ne-Alpes%202019-2022.pdf	Substance-related or non-substance-related addictions	Structured around 3 strategic objectives: 1. Strengthening prevention and act on early use. 2. Supporting the development of harm reduction measures adapted to the general public and the regions. 3. Supporting the implementation of awareness-raising and training programmes specific to the topic of addiction.
Bretagne	2019-2022	2019-2022 MILDECA Bretagne Regional Roadmap https://www.ille-et-vilaine.gouv.fr/content/download/52107/356676/file/Feuille%20de%20route%20r%C3%A9gionale%20MILDECA%20sign%C3%A9e.pdf	Alcohol, tobacco, illicit substances, screens and video games	Axis 1: strengthening prevention and law enforcement among minors Axis 2: strengthening prevention and actions for vulnerable people Axis 3: reducing risks in the party environment Axis 4: researching behavioural addictions.

² Appointed within the prefectural team, the MILDECA project manager is responsible for leading the inter-ministerial policy to combat drugs and addictive behaviour at regional and departmental level. This remit is generally entrusted to the Chief of Staff of the Prefect.

³ Extension of the duration of the roadmaps to 2023, in accordance with the MILDECA circular of 12 December 2022.

Region	Year ³	Title and web link	Scope (main substances / addictions addressed)	Pillars / action areas
Centre-Val de Loire	2018-2022	2019-2022 Centre-Val de Loire Regional action plan on drugs and addictive behaviour https://www.eure-et-loir.gouv.fr/content/download/36226/224263/file/feuille%20de%20route%20r%C3%A9gionale%20CVL%20d%C3%A9finitive.pdf	Alcohol, tobacco, illicit substances and substance-free addictions	Axis 1: Protecting from an early age and throughout life. Axis 2: Reaching out to vulnerable people and taking specific needs into account. Axis 3: Carrying a common public discourse and enlightening in order to empower. Axis 4: Preserving the festive spirit in a quiet public space.
Grand-Est	2019-2023	Grand Est Action Plan on Addictions - Regional Roadmap 2019-2023 https://www.grand-est.ars.sante.fr/system/files/2020-04/ARS_MILDECA_Grand-Est_Feuille_route_Addictions_2019-2023_VFsignee.pdf	Alcohol, tobacco, illicit drugs and behavioural addiction	Axis 1: health promotion Axis 2: prevention Axis 3: improving treatment access for people in a situation of addiction Axis 4: optimising harm reduction policies Axis 5: strengthening the knowledge of professionals Axis 6: compliance with regulations.
Hauts-de-France	2019-2022	Hauts-de-France regional roadmap against addiction https://www.nord.gouv.fr/content/download/60463/382445/file/Consulter%20la%20feuille%20de%20route.pdf	Tobacco, alcohol, illicit substances and other psychoactive substances (nitrous oxide, poppers)	Axis 1: Continuing and intensifying the prevention of addictive behaviour among young people and informing them of the risks Axis 2: Having an adapted response in terms of repression and prevention of subsequent offences Axis 3: A better response to the consequences of addiction.
Martinique	2019-2022	2019-2022 Regional action plan on addiction https://www.martinique.ars.sante.fr/media/9530/download?inline	Licit and illicit substances	Axis 1: Strengthening information and communication on addictions Axis 2: Conducting a prevention policy from the earliest age Axis 3: Improving support for vulnerable populations Axis 4: Limiting access to licit and illicit products.
Normandie	2019-2022	Administrative offices of the Normandy Region Regional Roadmap 2019-2022 https://s1.or2s.fr/echange_fichiers/Documents/Feuille_de_route_MILDECA_Normandie.pdf	Alcohol, illicit drugs	Five main objectives: 1- Fostering social awareness and mobilising local actors around reliable data and objective and shared language elements 2- Mobilise front-line players, with the support of players specialising in addictology, to act earlier, more widely and more effectively with priority populations 3- Contribute to public peace and security by strengthening the coordination and effectiveness of addiction interventions 4- Develop effective responses for the audiences identified by the justice and law enforcement agencies 5- Fight against trafficking and enforce bans.
Nouvelle Aquitaine	2018-2022	Regional Roadmap 2018-2022 Nouvelle-Aquitaine Region https://www.pyrenees-atlantiques.gouv.fr/content/telechargement/46454/345147/file/-%20Feuille%20de%20route%20r%C3%A9gionale%202018-2022.pdf	Alcohol, illicit drugs, screens	Axis 1: reduce addictions among young people Axis 2: act on festive alcoholism Axis 3: protect vulnerable groups Axis 4: reduce screen addiction.

Region	Year ³	Title and web link	Scope (main substances / addictions addressed)	Pillars / action areas
Occitanie	2018-2022	Addictions Regional Roadmap 2020-2022 https://www.prefectures-regions.gouv.fr/occitanie/content/download/78633/508324/file/Presentation%20Feuille%20route%20Addictions%20OCCITANIE.pdf	Tobacco, alcohol, cannabis, drugs, screens and gambling	Structured around 7 priority areas: 1. Strengthening knowledge, coordination and evaluation in the field of addiction 2. Informing, training and communicating in order to enlighten 3. Protecting and preventing addictive behaviour among young people 4. Preventing and reducing risks in party settings 5. Strengthening actions for vulnerable groups 6. Reducing exposure to products 7. Continuing to develop care for people with addictions, particularly in outpatient settings.
Pays-de-la-Loire	2019-2022	2019-2022 regional addiction prevention programme https://www.pays-de-la-loire.ars.sante.fr/system/files/2019-03/PRPA_2019-2022.pdf	Alcohol, tobacco, illicit substances, behavioural addictions or non-substance addictions (eating disorders, screens, gambling and sexual addictions)	Objective 1: Strengthening prevention from an early age by working with young people and parents Objective 2: Improving early identification and referral, as well as the link with care, by relying on resource actors Objective 3: Improving the synergy and regional networking of addiction prevention systems and networks, giving priority to an approach based on regions/areas of life, and taking care to reduce inequalities in access.
Provence-Alpes-Côte-d'Azur	2019-2022	Health pathways and Addictions (axis 7) in the 2018-2023 ARS PACA Regional Health Project https://www.paca.ars.sante.fr/parcours-sante-et-addictions	Alcohol, tobacco, illicit drugs and gambling	Objective 1: Develop psychosocial skills Objective 2: Reinforce prevention actions Objective 3: Improve screening and expand harm reduction Objective 4: Streamline support and treatment Objective 5: Support and participate in the reintegration of the persons concerned.
La Réunion-Mayotte	2018-2022	Territorial Roadmap 2018-2022 in the Reunion Island https://saome.fr/wp-content/uploads/2021/05/pdf_frt_mil_deca_reunion_2018-2022-2.pdf	Alcohol, tobacco, illicit drugs	Axis 1: Prevent addictions and their consequences; Axis 2: Ensure compliance with protective bans and better supervise the sale of alcoholic beverages Axis 3: Involve communities in the construction of local political projects Axis 4: Support monitoring and research aimed at increasing the skills of actors built in a community manner Axis 5: Take into account the environment, to improve the care of users in the Indian Ocean zone and to fight effectively against trafficking by anticipating so-called emerging phenomena.

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

The French capital does not have a local strategic plan dedicated to drugs. However, the Paris City Council and the Seine-Saint-Denis Departmental Council have a service in charge of the metropolitan policy for the prevention of risk behaviours (MMPCR). Created in July 2013, the MMPCR is attached to the Public Health Department of the City of Paris and the Solidarity Unit of the Department of Seine-Saint-Denis. It is a resource for the two regions that intervenes at the crossroads of the fields of social cohesion, education, health, integration, and justice, to promote the prevention of risk behaviours (<https://mmPCR.fr/>).

T1.1.7. What elements of content (objectives, priorities, actions) of the EU Drugs Strategy 2021-25 and of the EU Drugs Action plan 2021-25 or the previous 2013-20 EU Drugs Strategy and its two action plans were directly reflected in your most recent national drug strategy or action plan?

The new Inter-ministerial Strategy for Mobilisation against Addictive Behaviour 2023-2027 places its action within the common strategic framework defined by European drug policy, guided by a balanced approach to reducing supply and demand, and transversally oriented in the fight against the consequences linked to psychoactive substances.

In line with the 2021-2025 EU strategy, the French strategy aims to ensure a high level of protection for populations against the health, social, security and economic consequences linked to the consumption and trafficking of illicit products, by paying special attention to vulnerable populations. In accordance with the fundamental principles of the European strategy, it aims to develop global, coordinated and coherent action based on solid knowledge which is both participatory and fully understood by all partners, users and the general public.

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

T1.2. Evaluation of national drugs strategies

The purpose of this section is to

- Summarise the most recent national drug strategy evaluation.
- Where none has been completed, please summarise any available strategy review process.

T1.2.1. List the titles and timeframes of recent national drug strategy and action plan evaluations, and/or issue specific evaluations of initiatives that are considered as official representative assessments of the national drug strategy measures, providing links to PDFs.

The first evaluation conducted in France on government policy focused on the 1999-2000-2001 three-year plan (Setbon *et al.* 2003). The following 2004-2008, 2008-2011 and 2013-2017 plans also included evaluations but in the form of the monitoring of key indicators. In addition, an external team from the academic world was asked to evaluate four actions in the 2013-2017 plan (<https://hal-sciencespo.archives-ouvertes.fr/hal-01915043/document>). The most recent evaluation exercise concerns the mobilisation plan against addictions 2018-2022 which gave rise to a final assessment (<https://www.drogues.gouv.fr/sites/default/files/2023-03/Bilan%20PNMA%202018-2022.pdf>).

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

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

The 2018-2022 national plan was the subject of overall monitoring, the results of which were made public in March 2023 (MILDECA 2022) during the official adoption of the new mobilisation strategy for the 2023-2027 period. The evaluation exercise was piloted by the MILDECA as part of an internal evaluation. Conducted upon expiry of the plan, the purpose of the evaluation was to take stock of the evolution of the dynamics advocated and the components facing challenges in order to come up with prospects for action with a view to the new strategy.

The methodological approach was twofold, qualitative and quantitative. Its qualitative aspect was based on work and exchanges with State services involved in the fight against drugs and addictive behaviours, in two regions that are representative of the territorial dynamics underway: Occitanie and Normandy. Regional and departmental prefectures, regional health agencies, public prosecutors and education authorities were also involved. This initial evaluation exercise was completed by the monitoring of quantitative indicators, together with targets to be achieved by the end of the plan. As the periodic surveys from which the indicators are taken are carried out, the OFDT has reported the results of the defined dashboard, in order to monitor trends.

With regard to the main results of this evaluation, the assessment identified several major advances in the policy conducted over the last five years (2018-2022):

- In the field of information, the emphasis has been placed on large-scale communication campaigns and social marketing operations on the risks associated with the use of licit drugs (tobacco and alcohol) and illicit drugs (cannabis, MDMA, nitrous oxide, GHB and cocaine). Special attention has been paid to children and adolescents, resulting in the accelerated roll-out of life skills programmes and the identification of problematic uses of screens (including video games). A priority area for prevention was also the workplace, which was disrupted by the Covid-19 public health crisis and where the risk of addictive behaviour has increased for some employees. The mobilisation of professional actors around the prevention of addictive behaviours has gone hand in hand with that of primary care professionals to identify, in the greatest number of patients, possible risky behaviours, and to support people in difficulty, by directing them if necessary to specialised structures and services.
- In terms of risk reduction, the experiment with lower-risk consumption rooms (DCR) has come to an end. The evaluation of the Paris and Strasbourg DCR conducted by INSERM confirmed the interest of these schemes in improving the health of users, avoiding significant medical costs and limiting nuisances for local residents (in particular, the reduction in the number of injections and syringes left in the public domain). The positive results of the evaluation allowed the system to be renewed under the title "Addiction care drop-offs" (Haltes soins addictions/HSA) for three years. The health crisis linked to Covid-19 has accelerated the deployment of so-called « reaching out » approaches and facilitated better consideration of the problems linked to addiction suffered by the most vulnerable groups.
- In the field of coordination of public action at a regional level, the assessment shows the efforts made in recent years to strengthen its support for regional actors to achieve effective action. The topics for which coordination was successful are varied, reflecting the scope of this policy: forming an educational alliance to reinforce the psycho-social skills of children and adolescents; creating protective environments around them (observance on the ban on sales to minors, setting up of trusted places and family protection); reinforced coordination between the forces involved in the fight against drug trafficking under the aegis of the new OFAST branches; regulating local party settings, whether regular, in certain streets or neighbourhoods, or occasional (festivals, celebrations); coordinating health care providers to facilitate the inclusion of patients in clear health care pathways, with a strong remote support dimension; supporting vulnerable people (e.g. crack users in Paris; disseminating harm reduction practices in reception and accommodation facilities; experimenting with regional schemes to prevent young people from becoming involved in drug trafficking).
- With regard to festive gatherings, it is emphasised that prefectures have mobilised local players to reduce the risky use of psychoactive substances and the associated health and social damage (violence, disturbance of public order and peace). The resumption of the festive life in the summer of 2021 required particular vigilance.
- The Government's commitment to combating drug trafficking has resulted in a comprehensive and ambitious anti-trafficking plan, adopted in September 2019 (Ministère de la Justice *et al.* 2019) which should give rise to a new plan for the next five years, currently under development. The two major advances highlighted were the deployment of the fixed criminal fine (AFD) in the area of narcotics and the multiplication of operations to destabilise drug dealing locations, based on an inventory of these locations, now also thanks to the ability of citizens to report these locations online from the websites (https://www.plus.transformation.gouv.fr/experiences/3260185_mon-commissariat-en-ligne).

- More generally, and in the very particular context of the Covid-19 epidemic (marked by the destabilisation of traffic and the interruption of flows), the initiative action of the internal security forces was maintained in 2020 with an acceleration since the second half of 2021, extended into 2022, of seizures of products and seizures of criminal assets. On 18 May 2021 and 3 March 2022, the Prime Minister chaired inter-ministerial committees to combat narcotics, thus reinforcing the Government's commitment in this area.
- Significant investments were highlighted in the field of research, notably through the Fund for Combating Addictions. An annual budget of 10 M€ allocated over the period 2019-2022 to the National Institute for Health and Medical Research (INSERM) and the National Cancer Institute in partnership for financing research projects in the field of the addictions illustrates such efforts. In particular, the evaluation of the drug consumption room experiment by INSERM and the INSERM collective expertise on alcohol constitute a solid new basis of knowledge for directing public action in these areas.
- With regard to international action, the assessment highlights the institutional position of the French authorities, who continue to promote a global and balanced approach to the fight against drugs, based on the defence of human rights, in international bodies (in particular the United Nations Commission on Narcotic Drugs, INTERPOL, WHO and UNODC) and European bodies (in particular EUROPOL, FRONTEX and OSCE), and to increase cooperation actions, in particular by rolling out expert missions to train internal security forces in partner countries on all aspects of the fight against drug trafficking.

The assessment also highlights the main challenges identified and the progress to be made, which will guide the next government strategy.

- A major concern is vulnerable sections of the population. For the general public, the protection of minors is highlighted as a key priority for the coming years. Emphasis is placed on the urgent need to identify new forms of action to put an end to the massive non-compliance with the ban on the sale of alcohol, tobacco and gambling to minors, and the need to provide appropriate responses for vulnerable people (people with disabilities, detained persons, etc.).
- Another key area highlighted by the assessment report concerns the restructuring of addiction services (review of missions, associated costs and budgets; better coordination between the health and medico-social sectors, etc.), which has been partially undertaken over the last five years and which represents a major challenge for the coming period.
- Finally, the mobilisation of local authorities has mainly concerned municipalities and departmental councils. Regional councils have not been asked to take a more systematic account of the problem of addictive behaviours in the support provided to people covered by the training and employment policies managed at this level: job seekers, apprentices, vocational trainees in various branches of industry, etc. It would also be useful to give local missions more tools.

In addition to the evaluation carried out by MILDECA at the end of the government strategy, the monitoring scheme was based on a table of indicators that made it possible to monitor developments in around fifteen priority objectives. This monitoring table was filled in periodically by the OFDT, as and when the surveys from which the indicators are derived were carried out, and communicated to the MILDECA to enable it to guide public action on drugs.

A variety of sources were used:

- representative surveys (EROPP survey on French people's representations, opinions and perceptions, data from the *Santé publique France* Health Barometer on drug use among adults, or surveys of young people, such as ESCAPAD or EnCLASS on the age of first use, uses, access to products, etc.);
- additional surveys carried out in certain environments (RECAP system in health care centres, the Ena-CAARUD survey in harm reduction facilities, in the workplace, etc.) or among specific populations (pregnant women on drug use during pregnancy and recommendations received by health professionals to prevent it, the incidence of HIV among injecting drug users, victims of violence, etc.);
- health insurance data (patients who have received a brief intervention, beneficiaries of opioid substitution treatment, etc.) and data from existing registers (road accidents, fatal overdoses, etc.);
- statistics on the fight against trafficking (seizures of drugs, criminal assets, number of criminal organisations impeded, number of people charged with drug offences, etc.).

However, the data collected does not allow for a satisfactory measurement of changes in addictive behaviour over the duration of the plan (2018-2022). By mobilising the available data, however, the following can be noted:

- Contrasting trends in the use of psychoactive substances in the general population.
- A significant drop in experimentation and consumption among adolescents.
- High accessibility of products perceived by adolescents.
- Strong growth in sales of smoking cessation treatments but stable demand from patients for support as part of a brief intervention-based approach for their consumption of alcohol or tobacco.
- A decrease in fatal accidents on the road caused by alcohol and narcotics.
- A redoubling of efforts to combat narcotics.
- The unavailability of recent data on violence committed by perpetrators under the influence of alcohol or drugs.

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

The new Strategy of Mobilization against Addictive Behaviour 2023-2027 does not highlight the evaluation mechanism planned to assess its priorities for action or its concrete achievements over the next five years. However, the strategy for 2023-2027 sets the objective of promoting evaluation within the framework of specific experimental programmes (Strategic orientation n°. 10 "Observe, enlighten and evaluate for improved performance").

Two funding levers are mobilised:

- Credits from the MILDECA to support the initiatives of the ministries and to experiment, on a few sites and for a limited period, with innovative mechanisms for prevention, health and social care, law enforcement and the fight against trafficking which may be taken over by the ministries if they prove to be relevant following assessment.
- Credits from the Fund for Combatting Addiction as part of the civil society mobilisation call for projects and the IreSP's "Research" call for projects focusing on the addictions component.

For example, the 2023-2027 strategy refers to the following assessments:

- The evaluation of programmes to strengthen psychosocial skills such as the "Good Behaviour Game" (GBG) tested in the Nice academy since 2016, and the PRIMAVERA programme deployed in the academies of Paris and Amiens.
- That carried out by INSERM on the DCRs, which enabled the drafting of new specifications for the future addiction treatment centres (HSA).
- Experimental programmes to prevent the involvement of young people in drug trafficking (LIMIT'S programme) which, since their initiation, have been accompanied by an external assessment.
- The problem-solving Justice mechanism will also be evaluated from the end of 2022.

T1.3. Drug policy coordination

The purpose of this section is to

- Provide a brief summary of the coordination structure involved in drug policy in your country
- Describe the main characteristics of each coordination body

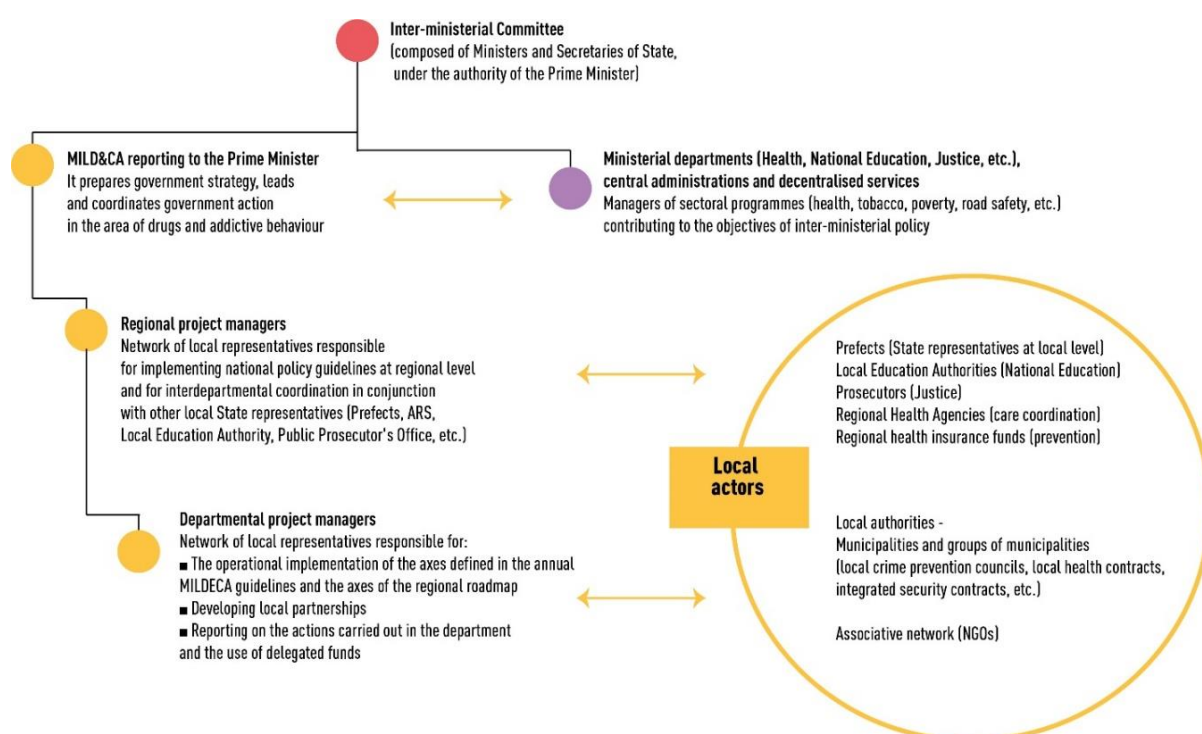
T1.3.1. Describe your national drug policy coordination bodies. Explain their level and role (e.g. the inter-ministerial, national, regional and local, strategic and operational, hierarchical relationships, and the ministries they are attached to. Please include a summary graphic.

Founded in 1982 and reporting to the Prime Minister since 2008, the MILDECA prepares, leads and coordinates government strategy to combat drugs and addictive behaviour. Under the authority of the Prime Minister, the Inter-ministerial Committee for the Fight against Drugs and Addictive Behaviour is responsible for approving the government strategy. It is made up of ministers and state secretaries and is the government's decision-making body in the area of drugs.

At regional and departmental level, MILDECA project managers lead inter-ministerial policy. The [MILDECA circular of 12 December 2022](#) specifies the role of project managers. They are responsible for mobilising all decentralised State services and improving the implementation of sectoral policies (Regional Health Agency, Local Education Authority, Public Prosecutor's Office, in particular) on the one hand, and supporting the local network by consulting and by associating all the institutional partners and the associative actors on the other hand. They are designated within the prefectural team. With a few exceptions, it is the director of the Prefect's cabinet who is in contact with the MILDECA project manager. In direct collaboration with the Prefect, the director of the cabinet is the permanent correspondent of the ministerial cabinets. He/she endeavours to promote State policy by maintaining close relations with the media, elected officials and socio-economic representatives. He is more particularly specialised in security and assists the Prefect directly to lead and coordinate the action of the services responsible for respecting public order and the protection of people and property (police, gendarmerie and emergency services). He/she particularly follows crime prevention policies, road safety issues, litigation for acts of terrorism or attacks, etc

More specifically, the regional project managers steer the exercise of developing and monitoring the regional roadmap - in application of the inter-ministerial strategic orientations - and are responsible for ensuring the local network leading the response to needs, regional coordination of allocated intervention credits and to provide methodological support to departmental project managers. The departmental project managers are directly responsible for the operational implementation of the axes defined by the annual guidelines provided by the MILDECA and the axes of the regional roadmap.

Each year, the MILDECA sends its project managers guidelines on the use of the credits delegated to them at the local level, in order to give them the means to promote local actions to prevent and combat addictive behaviours. In 2023, these intervention credits represent 8.5 million euros. In addition to the intervention credits allocated by the MILDECA, project managers can participate in decisions on the allocation of intervention credits delegated to the Regional Health Agencies (ARS), from the Fund for Combatting Addiction (FLCA) which make it possible to support, generally within the framework of calls for projects, local actions in line with their regional health project and their regional programme to reduce smoking.



Source : OFDT

T1.4. Drug related public expenditure

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

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

The State budget is prepared by the Government and voted by Parliament as part of the drafting of the finance law, following a programmatic rationale. As the "drugs" policy falls within the inter-ministerial remit, a dedicated transversal policy document (DPT) is used to present the budgetary programmes contributing to the inter-ministerial policy to combat drugs and the related tax expenditures. It is annexed to the finance law. It sets out the objectives of the transversal policy and the means implemented to achieve them within the inter-ministerial framework. The DPT devoted to the policy to combat drugs and addiction is prepared by the MILDECA - ministerial leader - in collaboration with the ministries contributing to the implementation of State action in this area. It presents the main expenditures related to all programmes contributing to government policy (execution N-2, voted appropriations N-1 and proposed appropriations for year N). Non-calculable expenses and those whose cost is insignificant are excluded. The list of expenses for the actions of the programmes concerned is proposed by the Budget Department at MILDECA. The lead partner must take care to give an overview of the financial contributions of public administrations to the transversal policy, integrating as far as possible expenditure outside the sole scope of the administration (for example, the effort of public authorities within the framework of the health insurance financing law, which is used to finance hospitals, the medico-social system or the reimbursement of prescription drugs). The most recent estimate relates to the credits executed for the year 2021 (Première ministre 2022) which amounts to State and health insurance expenditure at 2.8 billion euros, or 0.11% of the gross domestic product (GDP) of France.

More recently, the [law of 22 December 2018](#) on financing for social security for 2019 created the "national fund for combatting addiction" (FLCA), which was initially limited to addictions linked to psychoactive substances. As of 2022, it is extended to all substance and non-substance addictions. In particular, it finances prevention and research actions at local, national, regional and international level. The MILDECA is a member of the governance bodies of the FLCA, alongside the Ministry in charge of Health and Health Insurance. The Select Committee issues an annual opinion on the actions to be financed by the Fund for the current year from among the priority actions proposed by the Strategic Orientation Council. In 2021, the FLCA is endowed with 111 million euros.

External evaluations focusing more broadly on the social cost of drugs are periodically carried out by specialised researchers. The social cost of drugs in France was estimated in 1996, 2003, 2010 (Kopp 2015; Kopp and Fenoglio 2004, 2006) and more recently in 2019 (Kopp 2023). The latest estimate has been carried out with the support of the Fund for Combatting Addiction under the coordination of the OFDT. This study assesses the social cost of illicit drugs at 7.7 billion euros, a far cry from the amount estimated for alcohol (156 billion euros) and for tobacco (102 billion euros). The results of the study confirm a social cost of drugs that is much higher than the resulting tax revenue.

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

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

In 2021, the contribution from the State and Health Insurance reached €2.837 billion and represented 0.11% of the gross domestic product (GDP) in France Credits identified as such in public accounting documents represent 37.7% of the total, while unmarked expenditure represents 62.3% of tracked resources (Eurostat 2023).

Table IV. Break-down of drug related public expenditure

Expenditure	Year	COFOG Classification	National accounting classification	Trace (Labelled, Unlabelled)	Name of the programme
13 099 737	2021	01.3 - General services	129	Labelled	Coordination of government activities
9 987 243	2021	01.3 - General services	209	Unlabelled	Solidarity with developing countries
2 712 306	2021	01.3 - General services	105	Unlabelled	Action by France in Europe and throughout the world
808 809	2021	01.3 - General services	354	Unlabelled	Territorial administration (change in wording in 2019)
5 684 332	2021	09.1 - Pre-primary and primary education	140	Unlabelled	Primary State school education
140 620 019	2021	09.2 - Secondary Education	141	Unlabelled	Secondary State school education
8 569 542	2021	09.2 - Secondary Education	143	Unlabelled	Technical agricultural training
108 930 065	2021	09.2 - Secondary Education	230	Unlabelled	Student life
7 749 961	2021	09.8 - Education n.e.c.	207	Unlabelled	Road safety and education
12 503 580	2021	09.8 - Education n.e.c.	147	Unlabelled	Urban policy
250 000	2021	09.4 - Tertiary Education	142	Unlabelled	Agricultural higher education and research
3 120 000	2021	07.4 - Public Health services	204	Unlabelled	Prevention, health safety and health care delivery
12 076 502	2021	07.4 - Public Health services	219	Unlabelled	Sport
10 000	2021	07.4 - Public Health services	123	Labelled	Overseas living conditions
497 650 000	2021	07.4 - Public Health services	Social security Budget	Labelled	Specialised healthcare expenditure
76 000 000	2021	07.1 - Medical products, appliances and equipment	Social security Budget	Labelled	Reimbursement for opioid substitution medication
372 537 195	2021	07.3 - Hospital services	Social security Budget	Labelled	Hospital healthcare expenditure
2 592 853	2021	10.4 - Family and Children	304	Unlabelled	Social inclusion and protection of individuals (change in wording in 2016)
688 729 962	2021	03.1 - Police services	176	Unlabelled	National police force
3 801 142	2021	03.3 - Law courts	182	Unlabelled	Judicial youth protection service
2 401 791	2021	03.4 - Prisons	107	Unlabelled	Prison authorities
536 215 733	2021	03.6 - Public order and safety n.e.c.	302	Unlabelled	Facilitation and safeguarding of exchanges
219 568 509	2021	02.2 - Civil defence	152	Unlabelled	National <i>Gendarmerie</i>
315 346	2021	02.2 - Civil defence	178	Unlabelled	Preparation and use of forces
111 000 000	2021	07.4 - Public Health services & 07.5 - R&D Health	Security social Budget	Labelled	Fund for Combatting Addiction (FLCA in French)

Source: based on the Finance Draft Law for 2023 (Première ministre 2022), the National Health Insurance Fund Medic'AM database and directives of [21 April 2021](#), of [20 October 2021](#) and of [17 December 2021](#) relating to the 2021 tariff and budgeting campaigns for health care institutions.

T2. Trends. Not applicable for this workbook.

T3. New developments

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

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

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

T3.1. Please report notable new drug policy developments since last report (e.g. cannabis policy, crack cocaine and/or methamphetamine problems and responses (e.g. targeted strategies, measures), open drug scenes, NPS specific strategies, the changing policy context of national drug strategy, etc.).

Several important topics have been the subject of recent developments in the public policy arena in France.

Expansion of the scope of intervention of the Fund for Combatting Addiction (FLCA)

At the end of 2021⁴, the scope of the Fund to combat addictions linked to psychoactive substances was extended to so-called "non-substance" addictions. Initially created in December 2016 within the National Health Insurance Fund to support the tobacco control policy, the "Tobacco" Fund saw its scope of intervention extended for the first time in 2019 to all psychoactive substances⁵ to become⁶ the "Fund to combat addictions linked to psychoactive substances".

This new extension of the FLCA's scope of intervention to behavioural addictions makes it possible to integrate the prevention of addictions to screens, video games, gambling and games of chance in addictive behaviour-related public policy, and thus to respond to the signals observed in recent years in these areas, mainly in adolescents and young adults. More broadly, the objective is to allow all the actors mobilised by public action to deepen the overall approach to the prevention of addictive behaviour, taking into account the importance of poly-addictions (addiction to psychoactive substances and "non-substance" addictions simultaneously).

As part of the FLCA action plan for 2022, two mechanisms for financing actions aimed at preventing and reducing risks and damages have been organised:

- At a national level, the national call for 2022 "Mobilisation of civil society" projects to support large-scale associative projects relating to the prevention and reduction of the risks relating to consumption of psychoactive substances as well as the problematic uses of gambling (closed).
- At the local level, the local call for projects relating to "Mobilisation of young people, for young people" to support local actions relating to the consumption of psychoactive substances and mental health (also closed).

In addition, in 2022, efforts to support national priorities (such as programmes advocating "tobacco-free health places" and the development of psychosocial skills) as well as improving communication with the general public on psychoactive substances (tobacco, alcohol and illicit drugs) were continued, with the aim of contributing to the fight against excessive consumption and the addictive behaviour associated with them.

Impetus given to the development of partnerships with local actors

Considered essential to the effectiveness of the action, initiatives to support actors and strengthen alliances with local partners have multiplied over the last period. The subjects are varied, reflecting the scope covered by this policy: educational alliance to strengthen the psychosocial skills of children and adolescents ([Inter-ministerial guideline 2022-131 of 19 August 2022 relating to the national multi-sectoral strategy for the development of psychosocial skills in children and young people 2022-2037](#)); creation of protective environments around them (compliance with the ban on sales to minors, establishment of trust and family protection houses, support for child protection operators within the framework of the call for expressions of interest launched in 2023); prevention of addictive behaviour in the workplace through

⁴ Article 84 of [Law 2021-1754 of 23 December 2021](#) on the financing of Social Security for 2022.

⁵ Article 57 of [Law 2018-1203 of 22 December 2018](#) on the financing of Social Security for 2019.

⁶ Article L. 221-1-4 of the Social Security Code.

the deployment of the so-called ESPER scheme ("Companies and public services are resolutely committed"), the elements of the first MILDECA report of which⁷ were presented on 20 December 2022; support for higher education establishments (universities and *grandes écoles*) through two calls for expressions of interest launched respectively in autumn 2022 and spring 2023; enhanced coordination between the forces engaged in combating drug trafficking under the aegis of the new branches of the OFAST; regulation of local festive life, whether regular, in certain streets or neighbourhoods, or occasional (parties, festivals); coordination of health actors in facilitating the registration of patients in clear health channels, including a strong dimension involving remote assistance; support for vulnerable people (crack users in Paris, for example; dissemination of risk reduction practices in reception and accommodation systems; deployment of the LIMIT's experiment to prevent young people from participating in drug trafficking).

Favourable opinion of the CESE on a supervised, preventive and educational legalisation of cannabis in France

A consultative chamber created by the Constitution, the Economic, Social and Environmental Council (CESE) informs public policies through its opinions. On 24 January 2023, the Council voted in favour of a regulated legalisation of cannabis (87 votes for, 25 against and 16 abstentions).

In support of the available data and the hearings of several experts, the CESE notes the failure of the law of 1970 to respond to the health, social, economic and environmental issues of cannabis. The CESE's opinion proposes emergency measures to protect minors and decriminalise the personal use and cultivation of cannabis, as well as the organisation of a broad societal debate and the overhaul of the current legislative model.

1. Emergency measures

The CESE wishes to strengthen the public policy of prevention and harm reduction specific to cannabis, integrated into all addictive behaviours, and recommends reinforcing the repression of trafficking directly targeting minors, by mobilising legal educational assistance if necessary, and by creating specific reception and care structures.

The CESE proposes no longer penalising the use and cultivation of cannabis in a personal capacity, and recommends reviewing screening for cannabis while driving, by sanctioning only the influence, and by developing the scientific study and the operability of the implementation of behavioural tests.

2. Organising a broad societal debate to build a new model for regulating cannabis

The CESE proposes the establishment of this debate within society by allowing broad participation and understanding by as many people as possible of the health, social, economic and environmental issues of a new legislative framework for cannabis.

3. A complete overhaul of the law

The CESE proposes a complete overhaul of the law in order to perpetuate the establishment of a desirable model of regulated legalisation of the production, distribution and so-called "recreational" use of cannabis. It recommends several measures:

- Deployment of a public policy of prevention, harm reduction, education in use and care by developing a large-scale protective strategy in particular for young people, in particular minors, via a policy of support and responsibility for at-risk uses;
- Regulation of the production of cannabis by allowing the coexistence of different production models through separation of the medical, useful and "recreational" sectors, making organic farming the norm in terms of culture, while regulating the volume or areas devoted to this culture, and by ensuring complete and transparent traceability from seed to consumption thanks to a public "blockchain", under the control of State services;
- Regulation of the distribution of cannabis by authorising it only to adults in dedicated points of sale subject to licensing, by subjecting distributors to mandatory training in risk prevention and harm reduction, updated regularly, and by ensuring the mandatory display of levels of major cannabinoids and flavour profiles alongside preventive public health messages;
- regulating the use of so-called "recreational" cannabis by authorising it only to adults while paying particular attention to those aged 18 to 25, by directing minor users to an educational and therapeutic

support service comprising specialists rather than penalising their consumption, by guiding and supporting consumers towards lower-risk uses, and by redressing the social injustices caused by cannabis trafficking;

- creating a specific tax allocated to prevention and care, to finance research on cannabis, as well as the rehabilitation of neighbourhoods and support for people who have suffered the consequences of trafficking with a view to developing the local economy;
- developing a safety and quality control policy for products, origins and cultivation methods. The objective pursued also consists of redoubling efforts to reduce trafficking, in particular towards minors, and by protecting the places of production, processing and distribution.

T4. Additional information

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

T4.1. **Optional.** Describe additional important drug policy information, studies or data, providing references and/or links.

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

T.4.3. **Optional.** Are you aware of any national estimate of the contribution of illicit drug market activity to the National Accounts? Please describe any sources of information, specific studies or data on the contribution of illicit drug activity to national accounts. Where possible, please provide references and/or links.

T5. Sources and methodology

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

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

Eurostat (2023). GDP and main aggregates - selected international annual data [online]. Available: <https://ec.europa.eu/eurostat/databrowser/view/tec00001/default/table?lang=en> [accessed 17/07/2023].

INSERM (2021). Réduction des dommages associés à la consommation d'alcool. Synthèse et recommandations. INSERM, Paris. Available: <https://www.inserm.fr/information-en-sante/expertises-collectives/reduction-dommages-associes-consommation-alcool> [accessed 17/07/2023].

Kopp, P. and Fenoglio, P. (2004). Coût et bénéfices économiques des drogues. OFDT, Saint-Denis. Available: <https://www.ofdt.fr/BDD/publications/docs/epfxpkk6.pdf> [accessed 17/07/2023].

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- Ministère de la Justice, Ministère de l'Action et des Comptes publics and Ministère de l'Intérieur (2019). Plan national de lutte contre les stupéfiants. Dossier de presse du mardi 17 septembre 2019. Available: <https://www.interieur.gouv.fr/Actualites/L-actu-du-Ministere/Plan-national-de-lutte-contre-les-stupefiants> [accessed 20/04/2023].
- Premier ministre (2022). Stratégie nationale de prévention de la délinquance 2020 > 2024. 40 mesures #PrévenirPourProtéger. Available: <https://www.cipdr.gouv.fr/wp-content/uploads/2020/03/Tome-1-SNDP-INTERACTIF-1.pdf> [accessed 17/07/2023].
- Première ministre (2022). Document de politique transversale. Politique de lutte contre les drogues et les conduites addictives. Projet de loi de finances pour 2023. Ministère de l'Économie, des Finances et de la Souveraineté industrielle et économique, Paris. Available: <https://www.budget.gouv.fr/index.php/documentation/file-download/19005> [accessed 20/04/2023].
- Setbon, M., Guerin, O., Karsenty, S., Kopp, P., Costes, J.-M., Díaz Gómez, C. *et al.* (2003). Evaluation du plan triennal de lutte contre la drogue et de prévention des dépendances (1999-2002). Rapport général. OFDT, Paris. Available: <https://www.ofdt.fr/BDD/publications/docs/epfxmsj9.pdf> [accessed 17/07/2023].

The following sources were used to identify healthcare expenditure included in the Social Security Funding Act (LFSS), in particular the authorised budget to fund the activities of hospital-based Addiction liaison and treatment teams, specialised treatment centres and new measures under national plans:

- [Directive DGOS/R1 no.2021-87 of 21 April 2021](#) regarding the first 2021 tariff and budgeting campaign for health care institutions.
- [Directive DGOS/R1 no.2021/213 of 20 October 2021](#) regarding the second 2021 tariff and budgeting campaign for health care institutions.
- [Directive DGOS/R1 no.2021/257 of 17 December 2021](#) regarding the third 2021 tariff and budgeting campaign for health care institutions.

To track the cost of the medico-social addiction system (CAARUD, CSAPA and therapeutic communities), the priority source is the Transversal policy document "Policy against drugs and addictive behaviour" (DPT) (Première ministre 2022). Although this expenditure does not directly fall within the scope of the Budget Act, annual Social Security payments (funds disbursed) can be traced to specialised addiction medicine facilities for their annual operations, from the annexes of successive DPT. This information is sourced from the regional health agencies directly responsible for the financial and accounting management of the subsidies paid.

Reimbursement amounts for opioid substitution medications (OSM) were extracted from the Médic'AM-CNAM-TS database (<https://assurance-maladie.ameli.fr/etudes-et-donnees/open-medic-depenses-beneficiaires-medicaments>). This source provides the amounts reimbursed by the National Health Insurance Fund based on the medication retail price.

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

Estimate of public expenditure for drug policy produced by the OFDT, 2021 data (point T1.4.2)

Only a portion of drug-related spending is identified as such in public accounting documents ("earmarked spending"), and the vast majority of credits are assessed based on estimates. Since 2008, the appropriations contributing to the programmed actions are presented in an appendix to the finance law, the transversal policy document for the fight against drugs and addictive behaviour (DPT). It tracks the most significant expenses, excluding those that cannot be quantified or expenses whose cost is insignificant. In order to give as complete a picture as possible, the DPT mentions the main health insurance expenditure devoted to addictive behaviour. These include the financing of specialised centres providing care and risk reduction services and implementing prevention, treatment and social reintegration activities (CAARUD, CSAPA and therapeutic communities in particular) and expenditure relating to the financing of medico-social structures specialising in addictology which are provided directly by the Regional Health Agencies (ARS) on the basis of credits executed. The hospital sector completes the health care component for those suffering from addictions thanks to additional funding from health insurance for Hospital-based Addiction Liaison and Treatment Team (ELSA) and hospital addiction consultancies.

The circulars relating to the tariff and budgetary campaigns of health establishments constitute another additional source for tracking the new measures authorised by the Government within the framework of the health insurance financing law.

The last source used was Médic'AM, which makes it possible to extract the amounts reimbursed by all the health insurance schemes for opioids substitution drugs dispensed in the community. However, this source is incomplete as of 2018. The reimbursement amounts valued in section T1.4.2 are therefore underestimated (<https://www.ofdt.fr/BDD/publications/docs/TabTSO230418.pdf>). Following the change in the method of remuneration for pharmacists, the amounts reimbursed for opioid substitution drugs that can be extracted from the health insurance database do not include dispensing fees paid to pharmacists. They include a packaging fee (per box), and a prescription fee for prescriptions containing at least 5 medicines. In 2017, they amounted to nearly 24.5 million euros per year (latest known data).