Treatment workbook 2025

France

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T0. Summary

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

- National profile
- Trends
- New developments

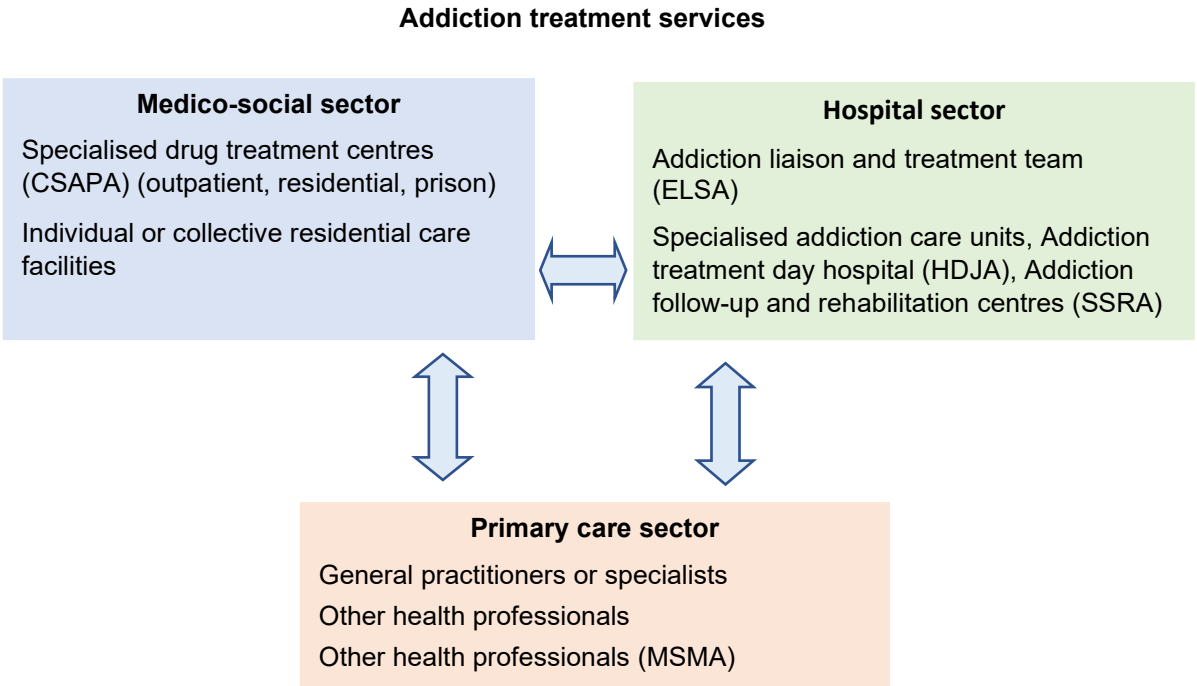
Please include here a brief description of:

- The main treatment-related objectives of the national drug strategy, and the co-ordination bodies responsible for their funding and provision.
- An overview of the main providers of outpatient and inpatient treatment.
- The main treatment modalities available in your country.
- Provide a short description of key data on clients profile and patterns of drug use

National profile

In terms of treatment, the priority defined by the 2023-2027 Interministerial Strategy for Mobilisation against Addictive Behaviours is ensuring that everyone with an addiction receives suitable treatment. This strategic orientation is based on the need to respond to the difficulties encountered by patients and drug users in accessing an early and systematic methodical assessment of their health condition and/or receiving treatment.

The provision of care for drug users is based on the three sectors of the French health system: the primary care sector, the medico-social sector and the hospital sector.



This offer is multidisciplinary and includes the following types of treatment:

- Medical treatment: substitution or withdrawal and post-withdrawal
- Treatment for psychiatric and somatic comorbidities
- A psychotherapeutic approach
- Socio-educational care
- Harm reduction
- A specific service for the parents or partner of subjects at risk of addiction or who have become addicted (family approach)

As for treatment methods, the majority of specialised drug treatment centres (CSAPA) employ psychologists and trained educators, who can offer therapies using a variety of approaches, all centred around the psycho-social dimension of addictions. The prescription of opioid agonist treatment (OAT) is also one of the core missions of CSAPA. In facilities with accommodation, generally, OAT and consultations with a psychologist are rather widely available in France, in addiction to hospital services, residential treatment centres, therapeutic communities, and residential therapeutic apartments. In 2022, 63 717 people visiting CSAPA began treatment during the year, almost all visiting CSAPA on an outpatient basis. In total, 18 700 patients were provided with opioid agonist treatment (methadone or buprenorphine) in CSAPA in 2022.

In France, any doctor can prescribe opioid agonist treatment (OAT), whether they practise in a CSAPA, a local surgery, or a hospital. The majority of OAT are prescribed within non-hospital practice and dispensed in local pharmacies. According to the latest data from 2024, 154 331 people received an opioid substitution medication delivery in non-hospital practice.

The total number of patients receiving an OAT in 2024 was estimated at 170 000, including the number of recipients of OAT reimbursements in non-hospital practice, prison inmates receiving an opioid substitution medication delivery, and people receiving an opioid substitution medication delivery in CSAPA.

Trends

According to the latest data for 2024, 154 331 people received opioid substitution medications in primary care settings. There was no significant change from previous years. The proportion of recipients receiving buprenorphine alone remained the highest (52.8%) in 2024, but it has been declining for several years, while that of people receiving methadone has been increasing (46.6% in 2024 vs 46.3% in 2023). The average age of recipients was 45.7 years (standard deviation = 10 years).

Dispensing of the capsule form has been increasing continuously: 76.4% in 2023 vs 74.2% in 2022. This increase in the use of methadone capsules explains the progression of methadone treatment compared to buprenorphine. In 2023, 600 patients (including 150 prisoners) benefited from a prescription for extended-release buprenorphine (Buvidal®), equivalent to nearly 7 500 prescriptions, a marked increase since 2021.

In prison, methadone continued to increase and accounted for 53.9% of opioid agonist treatment prescriptions in 2023 (see the Harms and Harm Reduction workbook).

T1. National profile

T1.1. Policies and coordination

The purpose of this section is to

- describe the main treatment priorities as outlined in your national drug strategy or similar key policy documents
- provide an overview of the co-ordinating/governance structure of drug treatment within your country

T1.1.1. What are the main treatment-related objectives of the national drug strategy? (suggested title: Main treatment priorities in the national drug strategy)

New strategic orientation on treatment defined in the 2023-2027 Strategy: "Ensure that every user receives suitable treatment" - Priority divided into 6 courses of actions

Adopted in March 2023, the new Interministerial Strategy for Mobilisation against Addictive Behaviours (SIMCA) (MILDECA 2023) highlights the need to offer suitable, high-quality treatment, which is accessible to all. In particular, the aim is to be able to identify every drug user and refer him to appropriate professionals, irrespective of their initial point of entry into

the health and social system. To this end, current policy impetus on treatment is geared towards better coordination between primary care professionals and the specialised health and medico-social sectors.

Within the implementation of its key priority on treatment, SIMCA defines six lines of action:

1) Increase the awareness and engagement of primary health care professionals on the detection and treatment of addictions.
2) Provide professionals with reference documents for best practices, to harmonise professional practices.
3) Foster advanced nurse practitioners trained in addiction.
4) Sustainably develop remote assistance.
5) Enhance prevention, detection, and treatment during pregnancy.
6) Integrate the detection and treatment of foetal alcohol spectrum disorder (FASD) into the national autism strategy.

T1.1.2. Who is coordinating drug treatment and implementing these objectives?
(suggested title: Governance and coordination of drug treatment implementation)

Governance and coordination of the implementation of addiction treatments

The framework defining the guidelines of the health policy on addictive behaviours is determined by the 2023-2027 Interministerial Strategy for Mobilisation against Addictive Behaviours (SIMCA), under the coordination of the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA). Beyond the interministerial coordination of health action by public authorities, regional health agencies (ARS) are responsible for defining regional addiction prevention strategies.

It is within the context of their regional health programmes (PRS) that ARS organise and implement national health priorities and health supply trends, at regional and local level.

ARS rely on Health insurance funding to fulfil their mission. Regional donations to ARS are used to finance health care facilities for addiction treatment, and medico-social facilities and services treating patients suffering from addictions. Additional credits allow ARS to promote or strengthen certain health objectives, defined in the context of new programmes specific to addictive behaviours within the health plan, or sector-specific programmes involved in addiction treatment.

Credits are allocated by the Ministry of Health to ARS (see T1.4.1 of the 2024 Drug Policy workbook), in accordance with the intended purposes and amounts agreed in the Social Security funding act. In addition, the Regional intervention fund (FIR) contributes to the deployment of priority national action in the region, as well as the delivery of Regional Smoking Reduction Programmes. It is also as part of the FIR that addiction liaison teams and specialised hospital consultations are funded in the regions. Moreover, MILDECA directly contributes to promoting concrete actions at territorial level, via the credits allocated to prefecture project managers, often pooled with other available means in the region, in partnership with ARS.

*T1.1.3. **Optional**. Please provide any additional information you feel is important to understand the governance of treatment within your country (suggested title: Further aspects of drug treatment governance)*

T1.2. Organisation and provision of drug treatment

The purpose of this section is to

- describe the organisational structures and bodies that actually provide treatment within your country
- describe the provision of treatment on the basis of Outpatient and Inpatient, using the categories and data listed in the following tables. Drug treatment that does not fit within this structure may be included in the optional section
- provide a commentary on the numerical data submitted through ST24
- provide contextual information on the level of integration between the different treatment providers (e.g. umbrella organizations providing multiple services, for instance both outpatient and low threshold services)

Outpatient network

T1.2.1. Using the structure and data provided in table I please provide an overview and a commentary of the main bodies/organisations providing Outpatient treatment within your country and on their respective total number of clients receiving drug treatment (suggested title: Outpatient drug treatment system – Main providers and client utilisation)

Outpatient drug treatment system

Outpatient treatment for illicit drug users is provided at health and social care centres specialising in addiction medicine, in primary care settings (mainly by general practitioners), or in hospitals as part of outpatient addiction treatment clinics.

The specialised socio-medical scheme

CSAPA (Specialised drug treatment centres)
CSAPA centres (in French: *Centre de soins, d'accompagnement et de prévention en addictologie*) are multidisciplinary facilities dedicated to treating people with an addiction to illicit drugs, alcohol and tobacco or a behavioural addiction (gambling, Internet addiction). They provide care and prevention. The treatment is multidisciplinary, free of charge and anonymous, and long-term support is provided.

CAARUD (Harm reduction facilities)
CAARUD centres (in French: *Centres d'accueil et d'accompagnement à la réduction des risques pour usagers de drogues*) are front-line facilities for harm reduction. These facilities specialise in the care of people who are unwilling or unable to stop using drugs and who are exposed to health and social risks. They are not considered to be treatment facilities but can, in addition to providing harm reduction materials, support these users, guiding them towards access to health care.

Drug consomption rooms (HSA in French)
HSAs (*Haltes Soins Addictions*) are spaces for harm reduction through supervised use and guidance towards a physical and mental health pathway that is adapted to the situation of drug users. They can be opened in CSAPAs and CAARUDs and may take the form of mobile units. (See the Harm Reduction workbook for more details).

Primary care settings

Primary care is mainly provided by general practitioners. Treatment can be provided in the context of individual practice or group practice (multi-professional health centre, group practice), sometimes with an organisation in the form of a Medical addiction microstructure (MSMA).

An MSMA consists of a multidisciplinary primary care team that includes at least a psychologist and a social worker working with a general practitioner in their practice. The microstructures are organised in a regional network in association with specialised addiction treatment facilities. MSMA dovetail with a medico-social facility specialised in addiction treatment, particularly CSAPA and/or CAARUD. Complete care provided in microstructures contributes to patients' acceptance of treatment and the continuity of their care (Duprat 2024).

In 2023, there were 135 medical addiction microstructures. They are located in 7 regions of Metropolitan France (Bourgogne-Franche-Comté, Grand-Est, Hauts-de-France, Ile-de-France, Nouvelle-Aquitaine, Occitanie, Provence-Alpes-Côte d'Azur). In total, these structures employed 527 professionals (380 general practitioners, 73 social workers and 74 psychologists (CNRMS 2024).

Following the 'Equip'addict' pilot scheme launched in 2020 to improve access to care for patients with addictive behaviours, the "participatory" health centres and clinics or microstructure networks were made permanent by the Order of 28 December 2023 and should be rolled out nationwide.

Hospital settings

Hospital addiction services are facilities which specialise in treating patients suffering from addictions within general hospitals and psychiatric hospitals. Users of illicit drugs may be treated on a scheduled basis or within a hospitalisation.

Outpatient drug treatment system – Client utilisation

Only patients admitted to the CSAPA are subject to data collection in accordance with the European protocol for the registration of treatment requests. According to the European definition, 63 717 people began treatment in 2022, almost all of them in outpatient CSAPAs.

In 2024, 154 331 people were dispensed opioid substitution medications in primary care [OFDT analysis of reimbursement data from the French national health data system SNDS]. The main prescribers of OATs are general practitioners. According to the results of the DRESS survey which took place from December 2019 to March 2020 (David *et al.* 2021), 66% of general practitioners declared that they had initiated or renewed an OAT.

Patients treated in MSMA do not meet the definition set out by European protocol, because they may be seen by these establishments because of their use of alcohol, tobacco, illicit drugs, etc. Nevertheless, in 2023, 5 445 patients were followed up in the 135 MSMAs. Of these patients, 48% were women.

T1.2.2. ***Optional****. Please provide any additional information you feel is important to understand the availability and provision of Outpatient treatment within your country (suggested title: Further aspects of outpatient drug treatment provision)*

Despite the existing care provision, access to outpatient addiction services remains difficult in several areas. Waiting times for treatment can reach several months, and some centres are forced to refuse new patients. This situation is partly linked to recruitment difficulties in the medical sector. Although no quantitative data is currently available to assess this phenomenon objectively, these concerns are regularly raised by frontline professionals, particularly through the OFDT's TREND scheme, which aims to identify and describe, through local observations, the evolution of trends and emerging phenomena linked to illicit or misused psychotropic substances.

According to observations from the TREND scheme, in 2023, many heroin (or other opioid) injecting users were still experiencing difficulties getting access to opioid agonist treatment, despite wanting it in order to reduce or stop their use.

This difficulty of access can be explained by:

- areas lacking a system allowing the rapid inclusion of users in a methadone treatment aimed at harm reduction (without requiring user abstinence, without restrictive protocols, etc.);
- saturated treatment centres that cannot take on new patients, or long waiting times to obtain methadone treatment;

- the lack of general practitioners willing to follow up patients on OAT. This difficulty makes it even harder to refer patients from addiction care centres to primary care, sometimes resulting in interrupted prescriptions or even forced withdrawals. Faced with these difficulties and despite requesting treatment, some users continue buying heroin or OAT outside the therapeutic protocol, on street markets or from acquaintances.

Table I. Network of outpatient treatment facilities (total number of units and clients)

	Total number of units	**National Definition** (Type of centre)	**Total number of clients***	**National Definition** (Characteristics)
Specialised drug treatment centres (CSAPA) (2022)	441 (incl. 11 exclusi-vely in prisons)	See above section T1.2.1 about the specialised socio-medical scheme. Prison CSAPAs are facilities entirely dedicated to treating prisoners with an addiction to illicit drugs, alcohol and tobacco or a behavioural addiction (gambling, Internet addiction).	170 000	Active file of illicit drug users or misusers of psychotropic medicines having been seen at least once during the year during a face-to-face or remote interview by a care professional employed in a CSAPA within the framework of structured treatment.
General health care (ex. general practitioners)	36 738 (2023)	Number of GPs who prescribed at least one OAT that was reimbursed in the Assurance Maladie database in 2023.	154 331 (2024)	Individuals having benefited from reimbursement further to prescription of an opioid substitution treatment by a general practitioner.
General mental health care	No data		No data	
Prison: Prison Health Units (USMP in French) (2023)	121 (2023)	USMPs reporting having issued at least one OAT out of 133 USMPs where data were available.	11 888 (2023)	Estimated number of people treated in a USMP during the year for an OAT.

Source: Standard table 24.

* Includes patients already in treatment last year

T1.2.3. ***Optional****. Please provide any additional information on treatment providers and clients not covered above (suggested title: Further aspects of outpatient drug treatment provision and utilisation)*

T1.2.4. Using the structure and data provided in table II please provide an overview and a commentary of the main bodies/organisations owning outpatient treatment facilities in your country
(Suggested title: Ownership of outpatient drug treatment facilities)

In 2023, a third of outpatient CSAPA were managed by public hospitals or public health facilities and around two thirds by non-profit organisations. CAARUD are managed by associations. Primary care general practitioners mainly work in private practices.

Table II. Ownership of outpatient facilities providing drug treatment in your country (percentage). Please insert% in the table below. Example: about 80% of all outpatient specialised drug treatment centres are public/government-owned facilities and about 20% are non-government (not for profit) owned facilities.

	Public / Government	Non-government (not for profit)	Non- government (for profit - Private)	Other	Total
Specialised drug treatment centres (outpatient CSAPAs)	33%	67%			100%
Low-threshold agencies (CAARUD)		100%			100%
General primary health care (e.g. GPs)			100%		100%
General mental health care					100%
Other outpatient units					

Source: OFDT analysis of FINESS tables

Inpatient network

T1.2.5. Using the structure and data provided in table III please provide an overview and a commentary of the main bodies/organisations providing Inpatient treatment within your country and on their respective total number of clients receiving drug treatment (suggested title: Inpatient drug treatment system – Main providers and client utilisation)

Inpatient drug treatment system

Residential care in CSAPAs

The CSAPA's residential treatment offer includes:

- Collective residential treatment facilities: residential treatment centres (CTR in French), therapeutic communities (TC),
- Individualised residential treatment facilities: residential therapeutic apartments (ATR in French),
- Emergency or transitional accommodations (CAUT in French) may be collective (such as in a residence) or individual (hotel stays).

(See table III for the description of the structures)

Inpatient care in hospitals

Full hospitalisation, both scheduled and emergency, are either for withdrawal or for the treatment of addiction-related somatic and/or psychiatric complications. Almost all public hospitals have inpatient beds for withdrawal, sometimes offering aftercare activities (follow-up and rehabilitation care or SMR-A in French) including addiction medicine. The aim of SMR-A is to support a care plan requiring hospitalisation, in order to reduce the impacts (operational, physical, cognitive, etc.) for patients and foster their rehabilitation and reintegration.

Inpatient drug treatment system

According to the register of residential addiction treatment facilities published by Fédération Addiction, residential drug treatment (CTR in French) have 411 availabilities in total, while therapeutic communities have 380 slots. There are 27 availabilities in emergency accommodation (*centres d'accueil d'urgence et de transition*), and 407 availabilities in Follow-up therapeutic apartment housing (ATR). However, the duration of the stay depends on the people and the exact number of people accommodating within these facilities is not available.

The overlap with drug users seen in outpatient CSAPA is undoubted quite large: a large proportion of the individuals received are, in fact, referred by an outpatient CSAPA and have already been registered in these structures.

T1.2.6. ***Optional****. Please provide any additional information you feel is important to understand the availability and provision of Inpatient treatment within your country (suggested title: Further aspects of inpatient drug treatment provision)*

The difficulties of access to outpatient care mentioned in T1.2.2 also apply to residential care.

Table III. Network of inpatient treatment facilities (total number of units and clients)

	Total number of units	**National Definition** (Types of centre)	**Total number of clients**	**National Definition** (Characteristic)
Full hospitalisation	n.a..		n.a..	
Residential drug treatment (CTR)	37 (2024)	CTRs offer all the services of a CSAPA in the framework of a collective accommodation. It is aimed at individuals, including those on OAT, who need a structured framework together with temporary distancing, a break from their usual environment. It offers socialisation (activities and community life) and socioprofessional reintegration. The duration of the initial stay is often several weeks but may also vary and last up to one year.	n.a..	Individuals housed in residential treatment centres
Therapeutic communities (TC)	11 (2024)	TCs are long-stay residential centres offering accommodation for 1 year, which can be extended up to 2 years. CT may also deal with therapeutic care. They target users dependent on one or more psychoactive substances, aiming for a goal of abstinence, with the specific feature of placing the group at the heart of the therapeutic and social integration project. The therapeutic programme is based on community living with peer groups of residents.	n.a..	Individuals housed in experimental therapeutic communities
Prisons	n.a..		n.a..	
Follow-up therapeutic apartment housing (ATR)	42 (2024)	ATR are designed for adults who are addicted to psychoactive substances, particularly those who are receiving treatment (OAT, HCV, HBV). In need of support on harm reduction, these patients may face relationship problems and negative group experiences, or continue their social integration after a stay in TC/CTR. They are able to live alone and manage their daily lives.	n.a..	Individuals housed in follow-up therapeutic apartment
Therapeutic coordination apartment (ACT)	231	They are intended for people in socially vulnerable situations who suffer from a serious chronic pathology and do not only deal with addictions. It particularly aims at individuals receiving major treatment (OAT, HCV, HIV). Housing allows individuals followed up in the context of medical and psychosocial care to re-establish their social and professional relationships. This type of housing aims to prolong and reinforce the therapeutic action undertaken.	n.a..	
Emergency and transitional shelters (Centres d'accueil	2 (2024)	They offer a short stay (less than 3 months) with medical, psychological and educational treatment aimed at setting up an integration or healthcare project. They meet the needs of emergency accommodation for homeless drug users or transitional accommodation. They	n.a..	Individuals housed in emergency or transitional accommodation

	Total number of units	National Definition (Types of centre)	Total number of clients	National Definition (Characteristic)
d'urgence et de transition)		allow for a break from the usual environment and stabilise the treatment process and/or transition period (initiation of an OAT, waiting for withdrawal, release from prison, etc.) that is favorable to the initiation of a treatment process. These CAUT therefore bridge the gap between the prison environment and a tailor-made treatment offer.		

Source: Fédération addiction (Fédération addiction 2024a)

T1.2.7. Using the structure and data provided in table IV please provide an overview and a commentary of the main bodies/organisations owning and operating inpatient treatment facilities in your country (Suggested title: Ownership of inpatient drug treatment facilities)

In France, nearly all facilities that offer therapeutic shelter to drug users are either managed by public hospitals or CSPA which are managed voluntarily but funded by the social security scheme. However, there are a small number of private clinics that may offer clients withdrawal services or a stay of abstinence following withdrawal services. Nearly all residential withdrawal services take place in public hospitals. Therapeutic shelter without withdrawal services is most often offered by CSAPA through voluntary management.

All therapeutic communities are managed by CSAPA on a voluntary basis. CSAPAs which offer accommodation are mostly managed by non-profit organisations (>90%) and some are managed by public hospitals or public health facilities.

Table IV. Ownership of inpatient facilities providing drug treatment in your country (percentage). Please insert% in the table below. Example: about 80% of all Therapeutic communities are public/government-owned facilities and about 20% are non-government (not for profit) owned facilities.

	Public / Government	Non-government (not for profit)	Non- government (for profit - Private)	Other	Total
Hospital-based residential drug treatment	n.a..	n.a.	n.a.		100%
Residential drug treatment (inpatient CSAPA)	3%	97%			100%
(non-hospital based)	n.a.	n.a.	n.a.		100%
Therapeutic communities	n.a.	100%	n.a.		100%
Prisons	n.a.	n.a.	n.a.		100%

Source: OFDT analysis of FINESS tables
n.a..: not available

*T1.2.8. **Optional**. Please provide any additional information on types of treatment providers and its utilisation not covered above (suggested title: Further aspects of inpatient drug treatment provision and utilisation)*

Hospital-based addiction liaison and treatment teams (ELSA) are systems integrated into hospitals, staffed by multidisciplinary teams. Their mission is to improve addiction treatment within all hospital services, through various actions (awareness-raising and training among hospital addiction teams, patient intervention, development of links between hospital and outpatient facilities, to improve patient treatment and follow-ups, etc).

T1.3. Key data

The purpose of this section is to provide a commentary on the key estimates related to the topic. Please focus your commentary on interpretation and possible reasons for the reported data (e.g. contextual, systemic, historical or other factors but also data coverage and biases). Please note that for some questions we expect that only some key TDI data to be reported here as other TDI data are reported and commented in other workbooks (drugs, prison, harm and harm reduction, etc.). However, please make cross-references to these workbooks when it supports the understanding of the data reported here.

T1.3.1. Please comment and provide any available contextual information necessary to interpret the pie chart (figure I) of primary drug of entrants into treatment and main national drug-related treatment figures (table V). In particular, is the distribution of primary drug representative of all treatment entrants?

Summary of data on patients in treatment and proportion of treatment demands by primary drugs

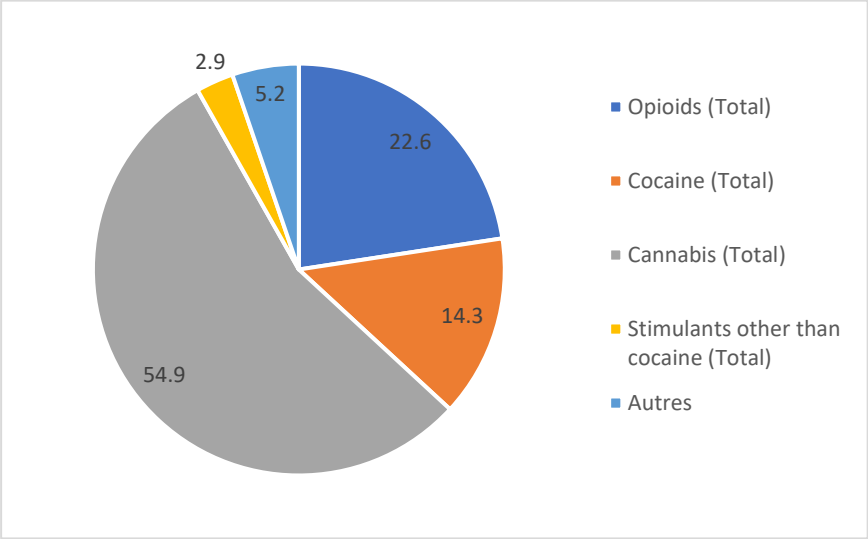
According to the European definition of treatment demand, around 63 717 patients were treated for a new treatment episode in a CSAPA in 2022. The majority of patients who start treatment in the CSAPA are treated for their cannabis use (55%). The proportion of opiate and cocaine users starting treatment is 23% and 14%, respectively.
Breakdown by products for individuals starting treatment with a community doctor is likely different from that observed for the CSAPA. Given the role of community doctors in prescribing opioid substitution treatment, it is likely that the share of opiate users is overwhelmingly higher and the share of cannabis users much lower than in the CSAPAs.

Table V. Summary table - Clients in treatment

	Number of clients
Total number of clients in treatment	n.a.
Total number of OAT clients in 2019	177 000
Estimated total number of all clients entering treatment in an outpatient CSAPA in 2022	63 717

n.a..: not available
Source: Standard Table 24 et TDI

Figure I. Distribution of the number of individuals having started treatment in a CSAPA in 2022 according to the primary drug (variable field), in %



Source: TDI, *Note: the proportions are calculated taking into account the first mentioned product, which is considered to be the most problematic product for the user.*

T1.3.2. ***Optional****. If possible, please provide any available information on the distribution of primary drug in the total population in treatment (suggested title: distribution of primary drug in the total population in treatment)*

T1.3.3. ***Optional****. Please comment on the availability, validity and completeness of the estimates in Table V below (suggested title: Further methodological comments on the Key Treatment-related data)*

Further methodological comments on the key treatment-related data

The description of patients treated for their drug addiction is based on the RECAP survey of the OFDT which analyses the outpatient admissions of the CSAPAs. Until now, the total number of patients starting treatment was based on the number of responses only from those CSAPAs contributing voluntarily to the RECAP scheme. The participation rate of CSAPAs in the 2022 RECAP survey was higher than the previous year (54% in 2022 compared with 23% in 2021).

In order to improve its estimates, the OFDT now relies on the total number of patients calculated from the activity reports that all treatment centres are required to submit to the supervisory administrative authorities. The results of RECAP are thus extrapolated to the entire patient population. As a result, the increase in total outpatient admissions in 2022 over 2021 was mainly due to these methodological changes, rather than to a substantial increase in the number of patients.

As indicated in the section describing the healthcare system in France, in addition to patients treated in CSAPAs, people who use drugs may also be treated in the general healthcare system, hospitals, general practitioners or mental health establishments.

The estimate of the total number of recipients is made from the number of recipients of OAT reimbursements in non-hospital practice, prison inmates receiving an OAT delivery, and people receiving an OAT delivery in CSAPA. To avoid the possibility of overestimating, due to double or even triple counts, an initial estimate of the proportion of people having received a methadone delivery in CSAPA and non-hospital practice in the year is made, on the basis of practices reported by the prescribing doctors in CSAPA. A second estimate of the proportion of prisoners treated with OAT having received opioid substitution medication reimbursements in non-hospital practice or deliveries in CSAPA in the same year is then made, taking into account the number of prisoners being released from prison in the year.

T1.3.4. ***Optional****. Describe the characteristics of clients in treatment, such as patterns of use, problems, demographics, and social profile and comment on any important changes in these characteristics. If possible, describe these characteristics of all clients in treatment. If not, comment on available information such as treatment entrants (TDI ST34) (suggested title: Characteristics of clients in treatment)*

T1.3.5. ***Optional****. Please provide any additional top level statistics relevant to the understanding of treatment in your country (suggested title: Further top level treatment-related statistics)*

T1.4. Treatment modalities

The purpose of this section is to

- Comment on the treatment services that are provided within Outpatient and Inpatient settings in your country. Provide an overview of Opioid Substitution Treatment (OST) in your country

Outpatient and Inpatient services

T1.4.1. Please comment on the types of outpatient drug treatment services available in your country and the scale of provision, as reported in table VI below.

Outpatient drug treatment services

The type of therapies and services offered by facilities to the outpatient drug users has not yet been documented in detail. The elements provided below are mainly based on expert opinions.

CSAPA

All CSAPA must provide medical, psychological, social and educational treatment for people struggling with addictive behaviour. Thus, most CSAPAs employ trained psychologists and educators who address the psychological and social aspects of addiction.

According to the RECAP survey, of all the people treated in CSAPAs for use of illicit drugs other than cannabis, around a quarter have already been hospitalized in a psychiatric unit for reasons other than withdrawal [RECAP 2022, unpublished data].

Prescription of opioid substitution treatments is also one of CSAPA's main objectives (see below). This kind of treatment is therefore available in all CSAPA.

General practitioners

General practitioners (GP) are all likely to prescribe opioid substitution treatment (buprenorphine or methadone). In 2023, the doctors prescribing OAT in private practice are mainly general practitioners, who account for 90.4% of prescribers (approximately 37 000 general practitioners out of 40 000 prescribers). The proportion of beneficiaries who have been prescribed exclusively by doctors in private practice is 62.9%. Buprenorphine treatments can be initiated by these practitioners, but those on methadone can only be prescribed after starting this treatment in a CSAPA or in a hospital. However, GPs rarely provide psychological and social care.

Mental health in psychiatric hospitals

Until the 1970s, people with addiction problems were treated in psychiatric hospitals. These facilities lost this central role with the creation of specialised outpatient centres in the 1970s and the adoption, later on, of a policy aimed at having people with addiction problems also treated in general hospitals. Nevertheless, some psychiatric hospitals have continued to develop specialised addiction treatment. In addition, all psychiatric hospitals encounter substance use problems among people with psychiatric disorders. As with the CSAPA, these institutions are confronted with the issue of addiction treatment either internally or in liaison with facilities specialising in addiction treatment. The same difficulties of coordination between the two sectors mentioned for the CSAPA also appear for psychiatric hospitals.

Table VI. Availability of core interventions in outpatient drug treatment facilities.
Please select from the drop-down list the availability of these core interventions (e.g. this intervention is available, if requested, in >75% of low-threshold agencies).

	Specialised drug treatment centres	Low-threshold agencies	General primary health care (e.g. GPs)	General mental health care
Psychosocial treatment/ counselling services	not known	not known	not known	not known
Screening and treatment of mental illnesses	not known	not known	not known	not known
Individual case management	not known	not known	not known	not known
Opioid substitution treatment	not known	not known	>75%	not known
Other core outpatient treatment interventions (please specify in T1.4.1.)	not known	not known	not known	not known

N.B. Data on the availability of outpatient services are not available.

T1.4.2. ***Optional****. Please provide any additional information on services available in Outpatient settings that are important within your country (suggested title: Further aspect of available outpatient treatment services)*

T1.4.3. Please comment on the types of inpatient drug treatment services available in your country and the scale of provision, as reported in table VII below. (Suggested title: Availability of core interventions in inpatient drug treatment services)

Inpatient drug treatment services

OAT and appointments with psychologists are fairly widely available in France in hospital addiction medicine departments, residential treatment centres, therapeutic communities and residential therapeutic apartments. The difficulties encountered by outpatient CSAPA in the detection and treatment of psychiatric problems mentioned above appear in a similar way for CSAPA with accommodation.

Table VII. Availability of core interventions in inpatient drug treatment facilities.
Please select from the drop-down list the availability of these core interventions (e.g., this intervention is available, if requested, in >75% of therapeutic communities).

	Hospital-based residential drug treatment	Residential drug treatment (non-hospital based)	Therapeutic communities	Prisons
Psychosocial treatment/ counselling services	not known	not known	not known	not known
Screening and treatment of mental illnesses	not known	not known	not known	not known
Individual case management	not known	not known	not known	not known
Opioid substitution treatment	not known	not known	not known	not known
Other core inpatient treatment interventions (please specify in T1.4.3.)	not known	not known	not known	not known

* Data on the availability of interventions in hospital departments are not available.

T1.4.4. ***Optional****. Please provide any additional information on services available in Inpatient settings that are important within your country (suggested title: Further aspect of available inpatient treatment services)*

T1.4.5. Please provide any additional information on available services, targeted treatment interventions or specific programmes for specific groups: senior drug users, recent migrants (documented or undocumented), NPS users, gender-specific, under-aged children, other target groups (Suggested title: Targeted interventions for specific drug-using groups)

Senior drug users (>40years old):

NPS users: See below, section T1.4.6 about the guide and app *NPS Psychoactifs*

Recent migrants (documented or undocumented)

Women:

Other target groups
Youth Addiction Outpatient Services (CJC) are prevention and support services for young people under the age of 25 who are experiencing difficulties with their use, or for those around them. Most of these specific services are run by CSAPAs, but they can also be integrated into hospitals or specialist health counselling facilities for adolescents (*Maisons des adolescents, Points accueil écoute jeunes, espace santé jeunes*). Moreover, some CJCs have developed advanced young consumer consultations (CJCa). These local interventions make it possible to reach out to young people in their living environments (schools, youth counselling and care centres, etc.).

Specific programmes for cocaine and crack cocaine users

The AIPAUC project carried out between 2021 and 2023 by the Fédération Addiction, aimed to strengthen responses to the changing patterns of cocaine use in France.
At the end of this project, three thematic guides were published in 2024 : « Stratégie de prévention des usages et des troubles de l'usage de cocaïne » [Strategy for the prevention of cocaine use and use disorders] (Fédération Addiction 2024b), « Troubles de l'usage de cocaïne : accompagnement actuels et perspectives thérapeutiques » [Cocaine use disorders: current support and therapeutic perspectives] (Fédération Addiction 2023a), and « Réduction des risques liés aux usages de cocaïne » [Harm reduction related to cocaine use] (Fédération Addiction 2023b). These are recommendations and practical resources intended for professionals involved in prevention, harm reduction and the care of people who use cocaine.

Set up in 2019, the coordinated mobilisation plan on the issue of crack cocaine in Paris aims to tackle consumption in north-eastern Paris (ARS Île-de-France 2023). This inter-institutional initiative includes the following:

support users in reducing risks and harm and to facilitate access to care pathways;
- provide accommodation, offer shelter, create rest areas and dedicated residential care and accommodation units, in order to get them off the streets gradually;
- intervene in public spaces, reach out to users and respond to the needs of residents, with a view to improving public tranquillity and combating trafficking;
- improve knowledge.

The second phase of the Crack Cocaine Plan was launched in 2023 and is currently underway.

T1.4.6. Please provide any available information on the availability of E-health interventions, such as web-based treatment, counselling, mobile applications, e-learning for drug professionals, etc. for people seeking drug treatment and support online in your country (Suggested title: E-health interventions for people seeking drug treatment and support online)

E-health interventions for people seeking drug treatment and support online

There are several websites or applications intended for drug users:

Addictions Drogues Alcool Info Service [Addictions Drugs Alcohol Info Service] (ADALIS), headed by Santé Publique France, is an information and advice service for requests concerning the use of drugs, alcohol, tobacco and other types of addiction. ADALIS has several websites (https://www.drogues-info-service.fr/ [about drugs] ; https://www.alcool-info-service.fr/ [about alcohol] ; https://www.tabac-info-service.fr/ [about tobacco]), with a live chat tool and a questions/answers area (the user asks a question, the listening staff respond within 48 hours). Several helpline services are also available from 8am to 2am, 7 days a week. In 2024, both 'Drogues info service' and 'Écoute cannabis' helplines received nearly 85 000 requests (up from 71,000 in 2023 and 68,000 in 2022.)

"Addict'Aide – Addictions Village" is a platform dedicated to prevention, information and support on addiction. It brings together many stakeholders (users, families, healthcare professionals, researchers and associations) to provide a space for exchange, support and resources.

The "PulsioSanté" website specialises in the management of addictive behaviours. It provides early detection tools, brief interventions and referral to an addiction specialist, with access possible remotely (telemedicine) or as part of a traditional consultation.

Knowdrugs is a free application that allows users to consult analysis results on the composition of products carried out by specialised organisations. The application also offers product sheets detailing the effects, dosages, interactions and associated risks. It also provides harm reduction advice, guidance in case of emergency (respiratory arrest, bad trip, convulsions, heat stroke, etc.) and a directory of organisations offering a drug analysis service.

Dedicated e-Health platforms for health care professionals in addictive behaviours

Intervenir-Addictions is a portal for health care professionals, created as part of a project backed by the National Health Directorate and MILDECA, and developed in partnership with Fédération Addiction, the OFDT, *Santé Publique France*, the College of General Practice, the Health Insurance system, the IPPSA (Institute for the Promotion of Secondary Prevention in Addiction), the RESPADD (Addiction Prevention Network), the GREA (French-speaking Swiss group for addiction studies), and the RISQ (Quebec Scientific Information Network). It aims to help primary healthcare professionals to tackle the issue of addiction with those suffering, detect the problematic use of psychoactive substances, and take action and refer the individual depending on their situation and needs.

Existing since 2016 and regularly updated, the *NPS Psychoactifs* guide (Karila 2024) aims to comprehensively report all new psychoactive substances. An application with the same name, *NPS Psychoactifs* has been developed for both health professionals and the general public. At the initiative of MILDECA, which coordinates the 2023-2027 interministerial strategy for mobilisation against addictive behaviours, a new 2024 edition of the *NPS Psychoactifs* guide and application is now available (MILDECA 2024). Its objective is to list new psychoactive substances (NPS) with their product sheets, to indicate a course of action for the preventive and therapeutic treatment of NPS-related poisoning and reporting to the Network of the Regional Abuse and Dependence Monitoring Centres (CEIP-Addictovigilance).

FOR-ELSA is a training platform intended for professionals working in Addiction liaison and treatment teams (ELSA). It was set up to harmonise and strengthen the knowledge of the ELSAs, develop their teaching skills in passing on their expertise, and create an ELSA-specific professional network. The platform offers guides, training, a collaborative space and a directory of ELSAs.

T1.4.7. ***Optional****. Please provide any available information or data on treatment outcomes and recovery from problem drug use (suggested title: treatment outcomes and recovery from problem drug use)*

T1.4.8. ***Optional****. Please provide any available information on the availability of social reintegration services (employment/housing/education) for people in drug treatment and other relevant drug using populations (suggested title: Social reintegration services (employment/housing/education) for people in drug treatment and other relevant populations)*

Opioid Agonist treatment (OAT)

T1.4.9. Please provide an overview of the main providers/organisations providing OST within your country and comment on their relative importance (suggested title: Main providers/organisations providing Opioid substitution treatment)

Main providers/organisations providing OAT

In France, all doctors can prescribe opioid agonist treatments (OATs), whether they work in a CSAPA, a general practice or a hospital. OAT is mainly prescribed in a primary care setting by general practitioners and dispensed in community pharmacies.

There are two types of opioid substitution medications, methadone and buprenorphine (Subutex®, Orobupré®, Buvidal®, Sixmo® and Suboxone® etc.), which must be prescribed on a controlled prescription.

Any physician can initiate buprenorphine treatment. The maximum duration of prescription is 28 days

Methadone is a list I drug[1], classed as a narcotic, and has a more stringent prescription framework than buprenorphine, due to the lesser danger involved with buprenorphine (a partial opioid receptor agonist) compared with methadone (a pure agonist). Syrop-form methadone treatment must be initiated by physicians working in a CSAPA or a hospital. Primary care physicians may then provide follow-up. The methadone capsule form, which is more discreet than the large-volume syrup bottles and does not contain sugar or ethanol, is not intended for treatment initiation. It can be prescribed to patients taking the syrup form once they have been stabilised. Initial methadone capsule prescriptions can only be written by CSAPA or hospital physicians specialised in treating drug users. The maximum prescribing duration for the capsule form is 28 days. The syrup form however has a maximum prescribing duration of 14 days.

[1] Medications dispensed only on medical prescription are included on list I (for those presenting high risks), list II (for those perceived as less hazardous) or on the narcotics list. Narcotics carry the risk of addiction with their use and are subject to controlled prescriptions.

T1.4.10. Please comment on the number of clients receiving OAT within your country and the main medications used (suggested title: Number of clients in OST)

Number of clients in OAT

According to data from OAT reimbursements in 2024, 154 331 users were dispensed OAT in primary care. More specifically, in 2024, 81 532 individuals were dispensed buprenorphine (Subutex®, generics or Orobupré®), 71 843 methadone, and 3 634 buprenorphine in combination with naloxone (Suboxone® or generics) (see the Harms and harm reduction workbook) [OFDT analysis of reimbursement data from the French national health data system SNDS].

There was no significant change from previous years. The proportion of beneficiaries receiving only buprenorphine remained the highest (52.8%) in 2024, but it has been tending to decrease for several years, while the proportion of beneficiaries of methadone has been increasing (46.6% in 2024 vs 46.3% in 2023). The data does not take into account sales data for Buvidal® (see the changes in the Trends section below).

There are currently two prolonged-release buprenorphine formulations available in France: Buvidal® and Sixmo®. Sublocade® is still awaiting marketing authorisation. Buvidal® is an prolonged-release subcutaneous injectable solution, administered weekly or monthly, which can only be given by an authorised professional. Prescriptions and administration are currently restricted to doctors working in prisons, hospitals and CSAPAs. Since its launch in 2021, Buvidal® has been prescribed increasingly often. In total, 144 healthcare facilities offered it to their patients in 2023. The proportion of prescriptions in CSAPAs is increasing thanks to targeted funding from the DGS but remains limited in 2023 (see new development: rollout of innovative opioid agonist therapies). In 2023, 600 patients (including 150 prisoners) were prescribed prolonged-release Buvidal®), equivalent to nearly 7 500 prescriptions, a marked increase on 2021. Buvidal® is available in 5 dosage strengths and 2 administration frequencies (weekly or monthly) to provide the best response to patients' needs and constraints. In 2023, 74% of patients received monthly administration. (See sales data trends in the following section.)

Substitution treatment in prison settings

In 2023, OAT data was available in 75% of correctional facilities (133 facilities out of 177) containing 71,2% of prisoners. The estimated proportion of prisoners having been treated with an OAT by the care system in the year stands at 6,5% for patients having been imprisoned in a facility where OAT data was available. It is therefore estimated that around 11 900 inmates in total have received an OAT across all prisons in France.
There was a choice between methadone and buprenorphine treatment in all establishments where data was available. Methadone maintained its momentum and represented 53,9% of OAT prescriptions in prison in 2023 [PIRAMIG/DGOS health unit activity reports processed by the OFDT]. (Please see below T2.1 “Distribution of opioid substitution medications in prisons”)

Substitution treatment in CSAPAs

Furthermore, 18 700 patients were dispensed opioid agonist treatment in a CSAPA setting (15 500 methadone and 3 200 buprenorphine) in 2022, among the 45 000 patients followed up in a CSAPA setting and receiving OAT (32 000 with methadone and 13 000 with buprenorphine) according to the data provided in the CSAPA activity reports (DGS/OFDT).

The total number of people who benefited from this treatment in France in 2024 is estimated at nearly 170 000 people. This number is estimated considering:

- People who had at least one reimbursement in primary care during the year (around 154 000)
- People who received direct dispensation of methadone in CSAPAs (nearly 15 300 estimated for 2024 based on a regression using data available up to 2022)
- People who received treatment in prisons only during the year (nearly 2 000 estimated for 2024 based on data available up to 2023).

However, this estimation might include duplicates and even triplicates: some individuals may have received treatment in several settings during the year (e.g. in a prison health unit, then at a

CSAPA, then at a pharmacy after their release). In addition, practices differ between facilities – particularly between CSAPAs and prisons – and may change during the year, making it difficult to track individuals. It was therefore decided to remove a portion of the beneficiaries in prison, based on an estimate of people entering and leaving treatment. Consequently, this total must be interpreted with caution: it aims to give an order of magnitude of beneficiaries, but it does not represent the exact number of individuals.

Furthermore, it is not comparable with the figures published in previous years due to a change in the estimation method.

T1.4.11 ***Optional****. Describe the characteristics of clients in opioid substitution treatment, such as demographics (in particular age breakdowns), social profile and comment on any important changes in these characteristics (suggested title: Characteristics of clients in OST)*

Recipients of reimbursements of OAT in primary care were mostly men. The male/female breakdown remained stable, with 76.1% men in 2023. The average age of recipients was 45.7 years (standard deviation = 10 years). It has been gradually increasing for several years, reflecting an ageing of OAT recipients (+9.4 years since 2011). In 2023, more than half of OAT recipients (52.2%) were over 45 years old. Recipients of methadone reimbursements were younger than those receiving buprenorphine reimbursements (43.8 years *vs* 47.2 years) (Feng 2024).

T1.4.12. ***Optional****. Please provide any additional information on the organisation, access, and availability of OST (suggested title: Further aspect on organisation, access and availability of OST)*

T1.5. Quality assurance of drug treatment services

The purpose of this section is to provide information on quality system and any national treatment standards and guidelines.
Note: cross-reference with the Best Practice Workbook.

T1.5.1. ***Optional****. Please provide an overview of the main treatment quality assurance standards, guidelines and targets within your country (suggested title: Quality assurance in drug treatment)*

Opioid treatment

At the start of 2024, the HAS issued an advisory on the reimbursement of Ventizolve (naloxone for adults, nasal spray solution in single-dose) (HAS 2024) to patients was issued by the HAS to prevent the risk of overdose when using opioid medications for chronic pain.

In France, the National Agency for Medicines and Health Products Safety (ANSM) has announced that from 1st December 2024 (postponed to 1st March 2025), all medicines containing codeine, dihydrocodeine or tramadol, alone or combined with other substances, must be prescribed via a secure prescription. For these so-called weak opioids, the prescription must state in full the dosage, the dosage regimen and the duration of treatment. The aim of the public authorities is to "better understand the exposure to danger in the event of use of tramadol and codeine", and to prevent forged prescriptions. Also since this date, the duration of codeine prescriptions has been restricted to 3 months: after 3 months, a new secure prescription will be required for any further dispensing of the medicine. https://ansm.sante.fr/actualites/tramadol-et-codeine-devront-etre-prescrits-sur-une-ordonnance-securisee-des-le-1er-decembre (accessed 10/06/2025)

T2. Trends

The purpose of this section is to provide a commentary on the context and possible explanations of trends in treatment data.

T2.1. Please comment on the possible explanations of long-term trends (10 years - or earliest data available) in the following treatment data: - New treatment entrants (Illustrative figure II),
- All treatment entrants (Illustrative figure III),
- OST sales (Illustrative figure IV)

For example, patterns of drug use, referral practices, policy changes and methodological changes. (suggested title: Long term trends in numbers of clients entering treatment and in OST)

- **Long term trends in numbers of clients entering treatment**

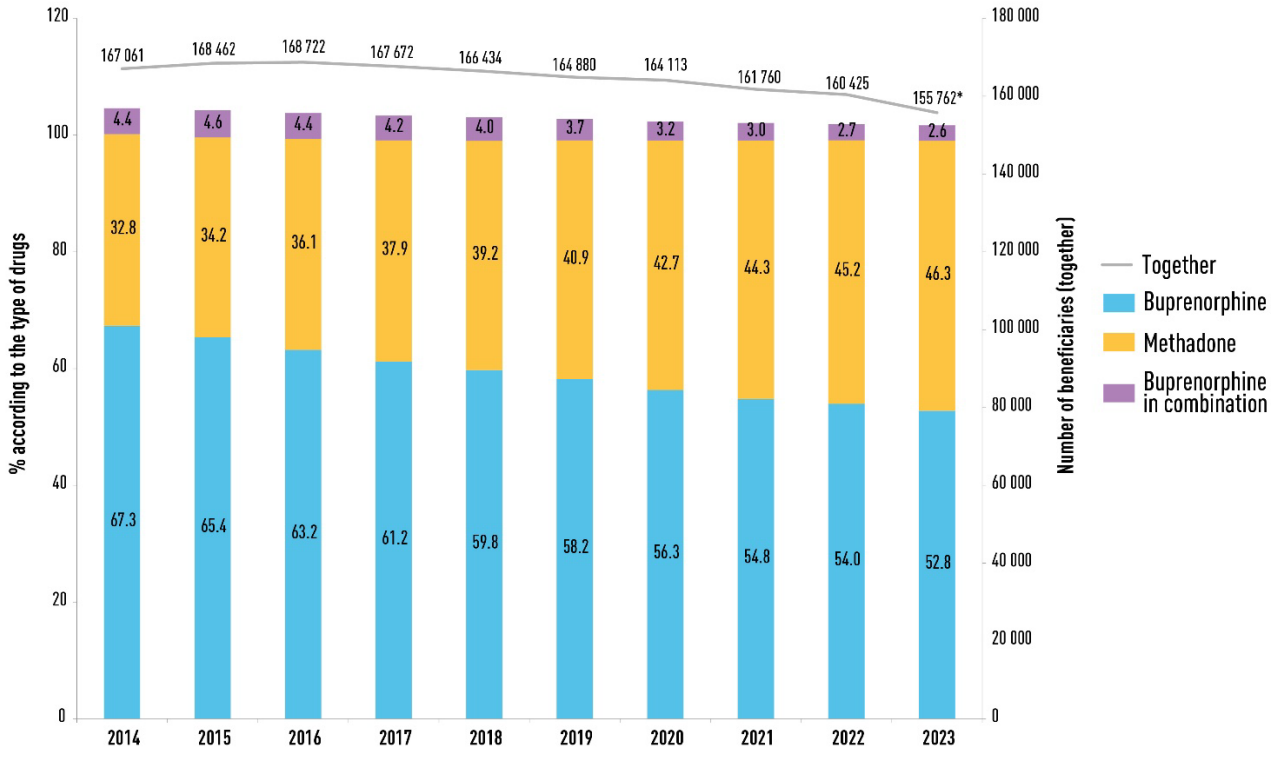
Users entering treatment (first-time entrants)

The increase in new patients seeking treatment in 2022 (63 000) compared to 2021 (43 000 patients) was mainly due to methodological changes, rather than an increase in the number of patients (see above). Until now, the total number of patients was based solely on the number of survey responses (RECAP survey, see above), which depended directly on the number of treatment centres taking part, which is to say on the analysis of complete cases. In order to improve our estimate of TDI, we now use the activity reports from all treatment centres to calculate the total number of patients. The results of the RECAP survey are thus extrapolated to the entire patient population.

OAT clients

The following figures do not take into account the most recent data available from 2024 mentioned previously, and only go up to 2023.

Change in the number of beneficiaries having received at least one reimbursement for opioid agonist treatment in primary care during the year, by type of medication, between 2014 and 2023 (Feng 2024)

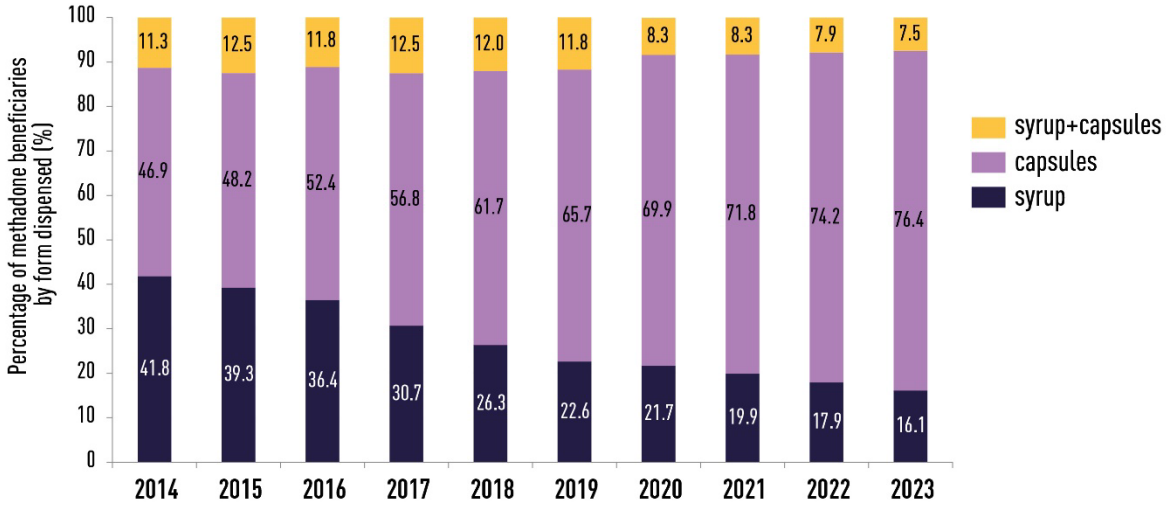


Source: Open Medic CNAM 2014 data – SNDS 2022 – processed by OFDT 2023

The breakdown by type of medication comes to more than 100% as some patients may be prescribed two or three different types of OATs. From 2023, the data has been calculated directly from the National Health

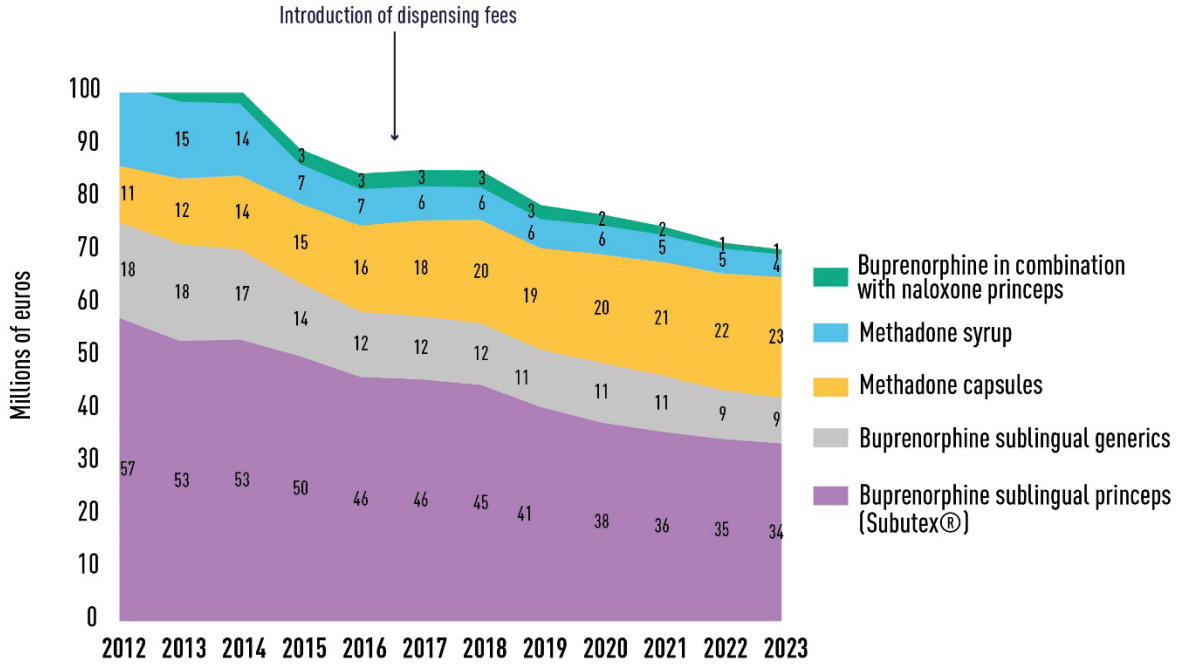
Data System. Previously, It came from Open Medic (the complete database on inter-regime medication expenditure).

Change in the breakdown between capsule and syrup forms of methadone (%) prescribed in primary care between 2014 and 2023 (Feng 2024)

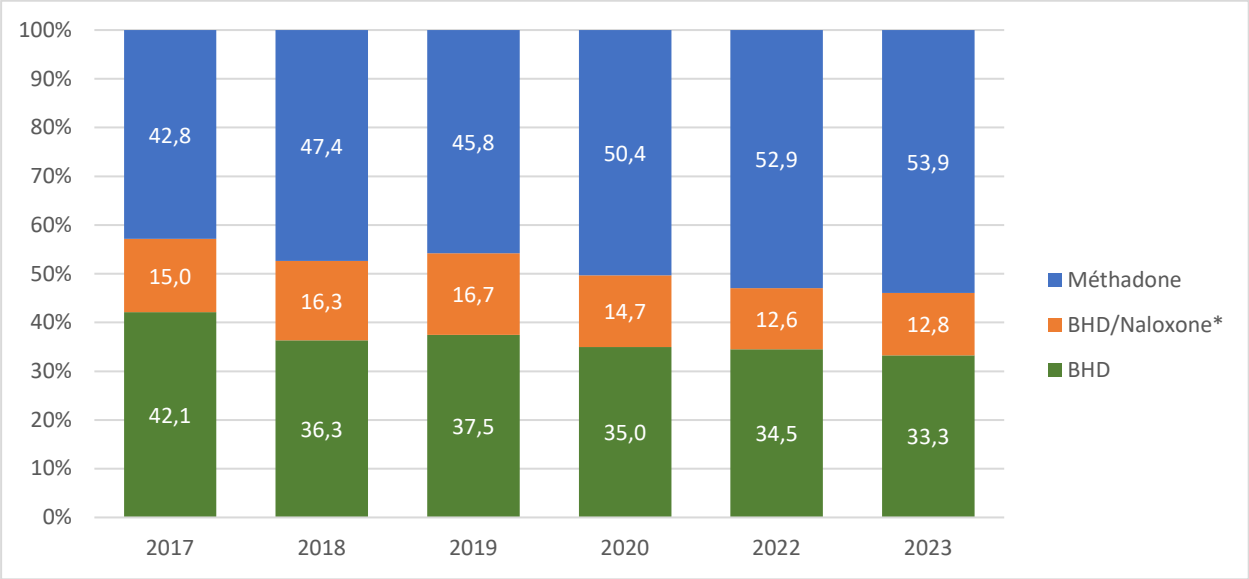


In 2023, it was the capsule form for three quarters of methadone recipients. The dispensing of the capsule form has been increasing continuously: 76.4% in 2023 *vs* 74.2% in 2022. This increase in the use of methadone capsules explains the progression of methadone treatment compared to buprenorphine. This increase can be put into perspective with the overall ageing of beneficiaries observed. One hypothesis would explain this ageing by fewer initiations with syrup, thus leading to an increase in the proportion of the capsule form.

Change in amounts reimbursed (in millions) by all health insurance schemes for OAT dispensed in primary care between 2012 and 2023 (Feng 2024)



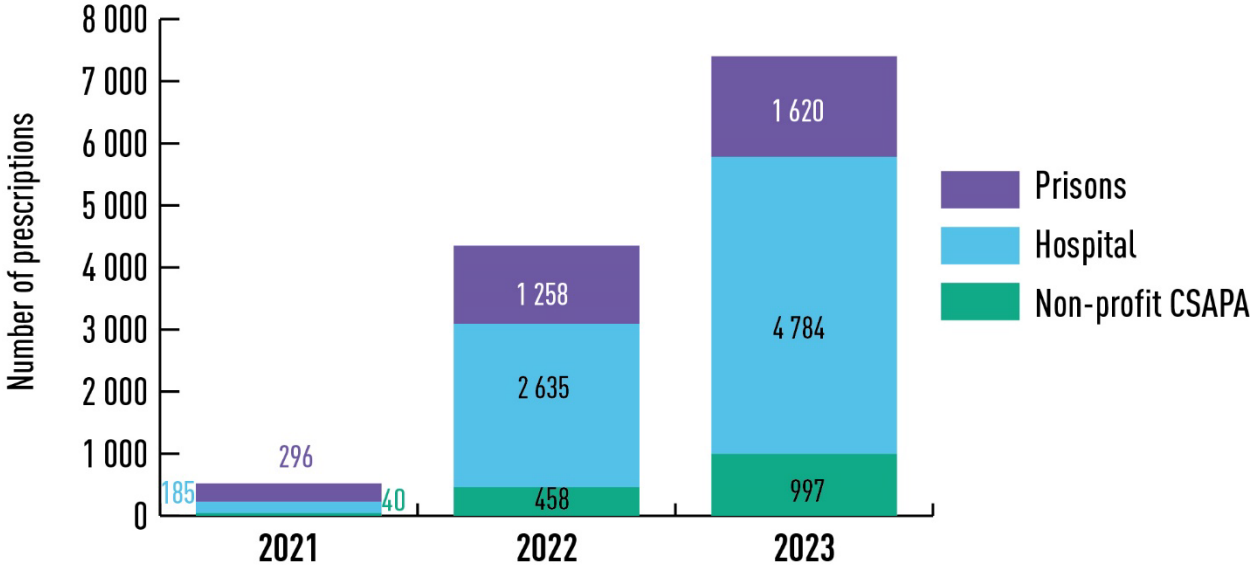
Breakdown of opioid agonist treatment (OAT) in prison between 2017and 2023 (%)



Source: Feng 2024 ; BHD = buprenorphine

In prison, methadone maintained its momentum and represented 53.9% of OAT prescriptions in 2023.

Change in the number of Buvidal® prescriptions from 2021 to 2023 (Feng 2024)



In 2023, 600 patients (including 150 prisoners) were prescribed Buvidal®), equivalent to nearly 7 500 prescriptions, a marked increase on 2021.

T2.2. ***Optional***. *Please comment on the possible explanations of long-term trends and short term trends in any other treatment data that you consider important. In particular when there is a strong change in trend, please specify whether this change is validated by data and what are the reasons for those trends (suggested title: Additional trends in drug treatment)*

T3. New developments

The purpose of this section is to provide information on any notable or topical developments observed in drug treatment in your country **since your last report**. T1 is used to establish the baseline of the topic in your country. Please focus on any new developments here.
If information on recent notable developments have been included as part of the baseline information for your country, please make reference to that section here. It is not necessary to repeat the information.

T3.1. Please report on any notable new or topical developments observed in drug treatment in your country since your last report (suggested title: New developments)

New development: rollout of innovative OAT, prolonged-release buprenorphine

A circular from the Directorate General for Health (DGS) to support the rollout of innovative OATs was published in June 2024. This instruction responds to growing demand among healthcare professionals for access to extended-release buprenorphine for their patients dependent on opioids.

Since 2022/2023, non-renewable funding of one million euros has been allocated to facilitate the continuity of care for patients treated with extended-release buprenorphine.

In some regions, these funds, which are exclusively allocated for people leaving prison, have not been used. Given this situation and in order not to lose these budget lines delegated by the DGS, certain Regional Health Agencies have lifted the "leaving prison" restriction and allowed the CSAPA to initiate treartment for new patients.

In practice, CSAPAs now have the possibility to fund the purchase of these innovative treatments via:

1. their own funds, or
2. these credits by referring to the two texts currently in force: the Instruction of 10 June 2024 and the Instruction of 2 November 2022 for unused non-renewable credits.

T4. Additional information

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

T4.1. ***Optional****. Please describe any additional important sources of information, specific studies or data on drug treatment. Where possible, please provide references and/or links (suggested title: Additional Sources of Information)*

T4.2. ***Optional****. Please describe any other important aspect of drug treatment that has not been covered in the specific questions above. This may be additional information or new areas of specific importance for your country (suggested title: Further Aspects of Drug Treatment)*

T4.3. ***Optional****. Please provide any available information or data on* psychiatric comorbidity, e.g. prevalence of dual diagnosis among the population in drug treatment, type of combinations of disorders and their prevalence, setting and population*. If available, please describe the type of services available to patients with dual diagnosis, including the availability of assessment tools and specific services or programmes dedicated to patients with dual diagnosis (suggested title: Psychiatric comorbidity)*

T5. Sources and methodology

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

T5.1. Please list notable sources for the information provided above (suggested title: Sources)

Sources

- CSAPA activity reports (CSAPA are specialised drug treatment centres) (DGS/OFDT)
- RECAP: Common data collection on addictions and treatments (OFDT)
- FINESS: National Directory of Health and Social Establishments
- Survey on substitution treatment in prison
- OAT reports: annual reports on opioid agonist treatments (OFDT)

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T5.2. Where studies or surveys have been used please list them and where appropriate describe the methodology? (suggested title: Methodology)

CSAPA activity reports: use of activity reports from the specialised drug treatment centres
National Health Directorate (DGS) / French Monitoring Centre for Drugs and Drug Addiction (OFDT)

Since 1998, CSSTs (Specialised care centres for drug users), and then the CSAPAs that followed them, have been annually completing a standardised activity report and submitting it to their Regional Health Agency (ARS). These reports are then sent to the DGS, which processes them with the assistance of the OFDT. The aim of this data collection exercise is to monitor the activity of the centres and the number and characteristics of the patients received. Epidemiological data are not recorded patient by patient, but rather for all people received in the centre. For the year 2019 (last year available), the reports of 334 outpatient CSAPAs and 11 prison CSAPAs were able to be analysed, which corresponds to response rates of 89% for the former and 100% for the latter. In order to best estimate the number of people received and given the limited average variations, the missing values were replaced by those of the last year available, which in the vast majority of cases is year n-1.

RECAP: Common Data Collection on Addictions and Treatments
French Monitoring Centre for Drugs and Drug Addiction (OFDT)

This system was set up in 2005 and continually collects information about clients seen in National Treatment and Prevention Centres for Addiction (CSAPAs). In the month of April, each centre sends its results from the prior year to the OFDT, which analyses these results. The data collected relate to patients, their current treatment and treatments taken elsewhere, their uses (substances used and substance for which they came in the first place) and their health. The common core questions help harmonise the data collection on a national level and fulfil the requirements of the European Treatment Demand Indicator (TDI) protocol.
In 2022, approximately 180 000 patients (out of an estimated 315 000) seen in 270 CSAPAs for an addiction-related issue (alcohol, illicit drugs, psychoactive medicines, behavioural addiction) were included in the survey.

FINESS: National Directory of Health and Social Establishments
Ministry of Health and Prevention / Ministry of Solidarity and Family / Digital Health Agency

This site provides access to a range of information on health, social, medico-social establishments, and training on occupations in these sectors, such as CSAPA and CAARUD. FINESS ensures the registration of establishments and legal entities holding an authorisation or approval. The data is updated on a daily basis in line with changes made at territorial level (ARS, DREETS).

Survey on substitution treatment in prison
Directorate of Health Care Supply (DGOS)

The information system, called "Controlling activity reports for general interest purposes" (PIRAMIG), was set up in 2017 to collect data on activity relating to health units in prison and is now handling the tasks previously performed by the Health Facility and Inmate Monitoring Centre (OSSD). The Directorate of Health Care Supply (DGOS) centralises this data. The percentage of people receiving OAT is calculated by dividing the number of people that have been prescribed an OAT by the number of inmates in a prison setting in a given year. The latter number is provided by the Prisons Administration Directorate (DAP).

OAT review: Annual review of Opioid Agonist Treatment
French Monitoring Centre for Drugs and Drug Addiction (OFDT)

In order to gather the most recent figures on OATs from different sources and summarise them, OFDT has set up an annual dashboard on this issue.
The aim of this annual report is to summarise the most recent elements from various sources on opioid agonist treatments, and, in particular, to update the data. It refers to the latest available and processed data, the year of which may vary depending on the sources available and the processing time. The updated data is compared with that from previous years in order to study trends. The report first describes the sociodemographic characteristics of those receiving reimbursement for OAT in primary care in 2023, as well as their treatment modalities and the amounts reimbursed, based on medico-administrative data from the National Health Insurance Fund in the SNDS*. Prescription and dispensing data from Treatment and Prevention Centres for Addiction (CSAPA) and prison settings in 2022 were then detailed to estimate a total number of OAT recipients and show national OAT coverage using the most recent data on primary care reimbursements and dispensing in CSAPAs and prisons. The report then presents qualitative data on the use of OAT outside therapeutic protocols and difficulties in access to treatment. Finally, the number of deaths related to OAT and the sale of naloxone are also presented.

* The National Health Data System (SNDS) contains reimbursement data from the National Health Insurance Inter-Scheme Information System (Sniiram), hospital data from the Medical Information Systems Programme (PMSI) for the entire French population, as well as medical causes of death, for which national statistics are produced by the Epidemiology Centre on Medical Causes of Death (CépiDC). The data is individualised and anonymous, and covers all health expenditure reimbursements for more than 99% of residents in France.

The DCIR is the data warehouse derived from the Sniiram, containing the following individual medico-administrative data:

- sociodemographic: age, sex, municipality of residence, affiliation to the supplementary health solidarity scheme (CSS), to state medical aid allowance (AME);
- medical: reimbursements for care (medical consultations, dispensed medicines, laboratory tests, etc.) carried out in primary care and private establishments, coverage under the ALD scheme (long-term illness benefits). Information on the speciality of the doctor consulted is only available for those in primary care.

OAT beneficiaries are identified notably from:

- the central service table containing information on beneficiaries, the dates and nature of the medical service provided, and the healthcare professionals (carrying out or prescribing the care);
- the detailed table of medicines dispensed in primary care (identified by the CIP code and the anatomical, therapeutic and chemical classification).