

Best practice workbook

2023

France

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Definitions

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

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

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

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

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

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

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

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

T0. Summary

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

Summary of T1.1.1

- State whether your National Drug Strategy addresses quality assurance.

Summary of T1.1.2.1

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

Summary of T1.2.2

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

Summary of T1.2.3

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

(T1.1.1) France's national anti-drug strategy aims at strengthening its effectiveness by relying on robust scientific data. The national action plan on addiction defined for the 2018-2022 period reaffirmed the government's willingness to reinforce quality in public responses on the basis of observation, research, evaluation and a reinforced training strategy, with a special impetus on prevention. The Interministerial Strategy for Mobilisation against Addictive Behaviours 2023-2027 establishes as principles for action the need to build on robust knowledge in order to increase the efficacy of public action in terms of prevention, risk reduction, treatment, the criminal justice response and the fight against trafficking (MILDECA 2023). It supports the need to support research, particularly in the area of public policy evaluation.

(T1.2.1) In France, quality assurance in Drug Demand Reduction (prevention, risk reduction, treatment and rehabilitation) builds on specific advocacy, guidelines or trainings from public health institutions or professional societies. It is in the remits of the French Public Health Agency (*Santé publique France* - SpF) and the French National Authority for Health (*Haute autorité de santé* - HAS). SpF disseminates evidence in drug prevention research and supports the local experimental transfer of international evidenced-base programmes like

Unplugged (Lecrique 2019), Good Behavior Game (GBG), (Strengthening Families Program (SFP), etc. The HAS diffuses professional guidelines/recommendations on risk reduction and treatment addressing: (i) Opioid Substitution Treatment, (ii) Early intervention and risk/harm reduction for crack or free base users, (iii) Clinics for young drug users, (iv) Treatment of cocaine users, (v) Harm and risk reduction in low threshold services (CAARUD) and lastly (vi) Prevention and harm reduction delivered by drug treatment centres (CSAPA). In 2022, new recommendations for medico-social and social services addressing vulnerable population groups have been released by the HAS (French National Authority for Health).

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

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

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

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

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

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

T1. National profile

T1.1. Policies and coordination

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

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

The national drug action plan entitled “Plan for Mobilisation against Addictions 2018-2022” was adopted in December 2018 (MILDECA 2018) and a new 2023-2027 Interministerial Strategy for Mobilisation against Addictive Behaviours has been adopted in March 2023 (MILDECA 2023). The Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA) which reports to the Prime Minister is responsible for its implementation. The strategy reaffirms the need to base public action on the available scientific knowledge across its five areas of action among which one is directly related to observation, research and evaluation. It is aimed at reinforcing quality in responses to the consequences of addictions for the individuals and the society.

The National Plan 2018-2023 defined several objectives of quality assurance, with a particular focus on training supply and evaluation, under the prevention, care and research pillars, for instance:

- “Give schools the resources for effective prevention”, “Help professionals to know how to take action at the first signs of problematic addictive behaviours related to substances or screen/gaming”;
- “Develop good practice recommendations in addictology and facilitate their adoption” and “Renovate the professional practices”;
- “Tighten the links between researchers, decision-makers, professionals and citizens”, “Widen knowledge to better prevent, (...) to improve risk reduction and care” as well as “(...) criminal justice response”.

The interministerial strategy for 2023-2027 (op cit) aims to support the dissemination of programmes to strengthen psycho-social skills, launched by an inter-ministerial instruction ([Legislative order of 19 August 2022](#)), including by modelling such programmes for older teenagers aged 16 to 18 and by modelling of intervention strategies in different areas of the child's life (agricultural educational settings, youth protection services and child welfare services). This new strategy provides professionals with best practice guidelines to harmonise professional practices for treatment adapted to clients' needs.

T1.2. Organisation and functioning of best practice promotion

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

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

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

Since September 2018, the National Public Health Agency (SpF) is coordinating an online register of effective and promising interventions in prevention and health promotion (Santé publique France 2023) (See T.1.2.1 Workbook “Best practice” 2021).

In 2021, the National Federation for Health Education and Promotion (FNES) (a non-profit NGO) initiated the development of a National Resource Website on Psychosocial Competencies (Sirena-CPS) in order to improve the understanding of the concept of psychosocial competencies by professionals and its application in different life settings (<https://www.fnes.fr/outils-et-supports/sirena-cps>). With the financial support of the French Fund for Combatting Addiction (FLCA, see T1.1.3 of the Workbook Prevention), the construction of this website is spread over 3 years, (the site is expected to be online by the end of December 2023). Intended for professionals involved in the prevention of risky behaviours, it will provide validated intervention materials and tools, easy access to information, training and support adapted to the different social environments in which they work.

In August 2022, the CAPS portal Capitalization of experiences in health promotion, coordinated by the National Federation of Education and Health Promotion (FNES) and the French Society of Public Health (SFSP) was launched (<https://www.capitalisationsante.fr>). This tool is a national mechanism for sharing public health knowledge. It is part of the national initiative InSPIRe-ID (Public Health Initiative for the Interaction between Research, Intervention and Decision, *Initiative en Santé Publique pour l'Interaction entre la Recherche, l'Intervention et la Décision*), coordinated by the French Health Directorate. With the help of a simplified search engine, the portal offers summary sheets on different prevention programs that have been the subject of at least one process evaluation.

The FLCA, created in 2018 supports the continuation and strengthening of public health actions against addictions, including by providing for financial support to applied research and evaluation of prevention and treatment. The fund provides grants for actions, studies and doctoral studies, consistent with government priorities in the field of addiction prevention (see T.1.1.3 in the 2022 and 2023 “Prevention” Workbooks). The FLCA has commissioned an evaluation of the peer-based prevention programmes that it has funded. This evaluation, which was published in May 2022, provided recommendations to funders and decision-makers on the components to be taken into account with regard to peer prevention programmes and to be required from project developers (Assurance Maladie 2022).

The French National Authority for Health (*Haute autorité de santé*, HAS, former National Agency for the Quality Assessment of Health and Social Care Organisations and Services, ANESM) is an independent scientific public authority that aims at regulating the quality of the health system. It has a specific remit of developing guidance and disseminating evidence-based information among health professionals. The HAS supports quality assurance in the service provision of Social and Medicosocial Establishments and Services (ESSMS), including specialised drug treatment centres (CSAPA) and low threshold facilities (CAARUD). It accredits external evaluators to carry out the mandatory two independent external evaluations of the activities and service quality of the ESSMS during the 15-year license period. These evaluations must follow a set of specifications that are defined by decree [[Décret du 15 mai 2007 fixant le contenu du cahier des charges pour l'évaluation des activités et de la qualité des prestations des établissements et services sociaux et médico-sociaux](#)]. The Regional Health Agencies (ARS) decide on the renewal of the operating authorizations for the addiction-related ESSMS against these specifications. In March 2022, the HAS adopted a new reference framework for the evaluation of the quality of establishments and social and medico-social services (HAS 2022a). In addition, The HAS's website therefore provides with access to professional recommendations and tools, including in the field of drug demand reduction tools for early detection and brief intervention with regards to alcohol, cannabis and tobacco uses in adults (see T.1.2.1 of the Workbook “Best practice” 2020).

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

An “addiction” kit for general practitioners has been published by the *Collège de la Médecine Générale*, with the support of the MILDECA, to help health professionals identify and manage at-risk drug use among their patients (<https://lecmg.fr/addictionsmg>). Based on thematic fact sheets, GPs are provided with pragmatic, referenced information and tools tailored to real-life situations and to medical and scientific knowledge.

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

a) Treatment provision:

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

- recall general principles for opioids medicine use
- promote the appropriate use of analgesic opioids in the management of acute or chronic pain
- promote the appropriate use of opioid agonist therapy and naloxone in the management of opioid substance use disorder and overdose (HAS 2022b).

In 2021, the *Fédération Addiction* (a federative association of professional workers in addiction facilities) published guidelines for consultation liaison within addictology services (Fédération Addiction 2020a).

The collective expert report of the INSERM entitled “Reducing the harm associated with alcohol consumption”, published in 2021, also provided guidelines regarding the management of substance use disorders in general (INSERM 2022).

For other documents related to treatment provision published earlier, refer to T1.2.2 a) in the Workbook “Best practice” 2021.

b) Prevention:

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

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

In September 2019, the French National Authority for Health (HAS) issued the first professional recommendations for CSAPA (specialised addiction treatment centres) in the fields of prevention and harm and risk reduction (HAS 2019). These guidelines aim at helping the addiction treatment centres to organise and to implement harm reduction and prevention activities, according individual or collective approach in their premises or in other settings (schools, workplace, ...). The main purpose is to support

the articulation of harm reduction and prevention responses with treatment activities in a continuum of care, by integrating available scientific evidence as best possible.

In 2023, after two years of reflection in working groups of professional and institutional participants, the, the French National Authority for Health (HAS) published four sets of professional recommendations on the prevention of addictive behaviours and harm reduction, dedicated respectively to the social and health practitioners in the fields of:

- social inclusion (HAS *et al.* 2022a);
- youth protection (HAS *et al.* 2022b);
- disability (whether mental, sensory or motor disabilities) (HAS *et al.* 2022c);
- and the elderly who are losing their independence (HAS *et al.* 2022d)

The guidelines for “Appreciation and Selection of Prevention programs Issued from the Review of the EDPQS (ASPIRE) are a French adaptation of the EDPQS standards directed to decision makers. These guidelines are part of executive toolkit provided each year by MILDECA (Interministerial Mission for Combatting Addictive Behaviours) to the prefectural "Drugs and Drug Addiction" project leaders who are responsible at the local level for organizing government drug policies and for subsidising drug prevention programmes. The ASPIRE guidelines are part of the quality assurance material identified within the framework of the Further ENhancing the Implementation of Quality Standards in drug demand reduction across Europe (FENIQS-EU) project. They should be reviewed during the second semester of 2022.

In January 2023, the French National Research and Safety Institute for the Prevention of Occupational Accidents and Diseases (INRS) published a brochure aimed at those involved in prevention stakeholders in occupational settings, bringing together elements of understanding on the mechanisms of addictive practices, their impact and the relevant approaches to prevention in the workplace (INRS 2023).

c) Harm reduction:

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

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

For other documents related to harm reduction published earlier, refer to T1.2.2 c) in the Workbook “Best practice” 2021.

d) Social reintegration:

The above-mentioned guidelines on prevention and risk reduction for social and medico-social institutions are the latest issued in relation to social reintegration. Indeed, taking better account of addiction problems among the public in these establishments is presented as a means of supporting the social inclusion and empowerment of people (HAS *et al.* 2022a, b, d, c). Previously, guidelines addressing the general housing and social rehabilitation centres (so-called CHRS) were published in 2016 (ANESM 2016). They have encouraged the professionals working in these structures to exchange directly to address the issue of addiction with their beneficiaries/clients to help them to adopt or maintain n prevention, risk and harm reduction or care practices, according to their need. The guidelines call for partnerships with specialised services in the field of addiction treatment.

e) Peer support:

In September 2020, the Fédération Addiction published the guide "Participation of users: from involvement to cooperation", with the support of the Ministry of Health (Fédération Addiction 2020b). This guide was created by a joint working group – composed of as many care professionals as users – including mutual aid and self-help associations. It provides an overview of how drug users are involved in their care pathway, within their care and support structure, towards their peers and in society, and it shows the diversity of practices. It aims to promote drug users' empowerment, to help them co-build a care pathway that meets their needs and improves their quality of life. Peer work is also supported by stakeholders of the social inclusion sector as shown by the manifesto co-written by the Interministerial

Delegation for Accommodation and Access to Housing (DIHAL) and the Federation of Actors of Solidarity (DIHAL and Fédération des acteurs de la solidarité 2018). The purpose of this publication is to provide an overview, to open up perspectives and to propose tools to promote the development of peer working practices.

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

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

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

- specific academic curricula
- specific continued education/specialization courses

Specific academic curricula

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

Specific continued education/specialisation courses

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

Specific training for peer helpers

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

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

T2. Trends. Not applicable for this workbook.

T3. New developments

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

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

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

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

Please see highlighted information (in yellow) throughout the workbook.

T4. Additional information

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

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

The training in addictology is part of the second cycle of studies of medicine, odontology, maieutic and pharmacy. Addictology is included in the program of national classification tests (ECN) that give access to the postgraduate medical studies. In the third cycle of medical studies, a transversal specialised training (FST) in addictology is the reference path to get an overspecialisation in this field. It offers the possibility for students to have an activity in the medico-social or hospital specialised services.

In addition, various university degrees in addictology exist, some of them being general, and others more specialised (for instance, focused on women, on specific substances, on dual disorders). Some of these degrees are now fully in digital learning. Compared to the initial training during medical studies, these trainings can be followed by a broad range of professionals (e.g., social workers, psychologists).

The National University College of Addictology Senior Teachers (*Collège Universitaire National des Enseignants en Addictologie*, [CUNEA](#)) provides standardised guidelines for students ("référentiels de spécialité").

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

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/>).

The public authorities ensure that those involved in prevention and research who receive public subsidies have no links of interest with the tobacco, alcohol, cannabis, gambling and video games industries.

The new Interministerial Strategy for Mobilisation against Addictive Behaviours 2023-2027 presents evaluation an essential lever for implementing effective responses, based on the following examples:

- psycho-social skill enhancement programmes;
- low-risk consumption rooms, the rigorous evaluation of which has led to the drafting of new specifications for future addiction treatment centres;
- experimental programmes to preventing young people from becoming involved in drug trafficking (LIMIT'S programme).

T5. Sources and methodology

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

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

Index based on use of literature and the Internet

ANESM (2016). Prise en compte de la santé physique et psychique des personnes accueillies en CHRS. Agence nationale de l'évaluation et de la qualité des établissements et services sociaux et médico-sociaux, Saint-Denis. Available: https://www.has-sante.fr/upload/docs/application/pdf/2018-03/anesm-rbpb-prise_en_compte_de_la_sante_en_chrs-pdf_interactif.pdf [accessed 30/05/2023].

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

None