

# Prevention workbook

## 2023

*France*

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## T0. Overview

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

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

### Summary

#### Policy and organisation

In France, the addictive behaviour prevention policy refers to licit (alcohol, tobacco, and psychotropic medicines) and illicit psychoactive substances, but also to other forms of addiction (gambling, gaming, ...). Under the Prime Minister responsibility, this strategy is coordinated at central level by the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA) and implemented at local levels by deconcentrated services. General goals are not only to delay if not to prevent the onset of use, but also to curb addictive practices and the related abuses and risks. The 2018-2022 National Plan for Mobilisation against Addictions and the Interministerial Strategy for Mobilisation against Addictive Behaviours for the period 2023-2027 focus on the deployment of evidence-based approaches in the field of prevention, particularly those focusing on psychosocial skills for children and adolescents, and on the early detection of addictive behaviours so that people in need can be guided more effectively to specialised support services.

In the prefectures, the MILDECA project managers outline, within the framework of regional and departmental roadmaps, their objectives to prevent addictive behaviour and share them with the State's territorial departments, local authorities, and NGOs. They dedicate funding to prevention activities granted by the Finance Act and appropriated to them by the MILDECA as well as funding from the Interministerial Fund for Crime Prevention (FIPD). The intervention funding from the Regional Health Agencies (ARS), particularly the Regional Intervention Fund (FIR), and now the Fund for Combatting Addiction to Psychoactive Substances, constitute other sources of financing prevention. Each year, the *Fonds de lutte contre les addictions* (FLCA) (Fund for Combatting Addiction) supplements the FIR and provides funding for themed calls for projects in the fields of prevention and research.

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

### **Prevention interventions**

In France, environmental strategies to reduce alcohol and tobacco consumption are well established and enjoy strong political support. School-based universal prevention (including those in agricultural education) and indicated prevention through the Youth Addiction Outpatient Clinics (CJC) which deliver 'early intervention' towards young users and their families (in 550 consultation points throughout France) are two pillars of the public responses. Major efforts have been made to develop collective prevention measures in the workplace as well (private companies and public services) beyond the remit of occupational physicians as well as in universities through health services and student liaison officers on health. Also, preventive responses were enhanced towards priority publics, like youth in deprived urban areas, youth in the care of the judicial youth protection and child welfare services. National media social marketing campaigns against alcohol or tobacco consumption are regularly broadcast, but these are less frequent on the subject of drugs. Two campaigns on cannabis were organised in 2022.

### **Quality assurance**

During the 2010s, professionals and policymakers showed increasing interest in the quality of prevention services and programmes offered and how to improve them. Special efforts were made to extend versions adapted to the French context of the Unplugged and GBG (Good Behaviour Game) programme to primary school classes, as part of a cross initiative between professional organisations and decision-makers. Prevention stakeholders are encouraged to refer to guidelines on drug prevention in school or other settings. The ASPIRE grid (Assessment and selection of prevention programmes arising from "EDPQS" quality standard overview) the French adaptation of the EDPQS, remains relatively unknown and appears to not be used very frequently. Since the end of September 2018, a directory of effective or promising prevention interventions that promote health « [Répertoire des interventions efficaces ou prometteuses en prévention et promotion de la santé](#) », managed by the French Public Health Agency (SpF-Santé publique France), has been available and is still being expanded (See T1.3).

### **New development**

The new Inter-ministerial Strategy for Mobilisation against Addictive Behaviours 2023-2027 involves new objectives in terms of prevention in the coming years.

# T1. National profile

## T1.1 Policy and organization

The purpose of this section is to

- Provide an overview of how prevention is addressed in your national drug strategy or other relevant drug policy document
- Describe the organisation and structure responsible for developing and implementing prevention interventions in your country
- Provide contextual information useful to understand the data from the questionnaires on Universal and Environmental Prevention and on Selective and Indicated Prevention, which are collected every three years.

**Please structure your answers around the following questions.**

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

The main principles of the prevention policy are to prevent people from experimenting with drugs in the first place, or at least to delay first use, and to prevent or limit misuse or addictive behaviours whether they are related to psychoactive drugs or not (Internet, video games, gambling, etc.). These general objectives are supported by several programming texts at national level, first and foremost the governmental plans coordinated by the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA).

In terms of the prevention of addictive behaviour, the inter-ministerial strategy led by the MILDECA is formalised by the National Plan for Mobilisation against Addictions defined for the period 2018-2022 (MILDECA 2018) and the new Inter-ministerial Strategy for Mobilisation against Addictive Behaviours 2023-2027 (MILDECA 2023a). This government strategy is based on the deployment of evidence-based approaches, and one of the strategic directions is to strengthen psychosocial skills to prevent risky behaviour.

As such, a multisectoral national strategy for the development of psychosocial skills in children and young people for 2022-2037 was approved in August 2022 by the ministries in charge of health, national education and youth, agriculture, people with disabilities, judicial protection of young people, social cohesion, vocational training, higher education and research and sports (see T1.2.2) (Ministère de la Justice *et al.* 2022) This long-term strategy aims to ensure that children born in 2037 belong to the first generation to grow up in a continuous environment of support for the development of psychosocial skills. It includes five strategic axes:

- 1) Entrusting the territories with leading and coordinating the deployment of psychosocial skills development interventions;
- 2) Supporting professionals working with children, young people and families so that they are able to develop the psychosocial skills of children, young people and their parents;
- 3) Rooting psychosocial skills development interventions on evidence-based data;
- 4) Establishing by 2023 a national system for monitoring and evaluating the development of psychosocial skills in all sectors;
- 5) Establishing an institutional framework for the 2037 generation to grow up in an environment of continuous development of psychosocial skills.

The strategy has quantified shared objectives for 2037, in terms of process and results:

- Regarding the evolution of what is being offered territorially, at least one evidence-based intervention for parents and children deployed in each department;
- In terms of population coverage, at least 50% of children aged 3 to 12 (i.e. 4 million children) and at least 30% of those aged 13 to 18 (i.e. 1.5 million young people) who have benefited from multi-year interventions to develop or strengthen psychosocial skills;
- In terms of results:
  - o a 10% improvement in child and youth mental health indicators;
  - o at least 92% of 15-year-olds surveyed have not smoked a cigarette in the past 30 days;
  - o improvement in the school atmosphere and student well-being;
  - o progress in the results of CP, CE1, 6<sup>th</sup> form and 2<sup>nd</sup> form pupils in national assessments (indicators and targets in schools will be specified in the roadmap of the Ministry responsible for National Education and Youth and the Ministry responsible for Sports and the Olympic and Paralympic Games).

Various five-year sectoral and intersectoral roadmaps will be rolled out from the 2023-2027 period, so that each sector defines the operational measures within the framework of this national strategy.

The national health strategy emphasises the need to prevent the onset of addictive practices, including behavioural addictions (Ministère des Solidarités et de la Santé 2017). The “Priorité Prévention. Rester en bonne santé tout au long de sa vie” [Priority Prevention. Staying healthy for life], the first national prevention plan, develops measures for the national health strategy with regard to prevention. It encourages, in the field of addictive behaviours, the establishment or reinforcement of partnerships between schools (secondary schools and colleges) and Youth Addiction Outpatient Clinics (CJC) (Direction générale de la santé 2018). Advanced consultations by CJC (consultations by CJC professionals in schools, youth protection centres and other youth care facilities) have been developed in this context.

The 2021-2030 ten-year cancer control strategy (INCa 2021) aims to significantly reduce the French population's exposure to tobacco and alcohol products by consolidating environmental prevention measures (e.g. the leveraging of tobacco prices or the control of bans on selling to minors). It also calls for the development of social communication and marketing related to tobacco and reinforcement of the marketing and supply regulations for alcohol, as well as the reinforcement of psychosocial skills.

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

The "national poverty strategy" provides for the renewal of social centres' missions to provide more services to families and to strengthen a universal welcome, in particular by taking better account of the problems of prevention and the fight against addictions and by strengthening the role of social centres in terms of guidance and training for parenthood (DIPLP 2018).

#### **T1.1.2 Please describe the organisational structure responsible for the development and implementation of prevention interventions.**

##### **Organisation**

At which level are strategic decisions (contents, priorities) predominantly made?	Multi-level (Only use if it is not possible to set a predominant level) (if other ↓)
<p>The national addictive behaviour strategy is designed at different levels of governance. As part of a national government policy, it is implemented in the framework of national measures and local interventions with regard to a regional variation of national guidelines through various programming or financial measures.</p> <p>The prevention of addictive behaviours is one of the pillars of the national strategy for mobilising against licit or illicit drugs, which is defined in the framework of multi-annual governmental plans, such as the 2018-2022 National Plan for Mobilisation against Addictions and the Interministerial Strategy for Mobilisation against Addictive Behaviours 2023-2027 (MILDECA 2023a). Government action is coordinated by the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA), which reports to the Prime Minister. In a local approach, the national prevention guidelines are implemented at a territorial level (regions and departments), in the light of regional roadmaps, in accordance with local priorities or specificities (population or geopolitical), under the direction of the MILDECA project managers (see T.3.1 of the 2022 "National Policy and Strategy" Workbook). The MILDECA project managers are appointed within the cabinets of prefects, who are the representatives of the State at local level.</p> <p>The French Ministry of Health has a structured operator, <i>Santé publique France</i> (SpF), to support the implementation of the priority prevention plan and the National Tobacco Control Programme, in conjunction with the 2023-2027 Interministerial Strategy for Mobilisation against Addictive Behaviours. The SPF agency is entrusted with defining communication and social marketing strategies and their implementation, including in the field of addictive behaviours, with a view to reducing inequalities within the French population.</p> <p>The Regional Health Agencies (ARS) define Regional Healthcare Programmes (PRS) which specify strategic priorities relating to licit drugs (alcohol, tobacco) and illicit drugs.</p> <p>In secondary education, the regional (so-called "academic") and "departmental" administrations of National Education can set up an academic/departmental Committee for Health, Citizenship and Environmental Education (CAESCE/CDESCE). Secondary education establishments can also set up such a committee at their level, known as CESCE, chaired by the head of the establishment, which makes it possible to establish partnerships with interventions from the public sectors (gendarmes, police, etc.) or associations (education for health, addiction, etc.). Among the broad themes announced in their title, these bodies may consider ministerial guidelines for the prevention of addictive behaviour. However, in view of the challenges posed by the back-to-school legislative instruction and the resources available, including time constraints, trade-offs are necessary to establish priorities among these areas,, which are not always favourable to the development of the prevention of addictive behaviour. Thus, including in agricultural education, the heads of establishments have a certain autonomy when it comes to defining annual objectives in terms of prevention and the types and conditions of deployment of the actions undertaken in this area. Within the school environment, the heads of establishments constitute the key decision-making link for the prevention of addictive behaviour. Higher education structures continue the prevention approach, in particular by supporting preventive actions during student evenings and other festive moments for students and within the framework of University Health Services (see T.1.2.2).</p> <p>In higher education, measures to prevent addictive behaviour mainly involve the Student Health Services (SSE) which, in 2023, will replace the University Health Services (SSU). This reform aims, among other things, to extend to all students (not just those enrolled in university) the right of access to the services offered and to strengthen the legitimacy of SSE to intervene in the fields of mental and sexual health, addictions, nutritional and prevention support (see also T1.2.2). These changes were approved by the National Council for Higher Education (CNESER).</p>	

**Note:** Regional (provinces, federal units); Local (counties, municipalities)

<b>At which level are prevention funds predominantly located and spent?</b>	<b>Multi-level (Only use if it is not possible to set a predominant level) (if other ↓)</b>
See the second paragraph of the commentary on T1.1.3	

**Note:** Regional (provinces, federal units); Local (counties, municipalities)

<b>Factual cooperation of the different policy sectors ministries at national level (real: not on paper):</b>	<b>High</b>
<b>Explanations, if applicable describe:</b>	
<p>An inter-ministerial body, MILDECA, which reports to the Prime Minister, leads, and coordinates the French national drug action strategy, marking the cross-sectoral nature of this strategy. Also, the 2018-2022 National Plan for Mobilisation against Addictions was signed by the Prime Minister. MILDECA brings together the representation of ministries involved in drug supply reduction and demand reduction as well as foreign affairs and the state budget. Inter-ministerial cooperation focuses on the definition of multi-annual governmental orientations and this is further illustrated by the shared governance of public funds for the financing of local actions.</p> <p>Various governmental programmes in the field of addiction or related areas (health, poverty, security, etc.) are being developed in response to each other in order to refine and strengthen the efforts being made to combat addiction.</p> <p>The inter-ministerial guideline adopted in August 2022 (Ministère de la Justice <i>et al.</i> 2022) which defines common objectives for eight ministries (national education and youth, sports, agriculture, health, people with disabilities, justice, social cohesion and vocational training, higher education and research) to develop psychosocial skills in children and young people (see T1.1.1) is an example of inter-sectoral cooperation. This long-term strategy must be the subject of several roadmaps, the concrete implementation of which must be monitored in subsequent editions of this workbook.</p> <p>As part of the partnership between the national police and national education, 579 "school safety correspondents" from the national police have been appointed in France and 35 are attached to the prefecture of Paris for the city and its immediate surroundings, where they can advise schools on issues concerning safety, trafficking, violence and harassment in schools (Ministère de l'Intérieur et des Outre-Mer 2022).</p>	

**Note:** **High** = almost all sectors / ministries involved and engaged; **Medium** = some are not or less involved; **Low** = most sectors / ministries are not engaged / not facilitating access. Rate always **medium** if either Education, Interior (police) or Economy (Taxation) are not collaborating. Rate **low** or if more than one of these don't.

**Needs assessment:**

<b>How common is it that the local level (municipalities / districts) is consulted in order to define the need and content of different interventions or strategies at regional or local level?</b>	<b>Often</b>
<b>Explanations, if applicable describe:</b>	
<p>In each region, the Regional Health and Autonomy Commission (CRSA) is a consultative body, coordinated by the ARS (Regional Health Agencies), which participates in defining and implementing the Regional Health Programme (PRS). The CRSA relies on the consultation of various territorial authorities, including municipal authorities, represented by elected officials from large cities. It includes a specialised commission in the field of prevention.</p>	



<b>Diagnosis of risk/protective factors at local level: do (some) municipalities / districts have a system of establishing risk profiles of certain geographic areas or of population segments? (Please, tick 2 most relevant)</b>	<input type="checkbox"/> By youth surveys (e.g. <a href="#">CTC<sup>1</sup></a> , <a href="#">Planet Youth<sup>2</sup></a> ) <input type="checkbox"/> By rapid qualitative assessment methods (stakeholder meetings, key informants) <input checked="" type="checkbox"/> By having access to the sub-datasets of national surveys <input checked="" type="checkbox"/> Other, please specify: official zoning of what are known as 'urban policy' neighbourhoods (QPV), priority education networks (REP), reinforced priority education networks (REP+); use of the Human Development Index (IDH-2) <input type="checkbox"/> Does not apply
<b>Explanations, if applicable describe:</b>	
<p>National surveys of the school population provide epidemiological benchmarks on use levels and associated factors, from which regional analyses can be extracted. Locally, the Regional Health Observatories are likely to provide data on a smaller geographical scale, particularly with regard to large metropolitan areas and their conurbations.</p> <p>Urban policy and priority education policy are organised respectively according to a respective geographical zoning of priority intervention based on demographic, socio-professional, socio-economic (e.g., rate of pupils receiving grants) and academic indicators (rate of pupils repeating a year before the sixth grade (Year 7 in England and Wales)). The zoning of priority education networks (REP) takes into account the rate of pupils residing in one of the priority urban policy neighbourhoods (QPV). The categorisation of an establishment as a REP (Priority Education Network) is accompanied by an additional allocation for this establishment. In addition, the statistical service of the Ministry of National Education (Performance and prospective studies department, DEPP) relies on the calculation of the Social Position Index (IPS) to summarise the conditions favourable to pupils' learning (social, economic and cultural conditions) on the basis of the professions of the pupils' parents. The IPS makes it possible to discern social disparities between establishments but also within establishments. The criteria for assigning an IPS value by profession are validated by surveys of the school population on family-related issues taking into account the parents' diplomas and professions, material conditions and cultural practices).</p> <p>The communal data needed to calculate the Human Development Index (UNDP 2022) (IDH-2, including indicators on health, education and income) are available on the INSEE website to support local health contracts at the communal level. The ARSs (Regional Health Agencies) refer to the estimated HDI-2 for their territories to define regional health priorities. A more detailed diagnosis is used to define local health contracts at the municipal level.</p>	

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

<p>In the field of addiction prevention, the actions and programmes implemented at local level are mainly based on public funding from national funds in various sectors, supplemented in accordance with sectoral or cross-sectoral strategic guidelines. The examination of some of these credits (MILDECA, FLCA, FIPD credits, see below) is delegated to the regional prefectures (decentralised State services) and to the Regional Health Agencies.</p> <p>In December 2021, the scope of the “Fund for Combating Addiction to Psychoactive Substances” was extended to non-substance-related addictions, mainly those related to gambling and video games. As a result, it became the “Fund for Combating Addiction” (FLCA) (Article 84 of <a href="#">Law 2021-1754 of 23 December 2021</a>). The FLCA is financed, for the most part, by the taxes levied on tobacco products. It is governed by the National Health Insurance Fund, the National Health Directorate (DGS), the Directorate of Health care</p>
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<sup>1</sup> The CTC Youth Survey is a tool to provide community-based partnerships with reliable information about the prevalence of youth behaviour problems as well as the prevalence of underlying factors risk and protective factors.

<sup>2</sup> Planet Youth questionnaire: This comprehensive survey examines the lives and lifestyles of young people (15-16 year olds) in the target community and asks questions about the risk and protective factors that influence their behaviours.

supply (DGOS), the Directorate of Social Security (DSS) and the MILDECA. Supplemented with up to €130 million for 2021 (€115 million in 2020), the FLCA is now the primary source of funding for addiction prevention actions in France, including the national social marketing campaigns deployed by *Santé publique France* (SpF). In 2020, €32 million from the FLCA was paid into the Regional Intervention Fund (FIR).

The Regional Intervention Fund is distributed among the 18 Regional Health Agencies (ARS) according to their needs and population in order to better adapt the financing of regional health measures to the needs of the territories in terms of health and medico-social care supply, prevention or facilitating access to care. The FIR supports the implementation of Regional Healthcare Programmes (PRS). In 2022, the total amount of funds delegated to the ARS under the FIR is €4.56 billion, including the annual delegation of the FLCA of up to €34 million so that the ARSs can finance addiction prevention actions ([Order of 28 February 2023 stipulating for the year 2023 the amount of credits allocated to regional health agencies](#)). Strengthening psychosocial skills, which is promoted by the 2018-2022 National Health Strategy (Ministère des Solidarités et de la Santé 2017) is one of the approaches favoured by the regional health agencies in the context of the actions they finance.

Since 1995, sales of assets seized through drug-trafficking repression have been turned over to the Narcotics support fund, under the MILDECA management. In 2018, 2019 and 2021, part of this fund was used to fund the national call for projects administered by the MILDECA for local authorities: « *conduire à l'échelle d'un territoire une action globale en direction des jeunes contre les consommations à risque d'alcool, de cannabis et de tabac* » [Implementing a nationwide global action programme aimed at young people, targeting at-risk alcohol, cannabis, and tobacco use]. These calls for projects aim to support the candidate cities in the development of an integrated policy for the prevention of consumption and participation in trafficking, involving citizens. In 2023, particular attention will be paid to actions aimed at developing the psychosocial skills of young people, families and professionals, compliance with bans on sales to minors, support for families with regard to parenthood, consumption of risky substances when going out at night, festive and sporting events, prevention in the workplace and the decline in the participation of young people in drug trafficking, and reduction in the environmental impact of the use of psychoactive products (MILDECA 2023b).

With regards to funding for intervention that has been granted to them by the Finance Act, the MILDECA appropriates these funds to prevention, health, research and international cooperation actions and delegates nearly three quarters of these funds to the MILDECA project managers to finance local actions for combatting drugs and addictive behaviour (nearly 8.5 million euros in 2023 as in 2022, [legislative order of 12 December 2022](#)). Continuing from 2022, the guidance given to project managers emphasises:

- control of the ban on sales of tobacco, alcohol, nitrous oxide, gambling and games of chance to minors;
- the prevention of risks in festive environments including student gatherings, illegal festive events and major sporting events;
- prevention in the workplace;
- relaying national media campaigns.

Various cross-territorial local programmes (concerning health, social exclusion, public safety and/or urban policy) also make it possible to redistribute public credits for drug use prevention (See T.1.1. « At which level are prevention funds predominantly located and spent? »).

The Inter-ministerial Fund for Crime Prevention (FIPD) is financed from the general budget of the Ministry of the Interior and coordinated by the Inter-ministerial Committee on Crime and Radicalisation Prevention (CIPDR). The amount and priorities of funding are defined annually by legislative order, according to a three-year framework set by the 2020/2024 National Crime Prevention Strategy (SNPD) 2020/2024 (Ministère de l'Intérieur 2020). A partnership has been established between MILDECA and CIPDR since 2017, with a view to promoting the joint funding, at department level, of preventive actions targeting young people at risk of falling into criminality ([Legislative order of 30 April 2021](#)).

The FIPD amounts to 82 million euros in the finance law for 2023, including 55 million euros devolved for security, the prevention of radicalisation and delinquency ([Legislative order of 16 February 2023](#) relating to the budgetary orientations of policies for the prevention of delinquency and radicalisation for 2023).

**Note:** Information relevant to this answer includes:

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

<b>How important are non-public sources of funding (health insurance, charities, foundations, industry)? Choose an item.</b>	Choose an item.
<b>Explanations, if applicable describe:</b>	
No information available	

## T1.2 Prevention interventions

The purpose of this section is to provide an overview of prevention interventions in your country.  
Please structure your answers around the following questions.

### T.1.2.0 Overview on intervention types

<b>Prevention culture, interventions and discourse are rather dominated by</b> (select not more than 2)	informational <sup>3</sup> approaches <input checked="" type="checkbox"/> developmental <sup>4</sup> approaches <input type="checkbox"/> environmental <sup>5</sup> approaches <input checked="" type="checkbox"/>
<b>Explanations, if applicable describe:</b>	
<p>Over the last ten years, many efforts have been made by public authorities and health authorities to support the spread of evidence-based approaches and programmes for the prevention of addictive behaviours. The 2018-2022 National Plan for Mobilisation against Addictions aims to deploy validated psychosocial skills development programme in each academic region (regional administrative level of the National Education). A recent inter-ministerial legislative order is likely to boost the dissemination of such programmes aimed at developing psychosocial skills (Ministère de la Justice <i>et al.</i> 2022). However, these initiatives are gradually being scaled up across a large number of secondary schools (10 700 <i>collèges</i> and <i>lycées</i> in France) and an even larger number of elementary schools, which are also being encouraged to develop these programmes. Informational approaches are still in the majority, but local experiments are taking place, contributing to the development of psychosocial skills through actions to improve the school atmosphere. In addition, France has a strong environmental prevention base, particularly with regard to alcohol and tobacco. The foundation of psychosocial skills at school is one of the priority projects of the Scientific Council for National Education for 2022-2027 (MILDECA 2023a).</p>	

<b>Are there registries (online) or catalogues?</b>	of all kind of interventions <input type="checkbox"/> of manualised prevention programmes <input type="checkbox"/> of evidence-based manualised programmes only <input checked="" type="checkbox"/> of officially recommended programmes (other criteria than evidence) <input type="checkbox"/> no <input type="checkbox"/>
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<sup>3</sup> Information, persuasion, awareness, education

<sup>4</sup> Skills and competence training, capacitation (making people capable of, e.g. self-control, goal setting, etc.

<http://www.behaviourchangewheel.com/>; i.e. intervention fostering healthy social and personal development of youth

<sup>5</sup> Strategies targeting the contexts for behaviour through changing the prompts and cues that guide behaviour, such as regulatory, physical and economic measures applied to prompt more adaptive, healthier, behaviours

Is there a certification system for programmes (i.e. only such programmes can be used)?	No
If yes, based on which criteria?	

What behavioural domains beyond substance use (e.g. violence, mental health) do the existing manualised prevention programmes <sup>6</sup> address, if applicable?	
<p>Manualised programmes remain in the minority in France. Among those in development are Unplugged, GBG, PFSP, TABADO (see Prevention Workbook from previous years), organised mainly in schools, and, more recently, the TAC (Tobacco-Alcohol-Cannabis) programme developed for the Judicial Youth Protection Services (see T1.2.3). There are multiple underlying areas: promotion of health, academic success, citizenship and community skills, empowerment. through personal development, care for others, empathy and communication among other psychosocial skills. They favour a comprehensive policy aimed at the health and well-being of students and staff, in support of the 'schools for health' approach. In manualised programmes for vulnerable families, parenting is the central behavioural approach.</p>	
In which settings are they predominantly applied?	Primary Schools <input type="checkbox"/> Secondary schools <input checked="" type="checkbox"/> Technical/vocational schools <input type="checkbox"/> Universities <input type="checkbox"/> Parents/Families <input type="checkbox"/> Community <input type="checkbox"/> Other settings (specify below)

Manualised programmes are taken to refer to programmes that are based on a written manual, and have a fixed number of sessions with defined content.

At which scale are these manualised programmes mostly implemented?	Small local (if other ↓)

**Note:** Rather large implementation (e.g. at regional level, e.g. by regional school or social agencies); Small local implementations by individual schools or municipalities.

#### T.1.2.1 Please provide an overview of Environmental prevention interventions and policies.

<p>Consumption in public areas, manufacture, trade, sale and promotion of alcohol and tobacco are regulated in France (Douchet and Le Nézet 2021). The main provisions are contained in the 1991 "Évin" law (<a href="#">loi n° 91-32 du 10 janvier 1991 relative à la lutte contre le tabagisme et l'alcoolisme</a> [law on the fight against smoking and alcoholism]) and its 1992 implementing decree (<a href="#">décret n° 92-478 du 29 mai 1992 fixant les conditions d'application de l'interdiction de fumer dans les lieux affectés à un usage collectif et modifiant le code de la santé publique</a> [decree laying down the conditions for implementing the ban on smoking in places used for collective purposes]), as well as in the HPST Act of 2009 (<a href="#">loi n° 2009-879 du 21 juillet 2009 portant réforme de l'hôpital et relative aux patients, à la santé et aux territoires</a> [law on hospital reform and on patients, health and territories]) and in the 2016 Act to Modernize Our Health System (<a href="#">law n° 2016-41 of 26 January 2016</a>).</p>
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<sup>6</sup> Manualised programmes are taken to refer to programmes that are based on a written manual, and have a fixed number of sessions with defined content.

In summary, French legislation on tobacco and alcohol regulates:

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

Hard seltzers appeared on the French market in 2020. Hard seltzers are fermented drinks made from cane sugar or fruit, flavoured and/or carbonated, which are usually around 5% alcohol. These beverages fall under tariff heading 2208, the heading for spirits (DGDDI 2020). Some may also be subject to the so-called "premix" tax, depending on their specific composition. In terms of marketing, these products are presented as 'natural', 'organic', and less calorific and less expensive, arguments that are particularly targeted at young and/or female audiences. Many irregularities were found regarding these hard seltzers, such as the lack of a warning pictogram for pregnant women, the absence or lack of visibility of the mandatory legal health warning on online sales sites (Basset and Rigaud 2020).

#### Delinquency and crime prevention strategies

The 2020-2024 National Crime Prevention Strategy (SNPD in French) (Ministère de l'Intérieur 2020) aims to enhance collaboration between judicial and medico-social stakeholders. It urges law enforcement services and prefectures to better integrate health issues including in the field of addictions by initiating new collaborations with treatment services (CSAPA) and harm reduction facilities (CAARUD) (measure 8), for example around the TAPAJ programme (Alternative Work Paid by the Day), mentioned in successive FIPD calls for tender since 2017 (See T 1.2.3).

Furthermore, in November 2020, in three French towns – Loos and Lille (North, Belgian border), Sarcelles (Val d'Oise, Paris region) - the MILDECA together with the prefects and mayors for these areas, launched an experimental scheme aimed at preventing young people from becoming involved in drug trafficking and encouraging their exit from networks of those 'little hands' already involved with traffickers, among other things by means of alternatives for educational and vocational integration or cultural or sports activities. An external evaluation will measure the effects of this experimentation.

The national police contribute to the crime prevention policy through the intervention of various agents in the community or in schools. To this end, the National Police has 277 anti-drug police trainers and 31 youth recreation centres (CLJ) (Ministère de l'Intérieur et des Outre-Mer 2022). In four of these centres in the Paris region, 16 police officers are required to intervene in the schools within their respective departments. Paris and its surrounding region have 151 police officers in charge of "contact and consultation" prevention missions (MPCE). The 579 "school safety correspondent" police officers spread across France and the 35 "school safety" referents assigned to Paris and its inner suburbs can be mobilised to guide interventions in schools on safety issues (violence, bullying, etc.).

**Note:** Information relevant to this answer includes:

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

#### **Examples of strategies (environmental) at local level**

How often have you heard of or read about the following initiatives **at local level**:

<b>Creating and supporting protective school policies/environments</b>	<b>Frequently</b>
<b>Regulations on alcohol use in public (outside establishments/in public view)</b>	<b>Frequently</b>
<b>Regulations on cannabis use in public (outside establishments/in public view)</b>	<b>Frequently</b>

Regulating nightlife settings (e.g. access, opening hours, limiting promotions, physical conditions)	Frequently
Integration with violence prevention and security strategies	Often
Attention to neighbourhood environments, e.g. self-organisation, safety, illumination and cleanliness	Sometimes

Other kinds of objectives or targets:

**T.1.2.2 Please comment on **universal** prevention interventions as reported to the EMCDDA in the Intervention Mapping Questionnaire or complement with information on new initiatives (activities/programmes currently implemented) or interventions (particularly their contents and outcomes).**

In France, universal prevention remains the predominant approach to drug use prevention, particularly in schools, where the deployment of actions to develop psychosocial skills involves every academy and is increasingly well received. The school environment remains the main setting for implementation. The new developments reported in sections T1.2.2 to T1.2.4 relate mainly to the year 2022, with reference to the orientations and measures driven by the 2018-2022 inter-ministerial plan during its last year of execution. Few elements relate to the new mobilisation strategy adopted in March 2023 for the period 2023-2027 and which will be further documented in the next workbook.

#### School setting

In schools, the universal prevention of addictive behaviour is part of a global policy of health education and health promotion aimed at the health and well-being of students and staff. It can be based on the social and health education policy for pupils, known as the "Health Education Pathway" (PES in French), which aims to better structure measures to protect the health of pupils in order to reduce social, educational and health inequalities to enable the success of all pupils and promote a fairer and more equitable school environment ([Law of 8 July 2013](#), [Legislative order of 28 January 2016](#)). The PES is organised by schools, from preschool to high school and is part of the school project defined annually by the headteacher. In January 2020, the French Ministry of Education also launched the "Schools for health" initiative, designed to support the creation of a school environment conducive to student success, particularly through the development of psychosocial skills. Psychosocial skills are a transversal theme that is promoted as part of the support for academic success, the prevention of violence and harassment and the improvement of the school climate.

In each secondary school, the Committee for Health, Citizenship and Environmental Education (CESCE in French), chaired by the school principal, defines its measures or programs for the prevention of addictive behaviour on the basis of academic or departmental guidelines (CAESCE/CDESCE, See T1.1.2). In view of the organisational complexity of this type of programme, if only in terms of logistics or staff training, the institutional support of the headteacher is essential for implementation. Educational teams can turn to the ministerial website [eduscol.fr](https://eduscol.education.fr/) (<https://eduscol.education.fr/>), a resource for information and support for education professionals.

Several validated programmes (evidence-based) have been adapted to a local level: the *Unplugged* programme, the PRIMAVERA programme (Diaz Gomez *et al.* 2021) ; the Good Behaviour Game (GBG) programme or the ABMA programme « *Aller Bien pour Mieux Apprendre* » (Going Well to Learn Better) (see T.1.2.1 of the 2020 and 2021 'Prevention' workbook). Under the impetus of the government strategy, which favours the development of psychosocial skills, new programmes are being tested in the regions, inspired by these models, like the Cap'ADO programme. The Cap'ADO project (CAPS 2023), implemented by eight CSAPAs in the Pays de la Loire region, under the coordination of the *Espace Vendéen en Addictologie* (EVEA) association, aims to deploy a global strategy for the prevention of smoking in colleges



in the region. In particular, this involves strengthening the psychosocial skills of 5<sup>th</sup> and 4<sup>th</sup> form students, training the educational community in early detection and brief intervention (RPIB) and offering consultations in Youth Addiction Outpatient Clinics (CJC). The work on psychosocial skills is carried out in 10 sessions, two consecutive years, by two kinds of staff (addictology professional and educational staff from the college concerned). About fifteen colleges were involved in the experiments in 2020-2021 and 2021-2022.

In 2022, a 15-year multi-sectoral strategy was defined by the various ministries involved with youth for the development of psychosocial skills in this demographic, through various social life environments. An inter-ministerial legislative order of 19 August 2022 was addressed to the heads of the regional prefectures, ARS (regional health agencies) and local education authorities, calling for sectoral roadmaps for the deployment of interventions with these demographics within the territories (Ministère de la Justice *et al.* 2022). In the spring of 2022, a reference document published by *Santé publique France* on psychosocial skills supported this dynamic, proposing a shared definition and an analysis of successful programmes and the conditions required for effective interventions (Lambooy *et al.* 2022).

The 2018-2022 National Plan for Mobilisation against Addictions (MILDECA 2018) supports the principle of an health-promoting school and aims to roll out validated programmes in each academic region, for developing psychosocial skills. In particular, it advocates the conventional rapprochement of each establishment with a local reference CJC (Youth Addiction Outpatient Clinics) to better support young people in difficulty due to addictive practices (tobacco, alcohol, cannabis, screens, video games, etc.). Strengthening psychosocial skills remains a priority of the Inter-ministerial Strategy for Mobilisation against Addictive Behaviour (SIMCA) 2023-2027 in order to prevent risky behaviour (MILDECA 2023a). Within the framework of the aforementioned multi-sectoral strategy for the development of psychosocial skills in children and young people, SIMCA envisages the modelling of a programme to reinforce psychosocial skills in favour of young people aged 16 to 18, regardless of their educational field (general, vocational, technical or agricultural education, apprenticeship).

Initiated in September 2018 (Article D. 4071-2 of the Public Health Code), the Health Service for Health Students (SSES in French) is a 6-week full-time mission during which the 50 000 students in health training (medicine, nursing, pharmacy, etc.) programme and carry out a minimum of 4 interventions in the fields of prevention and health promotion, and evaluate them. A module on the design and implementation of health promotion actions is included in all health training courses, in order to prepare students to intervene, in particular in school, medico-social, social or corporate settings on subjects such as balanced diet, hygiene or addictions. In April 2021, the French High Council for Public Health (HCSP) recommended the continuation and consolidation of the SSES on the basis of available implementation data (HCSP 2021). The Health Education Network for French Universities (UNIRÈS in French) has developed a remote course to provide these students with a project methodology in health education adapted to the school environment and to foster a common culture of health education between them and the educational community (see also the workbook 'Best Practices'). The *Santé publique France* agency has also made available to students and their trainers a set of online resources, both theoretical and practical, by population (school, prison, etc.) to organise the health service (Arwidson *et al.* 2018). An "addictive behaviour" MOOC, developed by the University of Paris-Saclay, has been accessible since 2021 and is intended primarily for health students in the context of the health service (14 video clips).

Anti-Drug Police Trainers (PFAD) and, within the *Gendarmerie* (rural environment), Anti-Drug Liaison Trainers (FRAD) are agents trained in the area of drugs who are among those usually called upon to intervene in educational institutions. In primary or secondary school classes, these police officers remind people of the law and address risky behaviour (consumption of alcohol, cannabis, electronic cigarettes, harassment, cyber-risks and misuse of nitrous oxide in laughing gas, etc.). In addition, 579 other "school safety correspondent" police officers can also be mobilised to support the educational community on issues of harassment, assault, extortion, incivility, discrimination, in addition to addiction prevention.

### Agricultural teaching:

The Adolescent health education, counselling and development network (RESEDA) aims to promote prevention and health promotion actions in agricultural education establishments. To this end, it supports projects and actors in the field, providing educational resources and information, promoting exchanges and professionalism as well as partnerships and networking at local and national levels. In March 2021, the General directorate of Education and Research of the Ministry of Agriculture (DGER), responsible for defining the educational orientations and educational activity of agricultural education establishments, reminded its network of the principles of promoting health for "learners" and the benefits of psychosocial skills to maintain the health of students and promote good learning conditions ([Legislative order of 24 March 2021](#) on the implementation of health promotion in educational establishments agricultural education and training).

### University setting

Students are among the specific priority audiences for universal prevention in the young adult population. The Student Health Services (SSE) now replace the *Services de Santé Universitaires* (University Health Service or SSU in French) ([Decree of 13 March 2023](#)). From now on, the SSEs located on university campuses are accessible to all students, whether or not enrolled in the university, from the public or private sector. Their remit covers mental health, sexual health, nutrition, sports medicine and addictive behaviour. The SSEs can implement prevention and health promotion actions for students in higher education on the theme of addictive behaviour, in particular heavy episodic drinking, tobacco or cannabis consumption. The SSU recruits and supports "Student Liaison Officers on Health" who attend the health prevention training courses organised by these services. The mission of the liaison officers is to organise and lead collective health prevention actions on campus with their peers. The Campus and Student Life Contribution (CVEC in French) is partly used by universities to reinforce prevention in the university environment (see T1.1.3 of the 2021 'Prevention' workbook).

The Tobacco-Free Health Care Training School (ESST) project is part of this effort. This research action carried out by RESPADD, with the collaboration of the Paris Hospitals Administration (AP-HP) and the financial support of the ARS Ile-de-France, aims to: promote smoke-free environments and protect non-smokers, train future health professionals in smoking prevention and brief motivational intervention in tobacco treatment, prevent or contribute to the cessation of smoking by students and professionals in the participating schools. Deployed in 9 AP-HP health schools over 3 years, this experiment should make it possible to validate a transferable action methodology, supported by a guide, which contributes to the exemplary nature of tomorrow's professionals. To carry out this research action, RESPADD provides support to the health schools involved by offering them follow-up, communication tools, training and concrete actions. Regular conferences are organised for the SSE in order to promote the exchange of practices for the prevention of addictive behaviours.

Between July and November 2022, a [Call for Expression of Interest](#) (AMI), was organised by the Ministry of research and higher education (MESR) and the MILDECA so that higher education establishments, with the assistance of the SSEs, develop the prevention of risky consumption of psychoactive substances and addictive behaviour among students and the promotion of behaviours conducive to health. The purpose of this call of interest is to support the long-term integration into institutional projects of the prevention of addictive behaviour of students and professionals present on the sites in a student environment. The financing of the selected projects is based on credits from the fund financed by the seizure of criminal assets.

### Workplace environment

The National Plan for Mobilisation against Addictions 2018-2022 (MILDECA 2018) makes the fight against addictive behaviour a priority of occupational health. The 2016-2020 Occupational Health Plan addressed the prevention of addictions in the workplace for the first time and the 2021-2025 Occupational Health



Plan reiterated the attention given to the subject (Ministère du Travail de l'Emploi et de l'Insertion 2021). These programming texts imply prioritising prevention and health promotion over disciplinary measures, favouring a collective rather than individual approach, in connection with working conditions and organisation within the overall framework of quality of life at work and social responsibility (MILDECA 2018). The first objective aims to improve the knowledge and skills of those involved in the world of work in the field of addiction, in particular human resources managers, staff representatives and occupational health services.

In order to accompany the implementation and to lift the taboo around addictions in the workplace, a scheme entitled “Entreprises et Services Publics s'Engagent Résolument” [Businesses and Public Services Are Strongly Committed] (ESPER) was created by MILDECA and officially launched in October 2021. The scheme is based on a number of elements :

- a charter of commitment proposed to all voluntary private and public employers, based on 18 recommendations illustrating four areas of commitment: 1- Define an overall project for the prevention of addictive behaviours within the framework of occupational health promotion; 2- Establish dialogue and create a climate of trust; 3- Implement a non-stigmatising prevention approach that respects the dignity of individuals; 4- Support vulnerable workers and prevent professional displacement);
- the network of partners identified for their competence, particularly in the fields of health, prevention or work, whose role is also to promote the scheme throughout the country and across the different professional networks;
- an online toolbox that provides appropriate resources from various sites to implement the charter (technical documents, scientific statistics, practical sheets, videos, webinars, studies, etc.).

Employers who have signed the charter also benefit from meetings to facilitate collective regional action, in order to share good practices and innovative actions and to capitalise on new resources. The National Agency for the Improvement of Working Conditions (Anact) and its network of regional associations (Aract), partners of ESPER, are responsible for organising these meetings.

In autumn 2022, the ANACT-ARACT network launched "Prev'camp" - Prevention of addictive behaviour in the workplace - a system to help implement policies to prevent addictive behaviour in the workplace, supported by the Fund for Combatting Addiction (FLCA). Prev'camp is intended for companies and administrations which can choose between four support methods: Information, workshop (sharing of practices), collective action (inter-structures) or innovation (experimentation of new prevention approaches), by contacting the ARACT in their region.

In the framework of initial training courses in business and management schools and in civil service schools, training future managers in occupational health, including the prevention of addictive behaviour, is also essential (See T.1.2.2 of the 2020 'Prevention' workbook).

Several online platforms have emerged in recent years, which help support this effort to deploy the prevention of addictive behaviour in the workplace such as <https://www.addictaide.fr/pro/>, “Employeurs pour la Santé” (Employers for Health) platform (See T.1.2.2 of the 2022 'Prevention' workbook).

Over the past five years, several reports and studies have also been published on addictions in the workplace in order to support employers in the deployment of comprehensive, non-stigmatising prevention, which offers adequate support to workers who are vulnerable or in difficulty with their consumption of psychoactive substances, such as the report of the CSR (Corporate Social Responsibility) platform of "France Stratégie" (Uzan *et al.* 2019) or the results of the national epidemiological cohort Constances (MILDECA 2021b, a) (see T1.2.2.2 in the 2022 Workbook). In addition, the National Research and Safety Institute for the Prevention of Occupational Accidents and Diseases (INRS) published a brochure in January 2023 aimed at those involved in prevention in the workplace, harnessing elements of understanding on the mechanisms of addictive practices, their impact and relevant prevention approaches in the workplace (INRS 2023).

As part of an experiment conducted in 2020-2021, the National Agency for the Improvement of Working Conditions (Anact) and the Association "Addictions France, in partnership with the Central Agricultural Mutual Insurance Fund and the VYV group (a mutual insurance and social protection company) have produced 3 practical sheets and 2 testimony videos describing the various processes to be implemented in any organisation in order to build a prevention strategy adapted to the workplace and to the problem of addictive behaviour:

- how to draw up a diagnosis?
- Who are the actors that should be mobilised within a company?
- How to work in project mode?

A joint Internet section provides access to all these methodological materials for employers and labour market actors: <https://www.anact.fr/agir-autrement-pour-prevenir-les-conduites-addictives-en-milieu-professionnel>.

#### Urban setting:

In the city, in the community, various youth reception structures are likely to raise awareness of the dangers associated with drug use: regional Youth Information structures (CRIJ), health services, Youth reception and counselling centres (PAEJ) or the Youth Counselling and Care Centres (MDA).

#### Other specific population groups

Vocational training institutions are encouraged to sensitise and train their employees in the implementation of prevention programmes for young people in training and in referral to early detection and care services.

The 2018-2022 National Plan for Mobilisation against Addictions identifies specific audiences or at-risk groups as the primary targets of universal prevention measures. Among them, in addition to students, are women of childbearing age and young people in vocational training. For example, the aim is to better inform women of childbearing age about the risks of drug use during pregnancy and to increase the knowledge of front-line health professionals in the medico-social sector about these risks and about early detection of drug use.

### **T.1.2.3 Please comment on **Selective** prevention interventions as reported to the EMCDDA in the Intervention Mapping Questionnaire or complement with information on new initiatives (activities/ programmes currently implemented) or interventions (including their contents and outcomes).**

Selective prevention aimed at audiences at greater risk than the general population is based on scattered and poorly evaluated local actions. Mainly taking place in at-risk neighbourhoods (outside the school setting) for illegal drugs or in urban recreational settings for alcohol, these actions are carried out by specialist associations or, more rarely, by law-enforcement services.

#### School environment (secondary vocational education)

The deployment of the TABADO adolescent smoking cessation programme (<https://tabado.fr/le-programme-tabado>) has been supported since 2017 by the National Cancer Institute (INCa). It is intended for young people attending vocational high schools, apprenticeship training centres (CFA) or rural family homes (MFR). The programme consists of three elements: an initial information session for the whole class, and then for smokers who want to, individual consultations are available, where they will be provided with nicotine substitution treatment and motivational workshops. This programme proved to be effective: the adjusted withdrawal rate (by age, gender, training route, dependency score, average amount of tobacco and cannabis smoked) was higher in the establishments that had experienced the TABADO intervention than in reference establishments (17 % vs 12 %) (Minary *et al.* 2010; Minary *et al.* 2013).

An implementation guide is available (Vallata and Alla 2019). Some 215 schools in 14 regions have rolled out the TABADO programme to 77 000 young people.

#### Young people placed with welfare institutions

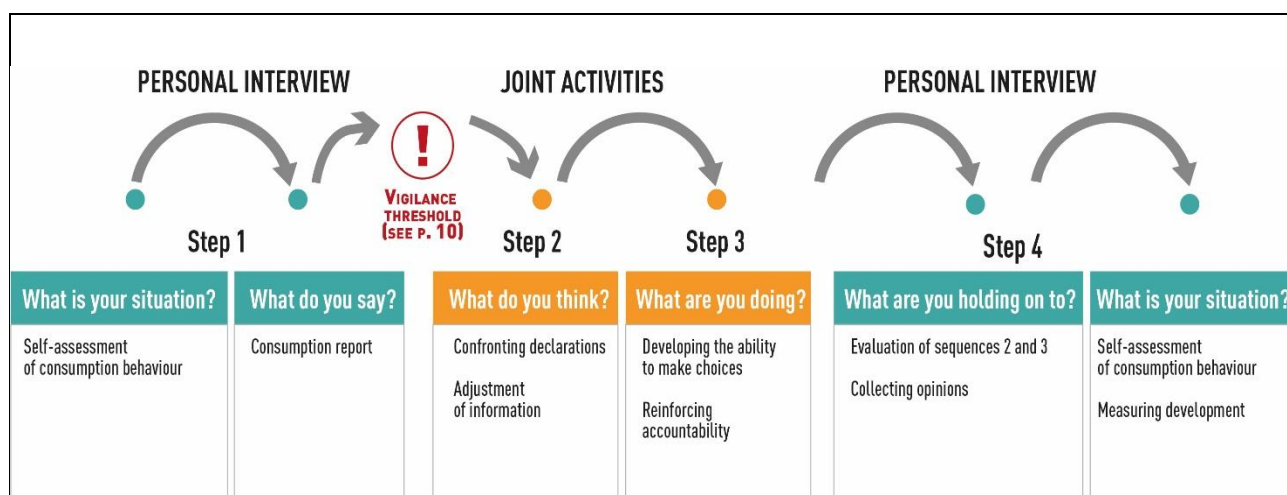
In terms of selective prevention, the 2018-2022 National Plan for Mobilisation against Addictions pays particular attention to minors in the child welfare service (ASE in French) and judicial youth protection service (PJJ), as well as to individuals under judicial control. In this respect, the Fund for Combatting Addiction supports the development of a national intervention framework for young people entrusted to the judicial youth protection service and the implementation of projects for the prevention of addictive behaviours of children entrusted to the child welfare service with the help of 25 departmental councils.

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

In the Île-de-France and Guadeloupe (Overseas) regions, with the support of MILDECA, the *Fédération Addiction* provides early intervention training for professionals working in daytime educational facilities or voluntary collective placement units within the PJJ (Judicial Youth Protection Service). The experiment is based on eight pairs of local PJJ and CJC structures in the departments of Guadeloupe, Seine-Saint-Denis, Seine-et-Marne and Essonne, for the cultural integration and implementation of individual and collective actions. The project will result in a methodological guide for spin-offs.

The transversal policy document "Policy against drugs and addictive behaviour" of 2023 (Première ministre 2022) and the 2018-2022 mobilisation plan to combat addictions cited among the objectives directed towards children falling under the PJJ and Child Welfare Services that of "supporting the deployment of multidimensional family therapies (MDFT) in the voluntary establishments of the PJJ or the Child Welfare Services by adapting it to specific frameworks".

At the initiative of PJJ's Grand-Ouest Inter-Regional Department, the "Tobacco, alcohol, cannabis" ([TAC](#)) system was tested at two PJJ sites in Brittany (UEHC in Lorient, UEMO in St-Malo), in order to better integrate the development of psychosocial skills in the overall care of minors and to include it within the framework of the establishment/service project (CAPS 2021). This programme was co-developed by the prevention association *Liberté Couleurs* and professional staff from the PJJ. Its experimentation in Brittany made it possible to develop an implementation kit in 2019. Its four steps are based on co-implementation by a mixed trio comprising two PJJ professionals and a person working in prevention. Thus, two individual interventions are organised by the young person's referent educator at the beginning (step 1) and at the end of the programme (step 4) for the self-assessment of consumption. These are combined with two collective activities jointly led by a prevention professional and a TAC referent from the PJJ and seek to question the social representations of young people (normative approach, step 2) and then to promote the ability to make choices and attain empowerment (step 3). Since October 2022, the National School of the PJJ has been offering training in the implementation of this tool and the activity (in two 2-day sessions, spaced 6 months apart, for implementation in-between).



Source: Extract from a presentation by Suzanne Rousselet, technical advisor of the DPJJ Grand-Ouest at the Seminar "Development of psychosocial skills for children and young people: a reference system to promote national deployment" on 14 and 15 December 2021.

### Recreational settings

The MILDECA project leaders (in the prefecture) are invited to accompany festive life and events in order to ensure crime prevention and public safety in urban and rural areas. Mayors and civil servants have guidelines for implementing an integrated prevention policy throughout their territory, particularly with regard to the management of party events and venues. In 2022, MILDECA and the Association of Mayors of France (AMF) have decided to republish the practical guide "Le maire face aux conduites addictives" [The mayor's guide to addictive behaviours] to support elected representatives who wish to take action against addictive behaviour that poses a risk to the health of their constituents and to public peace and safety. The guide provides tools on several key issues that are useful for developing action plans tailored to each municipality (MILDECA and Association des Maires de France 2022).

Launched in September 2019, the "Friends too at night" campaign, mainly based on digital levers, was reissued during the summer of 2022 and is aimed at young people aged 17 to 25 in order to reinforce protective behaviour among peers, with a view to reducing the risks of alcohol and cannabis consumption in a festive context. The URL <http://www.amisaussilannuit.fr/> now redirects to the site <https://jeunes.alcool-info-service.fr/> for people looking for information on harm reduction or help services.

Numerous French cities have drawn up charters with the professional representatives of night-life establishments, the local police and prevention associations working in the party scene. Various local actions of prevention of alcohol and drug abuse in recreational contexts are renewed in French cities. Most of these actions involve "seeking contact" and are carried out by associations at local level (see T1.2.3 of the 2020 'Prevention' workbook for some examples).

Guidelines have been drawn up under the aegis of MILDECA and the Ministry of Sport and Youth in collaboration with the departments of "urban policy", Health, SpF and the Road Safety Delegation: "Major sports and cultural events: setting up an appropriate risk prevention and reduction scheme" (MILDECA *et al.* 2016). They provide a list of possible resources (municipal or local services, police, sport actors, competition organisers, associations, etc.) and action templates, in particular for setting up prevention zones and mobile prevention teams. It serves as a basis for risk prevention programmes (including information stands and distribution of risk reduction material, awareness raising work) that are organised to cover large gatherings such as music festivals in France ("Le Printemps de Bourges", "Les Eurockéennes", etc.) or major sports events (see also T1.2.3 of the 2020 'Prevention' workbook on the EFUS and MILDECA guidelines).

### Priority security zones and deprived neighbourhoods

Prevention policies in the priority urban policy neighbourhoods and the priority security zones (ZSP) are supported by the deconcentrated credits of MILDECA and the Interministerial Fund for Crime Prevention (FIPD) (see T1.1.3). Local health contracts (CLS, established between a regional health agency and a local authority) often concern disadvantaged neighbourhoods because they aim to reduce social and territorial inequalities in health by proposing more coherent and locally adapted health pathways.

The 31 youth recreation centres (CLJ) established as part of Prevention-Summer Operations (OPE) under the remit of the "Ville-Vie-Vacances" (City-Life-Holidays) scheme and the 151 police officers responsible for "contact and consultation" prevention missions (MPCE) stationed in Paris and its surroundings participate in assignments aimed at preventing exclusion and delinquency carried out by the urban policy of the Directorate of Local Security of the Greater Paris area (DSPAP) (Ministère de l'Intérieur et des Outre-Mer 2022).

### Individuals referred by the justice system

As regards individuals referred by the justice system – outside or inside the prison setting, for minors (judicial youth protection service-PJJ) or adults – the National Plan for Mobilisation against Addictions supports the introduction of prevention programmes on tobacco and cannabis use and the elimination of the exposure to passive smoking, pursuant to the *Loi Evin*, as is the case outside prison. The "Health for imprisoned people (2019-2022)" roadmap sets out guidelines and provides for a series of specific actions (see T1.3.1 of the 2020 'Prison' workbook) (Ministère de la Justice and Ministère des Solidarités et de la Santé 2019).

### At-risk families

The MILDECA supports several experiences of Multidimensional Family Therapy (MDFT) through pilot tests in different environments, including within judicial youth protection services (PJJ), in particular for the families of young cannabis addicts and children and adolescents with psychiatric or behavioural disorders. The 2018-2022 National Plan for Mobilisation against Addictions envisages extending the implementation of validated programmes aiming to jointly develop psychosocial skills in young people and parenting skills, in particular the French adaptation of the Strengthening Families Program-SFP in France, entitled « *Programme de soutien aux familles et aux parents* » (PSFP) (see details in the T.1.2.3 of the 2017 'Prevention' workbook).

### Persons with disabilities or social difficulty

The government's Plan for Mobilisation against Addictions considers the issue of disability. It calls for health pathways to be made accessible to people with disabilities (Objective 6.6) including access to Youth Addiction Outpatient Clinics (CJC) (see T.1.2.3 of the 2020 'Prevention' workbook). Thus, the Fund for Combatting Addiction (FLCA) supports a number of projects set up by associations for people with disabilities. Among the approaches explored are: the digital variation (social networks, interactive cards, chatbots, etc.) of traditional intervention methods (e.g. The Empower Drug User programme aimed at the most remote and vulnerable users); the combination of educational methods, early detection and brief intervention with populations with intellectual disabilities (e.g.: the Adictei programme for people with disabilities); the development of tools and methods for the collective prevention of addictions, particularly for vulnerable workers and people with disabilities (e.g.: Prevention of risks related to addictive behaviours in the workplace, led by the NGO ADIXIO); the development of tools and methods for the development of psychosocial skills in medico-social establishments and services for people with disabilities (e.g.: TABACAP: Tobacco prevention for people with disabilities); adaptation of GBG to children with disabilities.

By way of illustration, the aforementioned prevention programme, supervised by ADIXIO and focusing on workers in vulnerable situations (disabled, out of work (unemployed or on long-term leave) or in temporary work) was piloted in 2021-2022, in partnership with the associations [APF France handicap](#),



*Association des Accidentés de la Vie* ([FNATH](#)- Association for the Disabled) and *Fonds d'action sociale du travail temporaire* ([FASTT](#) - temporary work social action fund). Through the development of various media (prevention kit, communication kits, situation management guide, videos, etc.) and information or training interventions in all regions (including overseas) for employees, managers or executives, social workers, etc., three main objectives were pursued:

- on the one hand, to improve the ability of workers with disabilities to make informed choices about their consumption of psychoactive substances, thanks to workshops in ESAT (medico-social establishment for protected work, reserved for those with disabilities) and Adapted Companies (mainstream companies in which at least 55% of the workforce have disabilities); on the other hand, to support the management of problematic or crisis situations (identification and support procedures) by the management teams in these same ESATs and Adapted Companies. In 2021-2022, 350 workers with disabilities were involved in awareness-raising activities, as well as 14 management teams in ESAT or Adapted Companies;
- to deploy awareness-raising activities with temporary employees. Thus, 2 546 temporary workers were met during 95 sessions;
- to educate people who are out of work and the health or social actors working with them, as well as their employers and supervisors, about the increased risk of addictive behaviour caused by unemployment or long-term sick leave, by providing keys to the identification of problematic addictive behaviours and orientation towards specialised services. In total, 914 people received an awareness-raising approach via 104 interventions in companies or support structures.

Recommendations for good professional practice in prevention and risk reduction for medico-social establishments working with people with disabilities are currently being developed (see T.1.2.2 of the 2021 'Best Practices' workbook).

#### Low-income or homeless people

The "[Travail alternatif payé à la journée](#)" (Alternative Work Paid by the Day) TAPAJ, (see the 2017 Prevention Workbook) is a personalised support for the professional remobilisation of young people who have no resources, are homeless or live in urban policy areas and suffer from addictions. Due to its transversal nature with multiple social, health, crime prevention and public space management issues, TAPAJ is one of the measures promoted by the SNPLP (National Strategy to Prevent and Combat Poverty) (DIPLP 2018). Its integration into the SNPLP and the National Crime Prevention Strategy (SNPD) is an important lever for strengthening the means and objectives of deployment and consolidating the theoretical model for TAPAJ (DIPLP 2018; MILDECA 2021c). In 2021, TAPAJ was rolled out in 10 new territories, i.e. some 40 sites in total. The National Strategy encourages stronger partnership between the programmes "TAPAJ" and "*Un chez soi d'abord*" ("Housing first") and other programmes that encourage similar approaches. In 2022, 65 TAPAJ programmes were active on French territory and have supported 1 117 young people, by mobilising 360 partners (local authorities, national companies, SMEs, social landlords, etc.). Of these 1 117 young people supported in 2022, 456 left the system, 64% of them with stable housing, 42% in employment and 73% having started addiction treatment.

See also the initiative to prevent addictive behaviour among temporary or precarious workers, described in the previous section "People with disabilities".

#### Public covered by AHI (Residential Integration Centres)

In the autumn of 2021, the administrators of FLCA and the Interministerial Delegation for Accommodation and Access to Housing (DIHAL) issued a call for expressions of interest aimed at integrating, in a sustainable manner, by acting on professional practices, combined responses for the prevention of addictive behaviours and harm reduction for the populations received, as well as for the employees within the framework of the current missions of Accommodation and Integration institutions (AHI). For a sustainable development, which contributes to the reduction of social inequalities in health, the projects must act on

the professional practices of the sector, by involving the managers of these institutions. All addictive behaviours are targeted, especially smoking, and projects must select at least two psychoactive substances, including tobacco. Thirteen projects have been retained for a total of €7 million and an average duration of 2 years, and are led by regional or national coordinators.

**T.1.2.4 Please provide an overview of **Indicated** prevention interventions (activities/programmes currently implemented).**

Considerable efforts have also been made to develop early intervention in the community in the field of indicated prevention since 2004, through Youth Addiction Outpatient Clinics (CJC) (See the 'Treatment' workbook).

Young drug users

Some 550 Youth Addiction Outpatient Clinics (CJCs) are spread across France to support young people in difficulty with their psychoactive substance use and their parents (see T1.2.2 and T1.4.5 of the 2020 'Treatment' workbook). The indicated prevention interventions are the result of local initiatives in this respect or of the reception of young people (specialised youth homes).

In addition to this CJC mission, which is mainly carried out by addictology services, local prevention initiatives are also emerging in the regions for the transfer or adaptation of evidence-based programs, such as the CANDIS programme experimented by the CSAPA Kairn 71-Sauvegarde 71 in Burgundy-Franche-Comté, with the financial support of the Regional Health Agency (See T 1.2.4 of the 2021 'Prevention' workbook).

**Note:** Information relevant to this answer includes: interventions for children at risk with individually attributable risk factors e.g. children with Attention Deficit (Hyperactivity) Disorder, children with externalising or internalising disorders, low-responders to alcohol, etc. Brief Interventions in school and street work settings, and in Emergency Rooms

**T1.2.5 Warning campaigns**

If available in your country, describe the contents (i.e. key message), coverage, target population and possible evaluations of mass media (including social media) campaigns that **aim to increase awareness about the risks and harms of psychoactive substances**.

Illicit drugs

- In January 2022, the French Addiction Vigilance Network produced two video clips on the health and addiction risks associated with the use of cocaine, accessible to the general public and general health professionals on the YouTube platform: <https://www.drogues.gouv.fr/cocaine-deux-videos-pour-mieux-connaître-les-risques>.
- From 16 to 25 February 2022, in the context of the resumption of festive occasions, a digital information campaign based on 10 vignettes to prevent and reduce the risks linked to GHB/GBL was disseminated on the Twitter, Facebook, LinkedIn and Instagram pages of MILDECA and [its website](#). The topics covered by these vignettes were: the nature of GHB/GBL, the law, the desired effects, difficulties in dosage, harm reduction, vulnerabilities linked to GHB/GBL use, solidarity between peers and friends, recommendations to people working in the evening economy or party organisers if the product is circulating or in the event of illness.
- From 19 April to 4 May 2022, MILDECA launched a digital information campaign on the dangers of cocaine, which still enjoys a too positive image. Like the GHB/GBL campaign, it was based on 15 vignettes posted on MILDECA's Twitter, Facebook, LinkedIn and Instagram accounts and its website (MILDECA 2022), around the themes of: the environmental consequences of production, the law, methods of use, the spread of the product to different environments, the desired effects, the positive image to be put into perspective, occasional consumption, the variability of side effects, the risks associated with regular use or mixing of products, and harm reduction.

## Tobacco

- In January 2023, the Alliance Against Tobacco (ACT) launched a #PouvoirDeVivre campaign to raise awareness among the general public about the burden of smoking on the purchasing power of smokers, on the widening of social and health inequalities and on the tobacco industry's interest in targeting the most economically vulnerable populations ([press release](#), in French). The campaign includes an advocacy component aimed at public authorities for innovative measures to support the most vulnerable populations in their initiatives to stop smoking (see T 1.2.6).

Examples of visuals from the campaign:



The tobacco industry wishes you a bad year 2023.

12 packs of cigarettes, a big haul.

And what is the tobacco industry depriving YOU of?

- Each annual edition of the “*Moi(s) sans tabac*” [a play on words meaning both “Tobacco-free Month” and “Me without tobacco”] campaign in November (since 2016) or the World No Tobacco Day (May 31) is relayed by an ad hoc media campaign, integrating social marketing approaches. The “*Moi(s) sans tabac*” campaign also provides free tools to help people reduce or stop smoking via the online service: <https://mois-sans-tabac.tabac-info-service.fr>. This is the case, for example, of the [e-coaching application](#) for the reduction of smoking which more specifically targets young people aged 18 to 35, developed with the financial support of the FLCA (see T1.1.3). In addition to this national multi-channel provided by Tobacco Info Service, the Tobacco escape game, created in 2021 by the League against Cancer and renewed in November 2022, is another example of social marketing associated with “Tobacco-free Month” and aimed at introducing young people to the topic of tobacco and more broadly addictions (<https://escapetabac.wixsite.com/cd75>).
- The [World No Tobacco Day 2022 campaign](#) focused on the theme “Tobacco: a threat to our environment” and appealed to the environmentally aware citizen's conscience, pointing out the harmful effects of the tobacco culture and industry on the environment, in addition to the noxious consequences of smoking. On this occasion, *Santé publique France* also launched the [“Employers for Health” platform](#) to support the prevention of addictive behaviour, primarily smoking, in the workplace (see T.1.2.2).



- Prior to this, throughout May 2022, *Santé publique France* re-broadcast its [“Bienvenue dans une vie sans tabac” \[Welcome to a life without tobacco\] campaign](#) in order to reinforce the movement to denormalise tobacco among the general public, with a stronger focus on the most vulnerable smokers (seniors, women, adolescents). The campaign was rolled out nationally through various channels (audiovisual with three 10-second videos, digital (including Facebook, Instagram, Twitter), urban billboards, including in transport).
- From 14 February to 13 March, *Santé publique France*, in partnership with the Ministry of Health and *Assurance Maladie*, the national health insurance scheme, ran a campaign to encourage smokers to stop smoking, particularly among the most socio-economically vulnerable groups. The aim of this [campaign](#) is to break down the fears associated with quitting smoking by making the idea of "taking the plunge" less dramatic, by highlighting the diversity of reasons and solutions for quitting, based on video testimonials.

### Alcohol

- Every year since 2020, the operation [“Le Défi de janvier”](#) (#LeDéfiDeJanvier), the French version of the *Dry January*, has been organised by a collective of about 30 associations and national networks. Co-piloted by the Fédération Addiction, this operation is based on a three-year partnership with the British Charity (*Alcohol Change UK*), which initiated the operation. The campaign was based on the *Try Dry* application, translated into French, managed in France by the consortium. The application allows each participant to track their drinks and alcohol-free days, and to set personalised goals based on their consumption. Other [communication](#) and social marketing tools are also available (posters, web banners).
- From 9 January to 31 January 2023, during Operation "January Challenge" (French version of "Dry January"), *Santé publique France* released a new campaign entitled “Good health has nothing to do with alcohol” in order to steer clear of alcohol consumption, prevent and reduce the risks associated with it and offer help tools via the *Alcool Info* remote assistance device ([press release](#) in French) The heart of the campaign challenges the general public on the absurdity of wishing each other "good health" [*cheers!*] by toasting with glasses of alcohol, reminding us of the long-term risks associated with the consumption of alcohol, even in the case of low consumption. The multi-channel campaign includes a [30-second film](#), broadcast on TV and in cinemas, also available in two condensed 20-second video versions for social networks and online video. A radio spot completes the arrangement. The website [Alcool-info-service.fr](#) provides the general public with information, advice on reducing alcohol consumption, a Q&A service, an individual chat and forum and the alcohol meter, which is a self-assessment tool to measure personal alcohol consumption.
- On the occasion of the Foetal Alcohol Syndrome (FAS) World Awareness Day, *Santé publique France* usually deploys a national "Zero alcohol during pregnancy" campaign aimed at the general public and professionals, through various channels. In March 2023, the National Public Health Agency published a [leaflet](#) (in French) answering various questions on the consequences of alcohol on the foetus, the equivalences between alcohols, FAS and breastfeeding in the event of alcohol consumption.
- In March 2022, as in March and November 2021, the French Public Health Agency SpF “*Santé publique France*” launched again its information campaign under the aegis of the Ministry of Solidarity and Health to remind the general public that all alcohol consumption involves risks and to promote the new recommendations, developed as part of the expert work carried out by SpF and INCa (the National Cancer Institute): "Only a maximum of 2 glasses of alcohol a day and not every day". The campaign encourages everyone to assess their alcohol consumption using the Alcohol Meter (available on the website [www.alcool-info-service.fr](#)) to give everyone the means to make an informed choice about safer drinking.

### Road safety

- In April 2023, the association *Victimes&Citoyens* [Victims and Citizens] financed the launch of an unprecedented road safety campaign entitled "At the wheel, death has a smell", based on olfactory printing technology (Victimes & Citoyens 2023). The campaign educated drivers about the dangers of driving under the influence of cannabis. In a sports magazine, a double page illustrates a man about to cause an accident at the wheel of his car (he overtakes a vehicle by crossing a white line) and releasing an odour of cannabis on contact with the skin (microcapsules of varnish impregnating the paper), thus explaining the dangerous behaviour on the part of the driver. The ad is deployed with a print run of 100 000 copies.
- In June 2022, the Interministerial Road Safety Delegation launched a [web-series in 7 episodes of 3 minutes 30s each](#), which promoted 7 commitments for a safer road in a humorous way, the first episode being dedicated to drink-driving. The scenario involved a meeting between staff representatives and the HR director and presented concrete and operational solutions to restrain a person who has had too much to drink and prevent them from driving.

### Other

- From September 2022, on the occasion of the National Defence and Citizenship Day (JDC), a specific message in the form of a short video has been presented to young people in military service to encourage them not to use psychoactive substances. The JDC is a day of information on French institutions, rights and duties of the citizen in which every person of French nationality must take part before coming of age (between 16 and 18 years old).

## **T1.2.6 Advocacy campaigns**

If available in your country, describe the contents (i.e. key message), coverage, target population and possible evaluations of mass media (including social media) campaigns that **aim to increase the awareness about effective preventive interventions, behavioural/educational strategies and policies** (e.g. the [ListenFirst Campaign](#)).

### Tobacco

- In addition to its component to raise awareness among the general public (see T1.2.5), the #PouvoirDeVivre campaign launched in January 2023 by the Alliance Against Tobacco (ACT) is campaigning for new measures to reduce smoking among the most vulnerable people ([press release](#), in French). The experiments thus promoted consisted of:
  - improving information on the prescription of nicotine substitutes through national awareness campaigns, aimed at health professionals and smokers.
  - improving access to nicotine substitutes through the 100% reimbursement of nicotine substitutes by social security. According to a survey conducted in 2022, three-quarters of smokers believe that they would be more motivated to quit under these free conditions (BVA 2022).
  - establishing financial incentives for the most disadvantaged smokers rewarding smoking cessation with a gift, in the form of vouchers or cash, under conditions of low resources and abstinence control (in order to reduce social inequalities in health caused by smoking).
- In line with the eco-citizen advocacy carried out during the previous edition, World No Tobacco Day 2023 encourages governments to end subsidies for tobacco growing which is detrimental to food crops, under the slogan "Let's grow food, not tobacco" (<https://www.who.int/fr/campaigns/world-no-tobacco-day/2023>). The global campaign focuses on:

- sensitising farming communities to the benefits of shifting from tobacco farming to sustainable crops;
  - speaking out against the role of tobacco growing in desertification and environmental degradation;
  - speaking out against efforts by the tobacco industry to impede the pursuit of sustainable livelihoods.
- The "Tobacco-free Month" social marketing operation was also built on an advocacy strategy organised by *Santé publique France* with partners at the national level and especially at the regional level in order to amplify the effectiveness of the campaign, in particular with regard to the fight against social inequalities in health linked to smoking (Davies *et al.* 2019). In addition to the usual national actors - State services, orders and professional federations of health or tobacco control - the agency has worked to rally actors in the field of poverty or professional integration who are likely to target the campaign at the most disadvantaged smokers via the communication channels of their national networks.
  - *Santé publique France* has developed a range of content for health professionals that is useful for their line of work. This advice and support campaign was launched on World No Tobacco Day 2022, in addition to the communication campaign for the general public. It was disseminated and promoted through a partnership with the [Journal International de Médecine \(JIM\)](#) and the [What's Up Doc magazine](#). The website [JIM.fr](#) website provides a thematic space "[Cannabis : s'informer pour accompagner vos patients](#)" [Cannabis: information to support your patients] offering a variety of content: a glossary, practical sheets on early detection and brief intervention, and existing resources for identifying and supporting problematic use, a help module to answer the main preconceived ideas about cannabis and a quiz to test your knowledge about cannabis use, a podcast on the health consequences of cannabis, interviews on how to deal with cannabis use in general practice, in companies and in universities Finally, the website [whatsupdoc-lemag.fr](#) offers a [video of an expert psychiatrist](#) (3 minutes) in order to reach the new generations of doctors.
  - In June 2022, the Alliance Against Tobacco (ACT), *Fédération LGBTI+* and OUTrans launched the "[Libre](#)" [Free] awareness-raising campaign with the dual aim of providing information on the little-known specificities of smoking among trans people and advocating for better support for these people to quit smoking and, more generally, for improved access to healthcare. In France, 37% of transgender people are smokers, a figure that is more than 10 points higher than the national average, according to *Santé publique France*, and this high propensity of smokers is explained above all by numerous discriminatory experiences (D'Almeida Wilson *et al.* 2008). In addition, the campaign calls for the funding of studies to develop adequate tools and set up an adapted health care pathway, to roll out a national awareness-raising programme for trans people and to implement training and awareness-raising for health professionals to better accompany transgender people (ACT 2022).

**T1.2.7 (Optional) Please provide any additional information you feel is important to understand prevention activities within your country.**

Work to strengthen psychosocial skills or harm reduction approaches that promote socio-professional integration, such as the "Alternative Work Paid by the Day" (TAPAJ, see section T1.2.3), are encouraged.

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

## T1.3 Quality assurance of prevention interventions

The purpose of this section is to provide information on quality assurance systems **such as training and accreditation of professionals, knowledge transfer, and on conditional funding for interventions or service providers depending on quality criteria.**

### Who (which office, ministry) controls the quality of prevention interventions, if applicable?

France does not have a quality control body for prevention interventions. However, quality assurance tools are available to professionals from public health or research bodies, ministerial departments or professional societies, to guide professional attitudes and the design, method, planning and evaluation of addiction prevention programmes (see Best practices workbook).

### Is there scientific guidance and methodological advice to those who implement prevention at local level?

Yes

### If yes, how is this organised (and by which centres/organisations)?

A limited number of project engineering support structures for the development of prevention actions may be involved in some territories, but this is hardly a structured network.

At the local level, professionals implementing prevention actions can use tools developed and made available at the national level, via digital platforms:

- The tools developed in the framework of the national study and spin-off support schemes for the Unplugged and GBG programs (see T1.2.2 of the [2020 'Prevention' workbook](#)) are available or accessible on request for those wishing to implement these programs.
- The “Appreciation for the Selection of Prevention Programmes Issued from the Review of EDPQS” (ASPIRE) checklist, adapted from the European Prevention Standards, is also public and freely available.
- In 2018, *Santé publique France* published an online directory of effective or promising interventions in prevention and health promotion, which includes descriptions of 21 programmes for the prevention of addictive behaviours (alcohol, tobacco, illicit drugs) and 7 programmes for the development of psychosocial skills, which have been evaluated in France or abroad or are being adapted in France (Santé publique France 2023) . This directory should gradually be populated with national or local programs, with reliability indicators, to provide key design and implementation elements for those wishing to set up such programs.
- In August 2022, the CAPS portal, Capitalisation of experiences in health promotion, coordinated by the National Federation for Education and Health Promotion (FNES) and the French Society of Public Health (SFSP) was launched (<https://www.capitalisationsante.fr/>). This generalist tool is a national mechanism for sharing knowledge in public health. It is part of the national InSPIRe-ID initiative (Public Health Initiative for the Interaction between Research, Intervention and Decision-Making), coordinated by the National health directorate. Using a simplified search engine, the portal offers summary sheets on various prevention programmes that have been the subject of at least one process evaluation.
- In addition, the psychosocial skills site (<https://www.cartablecps.org/page-0-0-0.html>) can contribute to the quality assurance effort through theoretical and practical contributions on the subject (see T4.1).

In addition, Mildeca has supported the production of an “addictions” kit by the College of General Medicine, to equip general practitioners in preventing and systematically identifying their patients' addictions.

<b>How and to what degree are available national or EU prevention standards applied, if applicable?</b>
As part of its annual circular for 2018 setting the objectives of project managers, MILDECA has made available to its territorial network an online toolbox of methodological and operational support, including the ASPIRE tools to support the appraisal of grant applications related to prevention programmes ( <a href="https://www.ofdt.fr/aide-aux-acteurs/prevention/grille-aspire-adaptation-francaise-des-edpqs-pour-la-selection-de-programmes-prometteurs/">https://www.ofdt.fr/aide-aux-acteurs/prevention/grille-aspire-adaptation-francaise-des-edpqs-pour-la-selection-de-programmes-prometteurs/</a> ). In the following years, the annual circular referred to several more specific tools, linked for example to festive environments or the world of work, without mentioning the link to this general quality assurance tool for the prevention of addictive behaviour.

<b>Is there conditional funding (i.e. preferential funding for certified interventions, accredited providers, according to other criteria)?</b>	<b>Doesn't really exist</b>
<b>Additional information, if applicable:</b>	

<b>Is there funding for research and development for Prevention.</b>	<b>Yes</b> (if yes ↓)
<b>If yes, please provide examples.</b>	
The Fund for Combating Addiction (FLCA, see T1.1.3) enables the financing of action research, applied research programs and local, national and international evaluations in line with government priorities in the field of the prevention of substance or non-substance addiction.	
<b>In the past three years, has there been a change in the funding for research and development for prevention.</b>	<b>Yes</b> (if yes ↓)
<b>If yes, please provide examples.</b>	
The current Fund for Combating Addiction (FLCA), an essential lever for the financing of responses and research into the prevention of addictive behaviour in France, has undergone two major changes between 2019 and 2022. In fact, the scope of the original “tobacco” fund was extended in 2019 to other psychoactive substances (by <a href="#">Decree No. 2019-622 of 21 June 2019</a> ). In December 2021, <a href="#">Law No. 2021-1754 on the financing of the social security system for 2022</a> extended the scope of the fund's intervention to “non-substance” addictions (Article 84). The fund thus became the “Fund for Combating Addiction” (FLCA) and now includes the subject of gambling and video games.	
<b>Please give examples of the evaluation of interventions resulting from Research &amp; Development funding.</b>	
Non applicable	
<b>Are there regular, national stakeholders meetings on prevention?</b>	<b>Yes</b>
<b>If yes, specify the stakeholders</b>	
MILDECA, <i>Santé publique France</i> , the Institute for Public Health Research (IReSP), <i>Assurance Maladie</i> and the National Health Directorate (DGS), among others, meet several times a year to discuss prevention, innovative experiences or measures to be rolled out across the country. Several of these actors jointly decide on the objectives of the annual calls for projects related to the FLCA, and meet to select projects to support and monitor the implementation of the selected projects.	
<b>If YES, is the alcohol industry statutory part of these meetings?</b>	<b>No</b>
<b>Which of the other industries are statutory part of these meetings (e.g. tobacco, gambling, gaming, cannabis lobby, etc.)?</b>	
/	

Do non-governmental prevention agencies (NGOs, Associations) need an accreditation in order to be allowed to carry out prevention?	No
If yes, which are the criteria?	
/	
Are they audited or controlled periodically?	Choose an item.

What kind of credentials/qualifications prevention workers typically need to have?
The qualification of professionals in the field of addiction prevention is based above all on their initial training. In addition, there is field expertise, professional supervision, and possible continuous education sessions.

What training background do prevention workers typically have (psychology, social work, sociology, etc.)?
Those working in the field of addiction prevention are mainly health professionals (psychologists, nurses, doctors, etc.) or social workers (educators, etc.) from NGOs. For a long time, specially trained law enforcement agents (police officers or anti-drug trainers, respectively 277 PFAD and 200 FRAD) have been called upon by schools to intervene with students (see T.1.2.2).

## T2. Trends

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

**Please structure your answers around the following questions.**

**T.2.1 Please comment on the main changes in prevention interventions in the last 10 years and if possible discuss the possible reasons for change.**

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

## T3. New developments

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

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

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

**Please structure your answers around the following questions.**

**T.3.1 Please report on any notable new or innovative developments observed in prevention in your country since your last report.**

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## T4. Additional information

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

**Please structure your answers around the following questions.**

**T.4.1 (Optional) Please describe any additional important sources of information, specific studies or data on prevention, information on work place prevention. Where possible, please provide references and/or links.**

In May 2022, the School of Public Health (EHESP) in partnership with Mildeca published the book “Le cannabis et (pas) moi” [Cannabis and (Not) Me] (Bordet-Petillon *et al.* 2022) which is aimed at young people aged 13 and over and offers simple answers about the health effects of cannabis, risks such as a “bad trip” and the possibility of dependence, as well as the penalties for cannabis possession. This illustrated book scientifically deciphers 12 preconceived ideas: Cannabis is a soft drug, it is not dangerous; Cannabis is herbal, it is natural; Smoking a joint is less dangerous than smoking tobacco, etc.

The European project *Frontline Politeia*, financed over 2 years by the European Commission, is led by a collective of 13 organisations representing 12 countries, including RESPADD for France. As a continuation of the EDPQS, UPC-Adapt and ASAP projects, it aims to improve the training of frontline professionals (police, teachers, social workers, etc.) in prevention and evidence-based interventions through the design and evaluation of an e-learning training module. The project includes the identification and evaluation of prevention interventions already in place in different territories, as well as the assessment of prevention needs among the population. The project remains ongoing in 2022.

The network of Regional Health Promotion Bodies provides digital web tools to support the implementation of prevention initiatives in various fields, including addiction. For example, there are:

- the « Psychosocial skills binder » website (<https://www.cartablecps.org/page-0-0-0.html>), which provides theoretical reminders, practical implementation sheets for each skill and short testimonial videos;
- the BIB BOP website, a bibliographic database and teaching database specialising in health education and health promotion (<https://www.bib-bop.org/>).

Following a broad public consultation on the advertising practices of gambling operators, after the strong advertising pressure that accompanied the European Football Championships (in June and July) 2021, the National Gambling Authority (ANJ) issued guidelines and recommendations on advertising related to gambling, in order to prevent the risk to public order and the risk of addiction and ensure the protection of minors. These recommendations regulate the content of all commercial communications by gambling operators intended to promote, directly or indirectly, their gambling services or a financial reward, including in execution of a sports partnership contract. They have an impact on the prohibition of incitement to excessive or pathological gambling and gambling by minors. By way of illustration, communications should not:

- suggest that gambling contributes to social success, is a solution to personal, professional, social or psychological difficulties, is an alternative to paid work, offers chances of winning or unfounded winnings,
- depict a minor in a purchasing situation, nor personalities or characters from children’s popular culture; suggest that gambling is a natural part of minors’ leisure time.

The ANJ has a “Prevention of excessive or pathological gambling and protection of minors” division.

The 79 Trusted Homes and Protection Centres (MPF) of the national *gendarmerie* created in January 2021, are units with departmental skills that constitute a single departmental entry point for domestic violence (VIF). They are also intended to prevent addictive behaviour in the criminal field. The MPFs intervene for the benefit of a wider public (vulnerable people, the associative world and the professional world). They rely on a network of 200 anti-drug liaison trainers (FRADs), non-commissioned officers assigned to the gendarmerie units but also to the territorial services to carry out these prevention interventions on drugs, alcohol, the Internet, school bullying, etc. carried out by for the benefit of schools (Premier ministre 2021).

There are 31 youth recreation centres (CLJ) in France: 27 managed by the Public Security Directorate (DCSP) distributed in France and 5 by the Directorate of Local Security of the Greater Paris area in Paris and its inner suburbs. Among these centres, 22 are open all year round and 5 during the summer, as part of the Prevention-Summer Operations (OPE) of the "Ville-Vie-Vacances" (City-Life-Holidays) scheme (Ministère de l'Intérieur et des Outre-Mer 2022). These recreation centres welcome "tearaway" teenagers (10 to 17 years old). The young people welcomed are supervised by specially trained police officers who offer them various fun activities accessible under the guise of participating in educational workshops. These workshops provide an arena for discussing drugs and various other subjects (e.g. urban rodeos, theft, renovation of buildings, introduction to first aid, etc.). Since the objective is educational as well as promotional – it is also a question of improving the image of the police in the eyes of these teenagers and their relatives – the police officers establish contact with the families before each registration, in order to build a kind of "tripartite CLJ-child-parent relationship".

The activation of the national suicide prevention number 31 14 is included in the national suicide prevention strategy adopted in July 2022 ([Legislative order of 6 July 2022](#) relating to the national suicide prevention strategy) a measure of the *Séjour de la santé* in 2020. The number is available for people and health professionals, 24 hours a day, 7 days a week in the whole of France (mainland and overseas departments and regions), from the last quarter of 2021.

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

## T5. Sources and methodology

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

**Please structure your answers around the following questions.**

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

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

### Websites

Websites visited on 26/05/2023

<https://alliancecontreletabac.org/2022/06/17/campagne-libre-2/>

<https://www.bib-bop.org/>

<https://eduscol.education.fr/>

<https://www.cartablecps.org/page-0-0-0.html>



<https://mois-sans-tabac.tabac-info-service.fr>  
<https://tabado.fr/le-programme-tabadohttps://www.drogues.gouv.fr/actualites/preventionghb-nouvelle-campagne-dinformation-de-prevention-de-mildeca-ghbgbl>  
<https://www.addictaide.fr/pro/>  
<https://www.ofdt.fr/aide-aux-acteurs/prevention/grille-aspire-adaptation-francaise-des-edpqs-pour-la-selection-de-programmes-prometteurs/>  
<https://www.santepubliquefrance.fr/a-propos/services/interventions-probantes-ou-prometteuses-en-prevention-et-promotion-de-la-sante/repertoire-des-interventions-efficaces-ou-prometteuses-en-prevention-et-promotion-de-la-sante>  
<https://www.santepubliquefrance.fr/a-propos/services/service-sanitaire>  
<https://www.santepubliquefrance.fr/presse/2022/tabac-sante-publique-france-lance-un-nouveau-dispositif-a-destination-des-employeurs#:~:text=A%20l'occasion%20de%20la,de%20la%20sant%C3%A9%20de%20leurs>  
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**T.5.2 Where studies or surveys have been used please list them and where appropriate describe the methodology?**

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