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T0. Overview

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

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

Summary:

Policy and organisation

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

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

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

Prevention interventions

In France, environmental prevention strategies to reduce alcohol and tobacco consumption are well established and benefit from strong political support, despite the existence of lobbyist opposition forces. School-based universal prevention (mainly in secondary education for 11–18-year-olds, at *collège* and then *lycée* level) and indicated prevention through the Youth Addiction Outpatient Services (CJC) which deliver 'early intervention' towards young users and their families (in 550 consultation points throughout France) are two pillars of the public responses. Various initiatives and think tanks have been launched in the wake of the interministerial directive on the development of psychosocial skills, adopted in August 2022 for the period 2022-2037. Major efforts have been made to develop collective prevention measures in the workplace as well (private compagnies and public services) beyond the remit of occupational physicians as well as in universities through health services and student liaison officers on health, as well as the school life services of the *grandes écoles*. Also, preventive responses were enhanced towards priority publics, like youth in deprived urban areas, youth in the care of the judicial youth protection and child welfare services. National media social marketing campaigns against alcohol or tobacco consumption are regularly broadcast, but these are less frequent about drugs.

Quality assurance

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

New development

The 2023-2027 Interministerial Strategy for Mobilisation against Addictive Behaviours (or SIMCA in French) reaffirms the Government's engagement to consolidating preventive responses based on the development of psychosocial skills and those geared towards the young people who are most at risk of adopting addictive behaviours. In 2025, the measures introduced as part of this interministerial strategy were implemented and subsequently monitored.

T1. National profile

T1.1 Policy and organization

The purpose of this section is to

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

Please structure your answers around the following questions.

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

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

The prevention of addictive behaviour is formalised in the 2023-2027 Interministerial Strategy for Mobilisation against Addictive Behaviours (MILDECA 2023), led by the MILDECA. This government strategy supports the use of evidence-based approaches, especially to strengthen psychosocial skills to prevent risky behaviour. Furthermore, SIMCA aims to contribute to the physical, psychological, and cognitive development, and academic success, of all children.

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

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

The signatories share quantified objectives between now and 2037, regarding territorial and population coverage, as well as results:

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

Various five-year sectoral and intersectoral road maps will be implemented, across the 2023-2027 period, to define the operational measures resulting from this national strategy. In order to do so, working groups dedicated to the territorial coordination of these measures, training, monitoring, and assessment, respectively, were established.

The "*Priorité Prévention. Rester en bonne santé tout au long de sa vie*" [Priority Prevention. Staying healthy for life] develops measures for the national health strategy with regard to prevention (Direction générale de la santé 2018 ; Ministère des Solidarités et de la Santé 2017). It encourages, in the field of addictive behaviours, the establishment or reinforcement of partnerships between schools (secondary schools and colleges) and Youth Addiction Outpatient Services (CJC). The CJCs' advanced consultations, which aim to reach out to young people wherever they are (consultations by CJC professionals in schools, youth protection centres and other youth care facilities), have been developed in this context.

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

The 2023-2027 National Tobacco Control Program (or PNLT) is based on two main pillars with a view of constructing the first smoke-free generation by 2032 (Ministère de la Santé et de la Prévention 2023): preventing the onset of smoking and better support smokers in smoking cessation, particularly those with the lowest incomes. To protect young people from smoking, the PNLT highlights the monitoring of the affordability (increasing the price of a packet of cigarettes to €13 in 2027), and ban on sale of tobacco and vaping products to minors. The use of plain packaging will be extended to tobacco and vaping products.

The 2020-2024 National Crime Prevention Strategy supports the involvement of care and harm reduction structures for drug users in the thinking groups for the local and inter-communal crime and criminality prevention councils (CLSPD/CISPD) in order to take better account of health issues for young people (Ministère de l'Intérieur 2020).

The 'national strategy for preventing and combating poverty' urges social centres to take greater account of the prevention of addictive behaviour and to strengthen their role in providing guidance to families and training in parenting (DIPLP 2018).

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

Organisation

At which level are strategic decisions (contents, priorities) predominantly made?	Multi-level (Only use if it is not possible to set a predominant level) (if other ↓)

The national strategy for the prevention of addictive behaviours is designed at different levels of governance. As part of a governmental and interministerial policy, it is built on national measures and regional variations of national guidelines, predominantly by the prefectures and departments in the health and education sectors. Various programming and financial tools contribute to its implementation.

The prevention of addictive behaviours is one of the pillars of the national strategy for mobilising against licit or illicit drugs, which is defined in the framework of multi-annual governmental plans, such as the Interministerial Strategy for Mobilisation against Addictive Behaviours (SIMCA) 2023-2027 (MILDECA 2023). Government action is coordinated by the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA), which reports to the Prime Minister. In a local approach, the national prevention guidelines are implemented at a territorial level (regions and departments), in the light of regional roadmaps and action plans for the départements, in accordance with local priorities or specificities (population or geopolitical), under the direction of the MILDECA project managers (see T.3.1 of the 2025 "National Policy and Strategy" Workbook). The MILDECA project managers are appointed within the cabinets of prefects, who are the representatives of the State at local level.

The French Ministry of Health has a structured operator, *Santé publique France* (SpF), to support the implementation of the priority prevention plan and the National Tobacco Control Programme, in conjunction with the 2023-2027 Interministerial Strategy for Mobilisation against Addictive Behaviours. The SPF agency is entrusted with defining communication and social marketing strategies and their implementation, including in the field of addictive behaviours, with a view to reducing inequalities within the French population.

The Regional Health Agencies (ARS) are the devolved public health authorities. They define the Regional Healthcare Programmes (PRS), which set out the strategic priorities relating to addictions, with or without substances.

In schools, school heads are responsible for planning measures to prevent addictive behaviour. Secondary education establishments can set up a Committee for Health, Citizenship and Environmental Education, known as CESCE, chaired by the head of the establishment. CESCEs make it possible to establish partnerships to set up interventions in schools from the public sectors (gendarmes, police, etc.) or associations (education for health, addiction, etc.) on the broad themes announced in their title. When it comes to the prevention of addictive behaviour, these bodies may consider following the ministerial guidelines or their variations issued by the regional (rectorats) and 'departmental' administrations of the French Ministry of Education. However, in view of the challenges posed by the back-to-school legislative instruction and the resources available, trade-offs are necessary to establish priorities among these areas, which are not always favourable to the development of the prevention of addictive behaviour. Thus, the heads of establishments have a certain autonomy when it comes to defining annual objectives in terms of prevention and the types and conditions of deployment of the actions undertaken in this area. This is also the case in education under the supervision of the Ministry of Agriculture.

In higher education, measures to prevent addictive behaviour are mainly the responsibility of the Student Health Services (SSE) which, since 2023, have been accessible to all students (including those outside university). SSEs intervene in the fields of mental and sexual health, addictions, nutritional and prevention support (see also T1.2.2). The National Council for Higher Education (CNESER) voted in favour of the scope of the SSE. In the student environment, prevention is aimed in particular at preventing the risks associated with various forms of consumption at student parties and other festive occasions.

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

At which level are prevention funds predominantly located and spent?	**Multi-level (Only use if it is not possible to set a predominant level)** (if other ↓)
Cf. Second paragraphe du commentaire du T1.1.3	

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

Factual cooperation of the different policy sectors ministries at national level (real: not on paper):	**High**
Explanations, if applicable describe: The French national strategy for mobilisation against drugs is signed by the Prime Minister. It is led and coordinated by an interministerial body, MILDECA, placed under the authority of the Prime Minister, which emphasises its cross-sectoral nature. MILDECA brings together the representation of ministries involved in drug supply reduction and demand reduction as well as foreign affairs and the state budget. Inter-ministerial cooperation focuses on the definition of multi-annual governmental orientations and this is further illustrated by the shared governance of public funds for the financing of local actions. Various ministerial programme documents in addiction-related fields (health, poverty, safety) fine-tune government guidelines and translate them into action plans (cf. T1.1.1). The Fund for Combating Addiction (FLCA), which is the major source of funding for the prevention of addictive behaviours in France, is jointly governed by the French National Health Insurance Fund, three directorates of the Ministry of Health, and MILDECA. The interministerial guideline adopted in August 2022 to develop psychosocial skills in children and young people is an example of inter-sectoral cooperation (Ministère de la Justice *et al.* 2022) (see T1.1.1). It defines common objectives for eight ministries (national education and youth, sports, agriculture, health, people with disabilities, justice, social cohesion and vocational training, higher education and research). This long-term strategy (extending to 2037) has been implemented through five-year ministerial roadmaps for the sectors of national education, youth and sport, agricultural education, children and young people under social or judicial protection, higher education and employment, vocational training and support. In the context of the partnership between the National Police, *Gendarmerie Nationale*, and National Education, 579 National Police "school safety correspondents", and *Gendarmerie Nationale* "learning mentors" (1 per territorial brigade) have been appointed in France. These agents may advise institutions on the issues of safety, trafficking, violence, and bullying in schools (Ministère de l'Intérieur et des Outre-Mer 2022). This is also the case for the 55 "Republican Reconquest District learning mentors" of the French police force, who get involved at the request of headteachers. Moreover, the 277 drug prevention educators of the French police force (or PFAD) and the 550 Anti-drug liaison trainers of the *Gendarmerie Nationale* (or FRAD) may work with pupils in ad hoc sessions, at the request of headteachers. Within the *Gendarmerie Nationale*, 101 Trusted Homes and Protection Centres (or MPF), get involved in the same fields within schools (see T.4.1). All of the gendarmes in these units are being trained in the specifics of FRAD (anti-drug liaison trainers). Since 2015, MILDECA and the General Secretariat of the Interministerial Committee on Crime and Radicalisation Prevention (SG-CIPDR) have ensured the coordination of the public policies they oversee, within the framework of the Interministerial Fund for Crime Prevention (FIPD), by co-financing preventive actions targeting young people aged 12 to 25 who are involved in drug trafficking or at risk of becoming involved. Two main themes are central to this co-financing: preventing young people from becoming or remaining involved in narcotic trafficking, and supporting young people experiencing severe social deprivation and exposed to criminality or	

subsequent offence due to their use of narcotic substances, primarily through the social integration programme known as “Alternative Work Paid by the Day” (TAPAJ) (see T 1.2.3). MILDECA and the Ministry of the Interior (General Secretariat of the Ministry of the Interior, General Directorate of the National Police, General Directorate of the National Gendarmerie, Paris Police Prefecture) jointly developed an interministerial protocol for monitoring compliance with the ban on the sale of alcohol to minors, which they signed in summer 2024. This protocol has given rise to operating instructions for internal security forces since October 2024. It is accompanied by a circular sent to prosecutors by the Ministry of Justice.	

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

Needs assessment:

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

Diagnosis of risk/protective factors at local level: do (some) municipalities / districts have a system of establishing risk profiles of certain geographic areas or of population segments? (Please, tick 2 most relevant)	☐ By youth surveys (e.g. CTC[1], Planet Youth[2]) ☐ By rapid qualitative assessment methods (stakeholder meetings, key informants) ☒ By having access to the sub-datasets of national surveys ☒ Other, please specify: zonage officiel des quartiers dits « politique de la Ville » (QPV), des réseaux d'éducation prioritaire (REP), des réseaux d'éducation prioritaire renforcée (REP+) ; recours à l’Indice de développement humain (IDH-2) ☐ Does not apply
Explanations, if applicable describe:	
National surveys of the school population provide epidemiological benchmarks on use levels and associated factors, from which regional analyses can be extracted. Locally, the Regional Health Observatories are likely to provide data on a smaller geographical scale, particularly with regard to large metropolitan areas and their conurbations. Urban policy and priority education policy are organised respectively according to a respective geographical zoning of priority intervention based on demographic, socio-professional, socio-economic (e.g., rate of pupils receiving grants) and academic indicators (rate of pupils repeating a year before the sixth grade (Year 7 in England and Wales)). The zoning of priority education networks (REP) considers the rate of pupils residing in one of the priority urban policy neighbourhoods (QPPV). The categorisation of an	

[1] The CTC Youth Survey is a tool to provide community-based partnerships with reliable information about the prevalence of youth behaviour problems as well as the prevalence of underlying risk and protective factors.
[2] Planet Youth questionnaire: This comprehensive survey examines the lives and lifestyles of young people (15-16 year olds) in the target community and asks questions about the risk and protective factors that influence their behaviours.

establishment as a REP (Priority Education Network) is accompanied by an additional allocation for this establishment.

In addition, the statistical service of the Ministry of National Education (Performance and prospective studies department, DEPP) relies on the calculation of the Social Position Index (IPS) to summarise the conditions favourable to pupils' learning (social, economic and material conditions and cultural practices) on the basis of the professions of the pupils' parents. The IPS makes it possible to discern social disparities between establishments but also within establishments.

The communal data needed to calculate the Human Development Index (UNDP 2022) (IDH-2, including indicators on health, education and income) are available on the INSEE website. IDH-2 supports local health contracts at the communal level. The Regional Health Agencies (ARS) refer to the estimated HDI-2 for their territories to define regional health priorities. A more detailed diagnosis is used to define local health contracts at the municipal level.

T1.1.3 (Optional) Please provide a commentary on the funding system underlying prevention interventions.

In the field of addiction prevention, the actions and programmes implemented at local level are mainly based on public funding from national funds in various sectors, supplemented in accordance with sectoral or cross-sectoral strategic guidelines. The examination of some of these credits (MILDECA, FLCA, FIPD credits, see below) is delegated to the regional prefectures (decentralised State services) and to the Regional Health Agencies (ARS).

The scope of the "Fund for Combating Addiction" (FLCA) extends to all psychoactive substances, whether licit or illicit, as well as non-substance-related addictions, mainly those associated with gambling and video games (Article 84 of Law 2021-1754 of 23 December 2021). The FLCA is indirectly financed by the taxes levied on tobacco products. It is governed by the National Health Insurance Fund, the National Health Directorate (DGS), the Directorate of Health care supply (DGOS), the Directorate of Social Security (DSS) and the MILDECA. Supplemented with up to €130 million per year for the duration of the agreement on objectives and management signed between the State and the French National Health Insurance between 2023 and 2027, the FLCA is now the primary source of funding for addiction prevention actions in France, including the national social marketing campaigns deployed by the National Public Health Agency *Santé publique France* (SpF). Latest details of the allocated FLCA funds are provided in the Drug Policy 2025 Workbook. In spring 2025, a call for projects was launched to engage civil society, with the aim of supporting large-scale initiatives at national level (covering at least three French regions) which address one of the following three priorities: the creation of smoke-free environments, prevention and harm reduction measures including psychostimulants, or prevention and treatment for people in contact with the criminal justice system.

The Regional Intervention Fund (FIR) is distributed among the 18 Regional Health Agencies (ARS) according to their needs and population to better adapt the financing of regional health measures to the needs of the territories in terms of health and medico-social care supply, prevention or facilitating access to care. The FIR supports the implementation of Regional Healthcare Programmes (PRS). In 2025, the maximum amount of funds allocated to the ARS under the Regional Intervention Fund was set at €39 million, of which €5 million was earmarked for supporting projects based on evidence-based or promising data (Instruction of 17 June 2025 concerning the support mechanism provided by the Fund for Combating Addiction for regional initiatives that contribute to the fight against addiction in 2025). Strengthening psychosocial skills is one of the approaches favoured by the regional health agencies in the context of the actions they finance.

Since 1995, sales of assets seized through drug-trafficking repression have been turned over to the Narcotics support fund, under the MILDECA management. Since 2018, part of this fund has financed the annual national call for projects for municipalities and inter-municipalities, administered by the MILDECA.

These calls for projects aim to support the candidate cities in the development of an integrated policy to prevent risky use of psychoactive substances, particularly among young people. From December 2024 to March 2025, a new call for projects was issued, focusing on preventing minors from getting involved in narcotic trafficking (MILDECA 2024b). Based on a partnership between the municipality leading the project, the public services and civil society (housing providers, NGOs, residents), the projects may aim to:

- foster the development of protective environments;
- combat the appeal of trafficking by debunking misconceptions about trafficking and offering alternative pathways to success;
- identify young people most at risk to offer them and their families tailored support;
- rethink the use of public space in areas affected by drug dealing hotspots.

Offering alternative pathways to success and opportunities for educational and professional integration appears to be a significant asset in the development of these projects.

In 2024, guidelines have been published by MILDECA to support the selected municipalities in the implementation of their project, by sharing a set of methodological reference points and best practices for implementation, and also by warning about the risks and pitfalls to be taken into account (MILDECA 2024a).

Ad-hoc calls for expression of interest (CEI) may be published by public authorities to support action in the field of prevention with specific audiences, in the manner of the CEI published in 2023, by the Conference of Grandes Écoles (CGE, uniting 234 *grandes écoles*) and MILDECA. This CEI was aimed at the deployment of measures to prevent the risky use of psychoactive substances in students' daily lives (study, dining, exercise, residential areas, etc.) and during party and integration events. This comprehensive approach which builds a protective environment and challenges the stereotypes associated with psychoactive substances, draws in particular on supervisor training, local external resources, and the ESPER scheme (cf. T1.2.2).

In addition, the funds allocated to the MILDECA by the Finance Act are used for prevention, health, research and international cooperation initiatives. The MILDECA delegates three quarters of these intervention credits to MILDECA project managers to finance local actions for combatting drugs and addictive behaviour, i.e. nearly €8.5 million in 2024 as in 2023 (legislative order of 14 December 2023 to Mildeca project managers concerning the 2024 guidelines).

The French National Cancer Institute (INCa) is the policymaker and the French agency for cancer expertise. To this end, INCa organises calls for projects in the field of alcohol and tobacco use prevention, and also financially supports research and actions/programmes designed to advance the quality of care and public health policies (counteracting cancer risk factors, prevention, etc.). It also benefits from credits from the National Fund for Combating Addiction in this regard.

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

The Inter-ministerial Fund for Crime Prevention (FIPD) is financed from the general budget of the Ministry of the Interior and coordinated by the Inter-ministerial Committee on Crime and Radicalisation Prevention (SG-CIPDR). The amount and priorities of funding are defined annually by legislative orders. Since 2015, the FIDP has provided funding for local initiatives aimed at preventing minors and young adults from becoming involved in narcotic trafficking or steering them away from it.

Note: Information relevant to this answer includes:
- alcohol and gambling taxes, confiscated assets
- quality criteria linked to funding

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

T1.2 Prevention interventions

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

T.1.2.0 Overview on intervention types

Prevention culture, interventions and discourse are rather dominated by (select not more than 2)	informational[3] approaches ☒ developmental[4] approaches ☐ environmental[5] approaches ☒
Explanations, if applicable describe:	
Since the mid-2010s, many efforts have been made by public authorities and health authorities to support the spread of evidence-based approaches and programmes for the prevention of addictive behaviours. In line with the previous government strategy, the 2023-2027 Interministerial Strategy for Mobilisation against Addictive Behaviours aims to model and deploy approved psychosocial skills development programmes, in both schools, from pre-school to secondary education, and other youth environments (child protection and judicial youth protection (PJJ) services, etc). This Government engagement is reflected in the adoption of an interministerial instruction in August 2022, focused on boosting the dissemination of psychosocial skills development programmes (Ministère de la Justice *et al.* 2022). In support of the multi-sector strategy for the deployment of psychosocial skills, the Santé Publique France agency has developed an operational standard to consolidate the understanding and acceptance of cognitive, emotional and social experience as a step towards reaching out to others (Lamboy *et al.* 2025). This first volume covers the first three general psychosocial skills encompassing 11 specific skills (6 cognitive, 2 emotional, 3 social): strengthening self-awareness (first general cognitive skill), strengthening awareness of emotions (first general emotional skill) and developing constructive relationships (first general social skill). In schools, such programmes have the objective of reducing addictive behaviours or improving the school climate. However, these initiatives are gradually being scaled up across a large number of secondary schools (10 700 *collèges* and *lycées* in France) and an even larger number of elementary schools. As a result, informational approaches are still in the majority, including in schools. In addition, France has a strong environmental prevention base, particularly with regard to alcohol and tobacco. The foundation of psychosocial skills at school is one of the priority projects of the Scientific Council for National Education for 2022-2027 (MILDECA 2023).	

Are there registries (online) or catalogues?	Of all kind of interventions ☐ of manualised prevention programmes ☐ of evidence-based manualised programmes only ☒ of officially recommended programmes (other criteria than evidence) ☐

[3] Information, persuasion, awareness, education
[4] Skills and competence training, capacitation (making people capable of, e.g. self-control, goal setting, etc. http://www.behaviourchangewheel.com/); i.e. intervention fostering healthy social and personal development of youth
[5] Strategies targeting the contexts for behaviour through changing the prompts and cues that guide behaviour, such as regulatory, physical and economic measures applied to prompt more adaptive, healthier, behaviours

	no ☐

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

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

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

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

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

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

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

In summary, French legislation on tobacco and alcohol regulates:

- use in public places;
- the ban of selling to minors;

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

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

The Interministerial Strategy for Mobilisation against Addictive Behaviours aims to reduce the advertising pressure of alcohol, tobacco, and gambling, particularly among minors. In this regard, advertising-free zones, both physical (in the vicinity of schools), and online (websites and social networks frequented by a significant number of minors) must be created. To this end, an interministerial protocol on the control of the ban on sale of alcoholic beverages to minors was signed in July 2024, by the Secretary-General of the Ministry of the Interior, the Director-General of the National Police, the Director-General of the *Gendarmerie Nationale*, the Paris Prefect of Police, and the president of MILDECA.

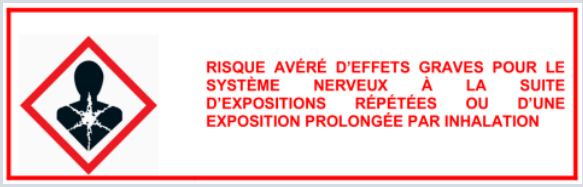
The table below summarises the main legal provisions **constituting an environmental prevention framework** in France.

French regulation on access to tobacco, electronic cigarette, alcohol products and nitrous oxide

With regards to the places and contexts for its use and protecting non-users, the law…

Tobacco and electronic cigarette	• Has prohibited smoking in public places since 1992 (Evin Law), which in 2007 was extended to all restaurants, leisure areas, public transport or enclosed or covered workplaces, as well as all areas, whether they are covered or not, where minors are accommodated (Art. R. 3511-1, art. R. 3512-2 of the Public Health Code); • Prohibits smoking in a vehicle in the presence of a minor (Art. R. 3515-4 of the Public Health Code; • Prohibits smoking e-cigarettes in youth establishments, on public transport or in enclosed or covered community workplaces. • Establishes smoke-free areas, extended to bus shelters, public parks and gardens, beaches, the areas surrounding libraries, sports venues and primary and secondary schools, as well as to places providing counselling and accommodation for minors. It strengthens penalties for the sale of tobacco and vaping products to minors, which now constitutes a fifth-class offence (Decree No. 2025-582 of 27 June 2025 on smoke-free areas and measures to prevent the sale of tobacco and vaping products to minors).
Alcohol	• Prohibits being publicly and visibly intoxicated, which is punishable by a 2nd class fine or imprisonment, if it is detected in a sports venue, particularly in the event of violence; • It allows the mayor to prohibit the sale of alcoholic beverages to take away in the municipality, during a defined maximum time slot of between 8 p.m. and 8 a.m. • Authorises the mayor to grant, by order, temporary exemptions (48hr or more) for the ban on the distribution and sale of group 3 alcoholic beverages (wine, beer, and cider) in stadiums and physical and sports activity establishments (art. L3335-4 of the Public Health Code). • Authorises employers to regulate or even prohibit the consumption of alcoholic beverages in professional environments (Art. R. 4228-20 of the Labour Code);

	• Limits the blood alcohol level when driving a vehicle to 0.5g/l, or 0.2g/l for people learning to drive or with a provisional licence (Art. R. 234-1 of the Traffic Code).
With regards to selling it to and protecting minors, the law…	
Tobacco and electronic cigarette	• Prohibits selling or freely distributing tobacco products to minors (including paper and filters) and e-cigarettes (Art. 36 and l. 3513-5 of the Public Health Code). • No longer limits the import of cigarettes from the EU for personal use to one carton, and now establishing 12 criteria to demonstrate the commercial nature of cross-border tobacco purchase (decree no. 2024-276 of 27 March 2024). • Prohibits the placing on the market, sale, distribution or free offer of single-use electronic vaping devices and their possession for the aforementioned purposes (Law no. 2025-175 of 24 February 2025).
Alcohol	• Prohibits selling or freely distributing alcoholic beverages to minors; • Prohibits selling or freely distributing alcoholic beverages for commercial purposes ("open bar") (Art. L. 3322-9 of the Public Health Code), except during traditional festivals or authorised tastings; • Prohibits encouraging minors to consume alcohol regularly or in excess or encouraging them to become intoxicated; • Prohibits temporarily offering alcoholic beverages at a reduced price (happy hour) without also offering non-alcoholic beverages at a reduced price over the same period (Art. L. 3323-1 of the Public Health Code).
Nitrous oxide	• Limits the sale of nitrous oxide to private individuals to a maximum of 10 canisters, and for canisters with an individual weight of 8.6 grams or fewer. No other packages of nitrous oxide may be sold or distributed to private individuals (order of 19 July 2023).
With regards to manufacturing, packaging and health warnings, the law…	
Tobacco and electronic cigarette	• Regulates the composition of tobacco products and prohibits processes that give tobacco products specific auditory, olfactory or visual characteristics; • Regulates the packaging of tobacco products and provides for the mandatory inclusion of a health warning (image and text) on all packaging; • Imposes neutral and standardised packaging units and packages for tobacco products (cigarettes, roll-your-own tobacco) or related products (cigarette paper) (Art. L. 3511-6-1 of the Public Health Code). The brand inscription is limited in size, is very discreet and is always positioned in the same place on the packaging. • Prohibits the manufacture on French territory of single-use electronic vaping devices and their possession for the aforementioned purposes (Law no. 2025-175 of 24 February 2025).
Alcohol	• Enforces that a health warning saying "alcohol abuse is dangerous to health" is provided on alcoholic beverage packaging units, including hard seltzers; • Enforces the use of a "zero alcohol during pregnancy" pictogram on alcoholic beverage packaging units.

Nitrous oxide	• The warning "Risque avéré d'effets graves pour le système nerveux à la suite d'expositions répétées ou d'une exposition prolongée par inhalation [Proven risk of serious effects on the nervous system through repeated or prolonged exposure by inhalation]" must be displayed on every canister containing nitrous oxide in a red box on a white background, in red lettering and Arial font with a height of at least 0.9 mm for packages with a surface area of 80 cm^2 or less, or 1.2 mm for larger surfaces (decree no. 2023-1224 of 20 December 2023). The warning must be accompanied by a black silhouette icon in a red diamond on a white background measuring at least 1cm on each side, as illustrated below. 

With regards to advertising and promotion, the law…

Tobacco and electronic cigarette	• Introduced a complete ban on advertising tobacco (including at points of sale, since 2016).
Alcohol	• Limits alcohol advertising materials and content (e.g. prohibits advertising at the cinema and on the television) and specifies the authorised media or materials allowed (effectively prohibiting all those that are not stipulated); • Authorises the promotion of alcoholic products with a quality appellation or linked to cultural heritage (2016 law on health system reform); • Has authorised advertising alcohol online since 2009, through traditional internet formats (e.g. banners) on websites aimed at an adult audience, provided that the advertising is "neither intrusive nor interstitial".

With regards to lobbying, the law…

Tobacco	• Requires tobacco manufacturers, importers or distributors and their representative organisations or companies to provide a detailed report of their expenses related to lobbying and interest representation activities, namely: subcontracting costs, salaries, benefits in kind or in cash provided to members of governmental or ministers' offices, parliamentarians, employees, experts or civil servants, called upon to take action, prepare actions or advise public authorities on tobacco products.

With regards to tax, the law…

Tobacco	• Subjects tobacco products sold for retail or imported into mainland France to an excise duty, comprising a specific share per product unit or weight and a share proportional to the mean retail price (Art. 575 of the General Tax Code) • Provides for the approval of tobacco prices by a collaborative legislative order from the health and budgeting ministries (Art. 572 of the General Tax Code) • Imposes a 0.74% tax on manufactured tobacco, to the benefit of the supplementary budget for agricultural social security benefits (Art. 1609t of the General Tax Code).

Alcohol	• Provides for an excise duty borne by alcoholic beverages, in compliance with the minimum tax determined by the European Council (directive 92/83/CEE and directive 92/84/CEE). This excise duty is increased on the 1st of January every year in line with the growth rate of the consumer price index, excluding tobacco, recorded for the penultimate year (Art. 403 of the General Tax Code). • *A*llocates to the Old-age Solidarity Fund the proceeds from the excise duties relating to the alcoholic beverages referred to in Articles 402 bis, 403, 406 A, 438 and 520 A of the CGI (Art. 43 of the General Tax Code). • Introduces a contribution levied on alcoholic beverages to go towards the National Health Insurance Fund (Art. L245-7 of the Social Security Scheme Code) because of the health risks involved in excessively using these products. This contribution is levied as a resource for prevention, health and social action for social security funds. • Provides for a tax applied to alcopops and certain hard seltzers for the National Health Insurance Fund, provided that the beverage's alcohol proof is higher than 1.2% vol. and less than 12% vol. (Art.1613 bis of the General Tax Code).
With regards to road safety…	
Alcohol and illicit drugs	• Establishes the offence of "road homicide" in cases of involuntary road traffic manslaughter accompanied by at least one of ten aggravating circumstances, including alcohol use (driving under the influence of alcohol, drunken driving or refusal to undergo testing), the use of narcotics (or refusal to undergo testing), and the misuse or excessive use of a psychoactive substance. The list of these substances will be established by decree. Road homicide is punishable by seven years' imprisonment and a €100 000 fine (Law of 9 July 2025 establishing the criminal offence of road homicide and toughened penalties for road violence).

In summer 2024, MILDECA and the Ministry of the Interior (General Secretariat of the Ministry of the Interior, General Directorate of the National Police, General Directorate of the National Gendarmerie, Paris Police Prefecture) signed an **interministerial protocol on monitoring compliance with the ban on the sale of alcohol to minors,** thanks to the reinforcement of inspection operations by law enforcement services. A circular from the Ministry of Justice was sent to prosecutors in support of the protocol and the operating instructions arising from it for the internal security forces.

In May 2024, the brand Sniffy®, registered trademark in France, sparked major controversy due to the marketing of various white snortable "energy" powders, sold in tobacconists. This range of caffeine, creatine, and taurine-based products, among other amino acids, is available in a variety of sweet, fruity, and tangy flavours, which appeal to younger customers. Its commercial promotion plays on its similarity to cocaine, in terms of the form of the product (white powder), its route of administration (snorting), and its stimulating properties (energy shot). On 4 June 2024, France notified the European Commission and the Member States of the preparation of an order aimed at **suspending the marketing of powders for inhalation** and issuing health warnings for them. A new notification, under the urgency procedure, was issued on 2 July 2024, incorporating the fact that this product is now also sold as a dietary supplement. The marketing of these powders for inhalation has been suspended by order of 25 July 2024 (Order suspending the marketing of products sold in powder form intended to be inhaled).

Tobacco-free public places (LSST)

The "Tobacco-free public places" programme, derived from *Hôpitaux sans tabac* [Tobacco-free hospitals], conducts the prevention and management of smoking in hospitals by means of the Tobacco-Free Hospital Charter, which is both a commitment and a guide. It is coordinated at national level by RESPADD which is its original instigator. Voluntary healthcare facilities may use the implementation assessment questionnaire, standardised by the Global Network of Tobacco Free Healthcare Services, to track their progress in implementing a tobacco-free public place against eight standards (recommendations):

governance and commitment; communication; initial and continuous training; identification, diagnosis, and tobacco cessation support; tobacco-free environment; healthy workplace; community engagement; and monitoring and evaluation. An accompanying guide to analyse the level of implementation of LSST standards is also available.

Note: Information relevant to this answer includes:

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

Examples of strategies (environmental) at local level

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

Creating and supporting protective school policies/environments	**Frequently**
Regulations on alcohol use in public (outside establishments/in public view)	**Frequently**
Regulations on cannabis use in public (outside establishments/in public view)	**Frequently**
Regulating nightlife settings (e.g. access, opening hours, limiting promotions, physical conditions)	**Frequently**
Integration with violence prevention and security strategies	**Often**
Attention to neighbourhood environments, e.g. self-organisation, safety, illumination and cleanliness	**Sometimes**

Other kinds of objectives or targets:

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

In France, universal prevention remains the predominant approach to drug use prevention, particularly in schools, where the deployment of actions to develop psychosocial skills involves every regional academy and is increasingly well received. The school environment remains the main setting for implementation.

The **interministerial directive** of 19 August 2022 sets out a 15-year cross-sectoral strategy for the development of psychosocial skills among young people in France across various social settings. Its implementation has been assigned to eight ministries working with this population, according to five 5-year sectoral roadmaps (Ministère de la Justice *et al.* 2022). To support this initiative, *Santé Publique France* updated a reference standard on psychosocial skills in March 2025, providing an analysis of evidence-based programmes and the theoretical conditions required for effective interventions (Lamboy *et al.* 2025). This initiative is aligned with the objective of the Inter-ministerial Strategy for Mobilisation against Addictive Behaviours 2023-2027 to develop a model programme to strengthen psychosocial skills among young people aged 16 to 18, regardless of their educational pathway (general, vocational, technical or agricultural education, or apprenticeship). Intersectoral Territorial Committees (known as COTER), bringing together regional prefectures, regional health agencies (ARS) and education authorities, have been established to support local needs assessments and monitor the development of interventions aimed at strengthening psychosocial skills among young people.

School setting

The work undertaken within the French education system as part of the interministerial directive on the development of psychosocial skills led to the organisation of trainer training sessions in 2025 and the development of a support package for the educational community to facilitate the rollout of appropriate interventions for these pupils. This package, available on the ministry of education website Eduscol, provides educational resources for education professionals. In addition to the ministerial roadmap, it includes:

- a guidance note outlining the methods for integrating psychosocial skills into the school's core missions, embedding them across subjects to support learning and promote a positive school climate;
- A new volume of the "**Teaching toolkit for empathy sessions in school**" focusing on managing emotions for primary school pupils;
- a series of teaching resources and videos addressing mental health for lower and upper secondary school students, from Year 9 to Year 13.

The Ministry of National Education has co-written a "Teaching toolkit for empathy sessions in schools" together with the Santé publique France agency, providing teachers with a set of validated teaching resources and tools, in order to improve the quality of relationships between pupils and foster both psychosocial skills development and a calm school climate, promoting academic success. (Ministère de l'Éducation nationale et de la Jeunesse and Santé publique France 2024a, b).

Organisation of prevention policies in schools. In schools, the universal prevention of addictive behaviour is part of a global policy of health education and health promotion aimed at the health and well-being of students and staff. It can be based on the social and health education policy for pupils, known as the "Health Education Pathway" (PES in French), which aims to better structure measures to protect the health of pupils in order to reduce social, educational and health inequalities to enable the success of all pupils and promote a fairer and more equitable school environment (Law of 8 July 2013, Legislative order of 28 January 2016). The PES is organised by schools, from preschool to high school and is part of the school project defined annually by the headteacher. In January 2020, the French Ministry of Education also launched the "Schools for health" initiative, designed to support the creation of a school environment conducive to student success, particularly through the development of psychosocial skills. Psychosocial skills are a transversal theme that is promoted as part of the support for academic success, the prevention of violence and harassment and the improvement of the school climate. The second main line of action for preventing addictive behaviours in schools is the conventional reconciliation between local schools and CJC (Youth Addiction Outpatient Services), in aid of better support for young people at risk due to addictive practices (tobacco, alcohol, cannabis, screens, video games, etc.).
In each secondary school, the **Committee for Health, Citizenship and Environmental Education** (CESCE in French), chaired by the school principal, is the decision-making body that defines its measures or programs to prevent addictive behaviour on the basis of academic or departmental guidelines (CAESCE/CDESCE, see T1.1.2). Given the organisational complexity of such programmes, whether in terms of logistics or staff training, institutional support from the head of the establishment is essential to their implementation. Teaching teams can consult the ministry of education website eduscol.fr (https://eduscol.education.fr/), which provides information and support resources for education professionals.

Prevention stakeholders in schools. In schools, addiction prevention is primarily based on educational programmes, as part of the common core of compulsory skills and knowledge, and may involve various professional groups from the educational community (teachers, school nurses, etc.) for the implementation of appropriate programmes. External stakeholders may also be involved, such as healthcare students or specialised law enforcement officers.

Initiated in September 2018 (Article D. 4071-2 of the Public Health Code), the Health Service for Health Students (SSES in French) is a 6-week full-time mission during which the 50 000 students in health training (medicine, nursing, pharmacy, etc.) programme, carry out, and evaluate at least of 4 interventions of prevention and health promotion in school, medico-social, social or corporate settings. A module on the

design and implementation of health promotion actions is included in all health training courses, in order to prepare students to intervene, in particular on subjects such as balanced diet, hygiene or addictions. The Health Education Network for French Universities (UNIRèS in French) has developed a remote course to provide these students with methodology guidelines in health education adapted to the school environment and to foster a common culture of health education between them and the educational community. The *Santé publique France* agency has also made available to students and their trainers a set of online resources, both theoretical and practical, by population (school, prison, etc.) to organise the health service (Arwidson *et al.* 2018). An "addictive behaviour" MOOC, developed by the University of Paris-Saclay, has been accessible since 2021 and is intended primarily for health students in the context of the health service (14 video clips).

Anti-Drug Police Trainers (PFAD) and, within the *Gendarmerie* (rural environment), Anti-Drug Liaison Trainers (FRAD) and Trusted Homes and Protection Centres are agents trained in the area of drugs who are among those usually called upon to intervene in educational institutions (protocole de Dreux, 2004). In primary or secondary school classes, these officers remind people of the law and address risky behaviour (consumption of alcohol, cannabis, electronic cigarettes, harassment, screens, cyber-risks and misuse of nitrous oxide in laughing gas, etc.). In addition, 579 other "school safety correspondent" police officers and one gendarme per brigade appointed as 'school referent' can also be mobilised to support the educational community on issues of harassment, assault, extortion, incivility, discrimination, in addition to addiction prevention.

Pioneering programmes on psychosocial skills. Since the mid-2010s, several validated programmes (evidence-based) have been adapted to a local level: the *Unplugged* programme, the PRIMAVERA programme (Diaz Gomez *et al.* 2021); the Good Behaviour Game (GBG) programme or the ABMA programme « *Aller Bien pour Mieux Apprendre* » (Going Well to Learn Better) (see T.1.2.1 of the 2020 and 2021 'Prevention' workbook). Under the impetus of the government strategy, which favours the development of psychosocial skills, new programmes are being tested in the regions, inspired by these models, like the Cap'ADO programme. The Cap'ADO project (CAPS 2023), implemented by eight CSAPAs in the Pays de la Loire region, under the coordination of the *Espace Vendéen en Addictologie* (EVEA) association, aims to be a global strategy for the prevention of smoking in colleges in the region. In particular, this involves strengthening the psychosocial skills of 5th and 4th form students, training the educational community in early detection and brief intervention (RPIB) and offering consultations in Youth Addiction Outpatient Services (CJC). The work on psychosocial skills is carried out in 10 sessions, two consecutive years, by two kinds of staff (addictology professional and educational staff from the college concerned). About fifteen colleges were involved in the experiments in 2020-2021 and 2021-2022. The manga *Kusa* is a preventive tool/programme for the problem use of psychoactive substances, tailored to junior high school and high school students. It was created by the *Fondation Santé des étudiants de France* [French Student Health Foundation] (FSEF). The manga, available in printed or animation form, is a mediation tool for tackling the subject of emotions and their regulation with young people, in groups of 15 to 20 participants. In 3, two-hour long sessions, over three weeks, the manga-based programme seeks to: develop the abilities of young people to recognise emotions; improve self-esteem, self-image, and social relationships; recognise the impact of cannabis on feelings; identify problematic situations; and regulate reactions, emotions, and risk-taking for themselves and for others.

<u>Agricultural teaching</u>

The Adolescent health education, counselling and development network (RESEDA) aims to promote prevention and health promotion actions in agricultural education establishments. To this end, it supports projects and actors in the field, providing educational resources and information, promoting exchanges and professionalism as well as partnerships and networking at local and national levels. Agricultural education is a signatory to the interministerial directive on the development of psychosocial skills. At national level, it implements the Human Development Program (ProDAS in France) to promote mental health, well-being and social cohesion from an early age, by developing psychosocial skills among children

and adolescents in schools. The ProDAS is based on group discussion sessions designed to foster spontaneous and caring communication between participants through a set of agreed rules. It includes age-appropriate educational activities and teacher training. The ProDAS has been shown to be effective among children, with **improvements** in proximal outcomes such as better **recognition of emotions and a reduction in aggressive-irritable and anxious-withdrawn behaviours** in the ProDAS group compared with the control group (Tardy *et al.* 2022a; Tardy *et al.* 2022b).

University setting

Students are among the specific priority audiences for universal prevention in the young adult population. With the support of MILDECA, the Conférence des Grandes Écoles (CGE), the Conference of the Directors of French Engineering Schools (CDEFI) and the National Bureau of Engineering Studies (BNEI) promote the diffusion of knowledge on addictive behaviour within their respective organisations, in order to familiarise school directors and university deans with this issue and to encourage the development of prevention and harm reduction measures, beyond the capacity of the Student Health Services. The **"Cpas1option" [it's not an option] Charter**, which is renewed annually and supported by the CGE, the CDEFI and the BNEI, is an exemple. The charter is underpinned by 8 principles, accompanied by performance indicators and methodological approaches, to implement a global strategy for the protection of students and the prevention of addictive behaviours. Signatory higher education institutions are provided with an eponymous implementation assistance guide, updated in 2023: https://www.cpas1option.com/le-guide/).

The **Student Health Services (SSE)** (Decree of 13 March 2023) located on university campuses are accessible to all students, whether or not enrolled in the university, from the public or private sector. Their remit covers mental health, sexual health, nutrition, sports medicine and addictive behaviour. The SSEs can implement prevention and health promotion actions for students in higher education on the theme of addictive behaviour, in particular heavy episodic drinking, tobacco or cannabis consumption. The SSU recruits and supports **"Student Liaison Officers on Health"** who attend the health prevention training courses organised by these services. The mission of the liaison officers is to organise and lead collective health prevention actions on campus with their peers. The Campus and Student Life Contribution (CVEC in French) is partly used by universities to reinforce prevention in the university environment. In 2021, the Ministry responsible for Higher Education (MESR) rolled out the *Santé Psy Etudiant* scheme, allowing students to benefit, with no upfront costs, from consultations with a private psychologist who is accredited by a university and meets defined selection criteria (up to 12 consultations at a rate of €50). This support is accessible via the platform https://santepsy.etudiant.gouv.fr/.

The Smoke-free Campus site, launched by the French School of Public Health (EHESP), was trialled over three academic years, from 2018 to 2021, in order to prohibit smoking and vaping on campus, both indoors and outdoors (Gallopel-Morvan *et al.* 2022). It was funded by the INCa as part of the National Tobacco Control Programme (PNLT). This scheme relies on free smoking cessation services offered to students and staff on campus on a weekly basis, and free sophrology workshops to help manage the stress associated with smoking cessation. In support of these measures, smoking shelters are located on the outskirts of the campus. A marketing campaign was also deployed, centred around dedicated signage promoting the principle of the Smoke-free Campus (boards, posters, flyers, screens), and regular internal communication and events organised during key moments such as the new academic year, No Tobacco Month, and the WHO's World No Tobacco Day. The dedicated website provides recommendations for rolling out a smoke-free campus in four stages (Think/Prepare/Deploy/Sustain): https://campus-sans-tabac.ehesp.fr/. Since 2024 onward, the project was transferred to a small number of voluntary higher education institutions.

The Tobacco-Free Health Care Training School (ESST) project is part of this effort. This research action carried out by RESPADD, with the collaboration of the Paris Hospitals Administration (AP-HP) and the financial support of the ARS Ile-de-France, aims to: promote smoke-free environments in health schools and protect non-smokers, train future health professionals in smoking prevention and brief motivational intervention in tobacco treatment, prevent or contribute to the cessation of smoking by students and professionals in the participating schools. Deployed in 9 AP-HP health schools over 3 years, this experiment

should make it possible to validate a transferable action methodology, supported by a guide, which contributes to the exemplary nature of tomorrow's professionals. To carry out this research action, RESPADD provides support to the health schools involved by offering them follow-up, communication tools, training and concrete actions. Regular conferences are organised for the SSE in order to promote the exchange of practices for the prevention of addictive behaviours.

Workplace environment

Following on from the 2018-2022 National Plan for Mobilisation against Addictions (MILDECA 2018), the 2023-2027 Interministerial Strategy for Mobilisation against Addictive Behaviours makes the fight against addictive behaviour a priority of occupational health. The 2021-2015 Occupational Health Plan puts this issue at the top of the agenda (Ministère du Travail de l'Emploi et de l'Insertion 2021).These frames of reference establish the predominance of prevention and health promotion over disciplinary action, for job retention. A collective rather than individual approach should be sought in connection with working conditions and organisation within the overall framework of quality of life at work and social responsibility (MILDECA 2018). The first objective aims to improve the knowledge and skills of those involved in the world of work in the field of addiction, in particular human resources managers, staff representatives and occupational health services.
In order to accompany the implementation and to lift the taboo around addictions in the workplace, a scheme entitled "Entreprises et Services Publics s'Engagent Résolument" [Businesses and Public Services Are Strongly Committed] (ESPER) was created by MILDECA and officially launched in October 2021. The scheme is based on a number of elements:

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

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

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

Several tools and studies have been developed to support employers in the deployment of comprehensive, non-stigmatising prevention, which offers adequate support to workers who are vulnerable or in difficulty with their consumption of psychoactive substances. Thus the report of the CSR (Corporate Social Responsibility) platform of "France Stratégie" (Uzan *et al.* 2019) or the results of the national epidemiological cohort Constances (MILDECA 2021c, b) (see T1.2.2.2 in the 2022 Workbook) provide useful epidemiological information for these players in the workplace environment. The National Research and Safety Institute for the Prevention of Occupational Accidents and Diseases (INRS) published a brochure in January 2023 aimed at those involved in prevention in the workplace, harnessing elements of understanding on the mechanisms of addictive practices, their impact and relevant prevention approaches in the workplace (INRS 2023). Lastly, the Addictaide online platform and the 'Employers for Health'

platform developed by the Santé publique France agency are other useful tools for rolling out addiction prevention in the workplace (see T.1.2.2 in the 2022 Workbook)

As part of an experiment conducted in 2020-2021, the MILDECA, the National Agency for the Improvement of Working Conditions (Anact) and the Association "Addictions France, in partnership with the Central Agricultural Mutual Insurance Fund and the VYV group (a mutual insurance and social protection company) have produced 3 practical sheets and 2 testimony videos on the stages involved in implementing an addictive behaviour prevention strategy adapted to the workplace. These downloadable sheets cover three key stages: How to draw up a diagnosis? Who are the actors that should be mobilised within a company? How to work in project mode?

Urban setting

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

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

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

Young people within welfare institutions

The 2023-2027 Interministerial Strategy for Mobilisation against Addictive Behaviours supports the French National Authority for Health in fostering the sustainable development and integration of the prevention of addictive behaviours and harm reduction within social and medico-social establishments (ESSM) involved in the fields of Child Protection, loss of independence (the elderly), social inclusion, and disabilities (HAS 2022; MILDECA 2023).

With this in mind, a call for expression of interest (CEI) - “The prevention of addictive behaviours in child protection establishments and services” - was organised in autumn 2023, led by the Fund for Combating Addiction and the General Directorate for Social Policy (DGCS). The six projects selected to be funded addressed measures to prevent addictive behaviours, for the benefit of young people receiving treatment, the professionals treating them, and their families. Financial support for these projects from the Fund for Combating Addiction stands at €5 763 384 in total.

In addition, the Fund for Combating Addiction has supported over 30 regional councils, via contracts signed locally with primary health insurance funds, so that Maternal and Child Protection (PMI) departmental services and Child Welfare Services (ASE) can develop actions to prevent addictive behaviours.

For the child protection and judicial youth protection (PJJ), initiatives for the prevention of addictive behaviour are aligned with the “PJJ promoting health” national guidelines for 2023–2027. As part of this framework, the “Addiction Prevention and Health Promotion” (PAPS) programme has been piloted in various PJJ establishments, based on five intervention strategies: supporting family involvement, developing intersectoral partnerships, promoting youth participation, taking gender issues into account, and improving training provision (Le Grand *et al.* 2023).

As part of the national strategy for the development of psychosocial skills, the Judicial Youth Protection Directorate (DPJJ) has published a concise guide for professionals in the field. This guide outlines the scope

of psychosocial skills, provides key reference points for incorporating them into educational support, and describes partnerships and resources that can help foster the development of psychosocial skills among minors and young people supported by the PJJ (DPJJ 2024).

The National Federation for Education and Health Promotion (FNES) and Judicial Youth Protection Directorate (DPJJ) developed together a national intervention framework based on regional experiences in the prevention of addictive behaviour.
In the Île-de-France and Guadeloupe (Overseas) regions, with the support of MILDECA, the *Fédération Addiction* provides early intervention training for professionals working in daytime educational facilities or voluntary collective placement units within the PJJ (Judicial Youth Protection Service). The experiment is based on eight pairs of local PJJ and CJC structures in the departments of Guadeloupe, Seine-Saint-Denis, Seine-et-Marne and Essonne, for the cultural integration and implementation of individual and collective actions. The project will result in a methodological guide for spin-offs.
At the initiative of PJJ's Grand-Ouest Inter-Regional Department, the "Tobacco, alcohol, cannabis" (TAC) system was tested at two PJJ sites in Brittany (UEHC in Lorient, UEMO in St-Malo), in order to better integrate the development of psychosocial skills in the overall care of minors and to include it within the framework of the establishment/service project (CAPS 2021) This programme was co-developed by the prevention association *Liberté Couleurs* and professional staff from the PJJ. Its experimentation in Brittany made it possible to develop an implementation kit in 2019. Its four steps are based on co-implementation by a mixed trio comprising two PJJ professionals and a person working in prevention. Thus, two individual interventions are organised by the young person's referent educator at the beginning (step 1) and at the end of the programme (step 4) for the self-assessment of consumption. These are combined with two collective activities jointly led by a prevention professional and a TAC referent from the PJJ and seek to question the social representations of young people (normative approach, step 2) and then to promote the ability to make choices and attain empowerment (step 3). Since October 2022, the National School of the PJJ has been offering training in the implementation of this tool and the activity (in two 2-day sessions, spaced 6 months apart, for implementation in-between.

Party and community settings

The organisation of public events and party gatherings is subjected to prefectoral authorisation, in order to ensure crime prevention and public safety in urban and rural areas. In 2026, the MILDECA and the Association of Mayors of France (AMF) republished the practical guide "Le maire face aux conduites addictives" [The mayor's guide to addictive behaviours] to support elected representatives in implementing a prevention policy in their local territories and maintaining public peace and safety. The 2026 publication covers the latest legislative and regulatory developments and provides updates on current topics: the prevention of minors' involvement in trafficking, the misuse of nitrous oxide, GHB/GBL, MDMA, cocaine, and gambling (MILDECA and Association des Maires de France 2026). The guide provides tools on several key issues that are useful for developing action plans tailored to each municipality.

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

- The Fêtez clairs scheme in Paris and its region: https://fetez-clairs.org/;
- The Noxambules scheme in Angers;
- Festiv'attitude in Bordeaux;
- The Happy Kit, a free and customisable prevention kit for private parties in Rennes, offered by the 4bis association: https://www.le4bis-ij.com/action/happy-kit/.

The associations within the "**Analyse ton prod'**" network [check what's in your product] offer anonymous and free drug analysis services, alongside other harm reduction services. Created in 2021, the national

network is led by Fédération Addiction, coordinated by an elected steering committee involving member associations and drug analysis user representatives. This network relies on a national laboratory, led by the Île-de-France Analyse ton prod' association, and is a partner of the OFDT as part of the SINTES scheme.

The "https://knowdrugs.app/fr/) has been translated from English into French by the Ithaque association (Strasbourg), a member of the "Analyse ton prod'" network. This French version enables alerts from various French harm reduction sites to be collated (Saferparty.ch, CheckIt!, Safer Dance Basel, Drugslab, Contact, rave it safe, etc.), to easily locate the results of analyses, be alerted of risky dosages via warnings, receive harm reduction advice (how to react in emergency situations), and access information on around 200 psychoactive substances (level of danger, doses, effects, and possible interactions), and on the support facilities available. A case-control study was conducted in 2023, with 2 074 respondents, among which 369 of the 1 250 users, and 580 of the 824 individuals in the control group were French. An evaluation of this application has shown that "Know drugs" users adopted more harm reduction measures associated with the use of ecstasy, had acquired personal knowledge on substances (health, harm reduction behaviours, etc.), and felt more prepared to react in the event of a psychoactive substance-related emergency (Association Ithaque 2023). The application has won the support of both users and addiction professionals.

Guidelines have been drawn up under the aegis of MILDECA and the Ministry of Sport and Youth in collaboration with the services of "urban policy" and health, SpF (the national Public Health Agency) and the Road Safety Delegation, to set up an appropriate risk prevention and reduction scheme during major sports and cultural events (MILDECA *et al.* 2016). These recommendations outline a list of resource organisations (municipal and local services, police, sport actors, competition organisers, associations, etc.) and action models, such as prevention zones with information stands and the distribution of harm reduction materials and mobile prevention teams for outreach work.

Moreover, a mediation guide for party gatherings organised by young people was republished in 2021, led by the Directorate of youth, popular education, and community life (DJEPVA), in collaboration with MILDECA, the Ministries of Youth, the Interior, Justice, Health, and Culture, along with the *Association des maires de France* [French Mayors' Association], and the "Freeform" association, a resource and means of support for the organisers of party gatherings (Ministère de l'Éducation nationale, de la Jeunesse et des Sports *et al.* 2021). The guide presents the fundamentals of risk prevention and regulations to consider when organising party gatherings for young people, and addresses the various actors likely to be involved, including mediators.

Priority security zones and deprived neighbourhoods

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

In 2020, MILDECA launched the project 'Limiting the Involvement of Minors in Drug Trafficking', known as LIMIT'S, in the urban areas of Loos, Lille (North, Belgian border) and, until 2022, Sarcelles (Val d'Oise, Paris region), in order to prevent the participation of young people in drug trafficking and help the "worker bees" to leave the networks. Led by the mayor, with the support of the Prefects, the project proposes alternatives to educational and occupational, or even cultural and sporting, integration to deter young people from drug trafficking. It also involves training territorial actors who work with young people, and their families, on psychosocial skills development among young people. The prevention and training measures deployed differ according to the city. The experimentation from 2020 to 2022 resulted in a set of 6 short videos, and an educational kit for professionals and volunteers working in the fields of prevention, sociocultural activities or socio-professional integration with young people, to implement

actions to raise awareness of the risks (MILDECA *et al.* 2024). In 2024 and 2025, 30 local authorities implemented the LIMITS project in their areas, with a total budget of €6 million.

Individuals referred by the justice system

The 2023-2027 Interministerial Strategy for Mobilisation Against Addictive Behaviours (SIMCA) (MILDECA 2023) calls for the implementation of responses on prevention, harm reduction, and care surrounding addictive behaviours (substance and behavioural); responses which are tailored to the specificities and constraints of prison settings. The objectives of the health for imprisoned people 2024-2028 roadmap include decisively improving prevention and health promotion, for the period that imprisoned people remain in the judicial system (cf. Prison Workbook). Strengthening the strategy for the prevention and treatment of addictive behaviours among minors and young adults under judicial youth protection (PJJ) is also a priority axis.

At-risk families

The 2023-2027 Interministerial Strategy for Mobilisation against Addictive Behaviours plans to reinforce the key role of the family sphere in the strengthening of protective factors and, to this end, develop parental skills. This is particularly true of the 'Programme de soutien aux familles et aux parents' (PSFP), the French adaptation of the Strengthening Families Program-SFP (see details in section T.1.2.3 of the 2017 'Prevention' workbook). In addition, tailored support must be offered to families under judicial youth protection (PJJ) and the Child Welfare Service (ASE).
The Interministerial Strategy for Mobilisation against Addictive Behaviours (SIMCA) encourages the more in-depth training of actors, who have been entrusted with caring for victims of **domestic or family violence**, on the issue of addictions. It orders the development of actions for the prevention and treatment of addictive behaviours, tailored towards these victims, which take into account psychological trauma. These demands also concern child victims and witnesses of this violence. SIMCA stressed the need to denounce certain positive and tolerant representations of alcohol use. Ultimately, treating addiction problems among perpetrators of family violence is pivotal for limiting the risks of recurrence.

Persons with disabilities

The 2023-2027 Interministerial Strategy for Mobilisation against Addictive Behaviours supports the integration of the prevention of addictive behaviours in projects within social and medico-social establishments and services (ESSMS), which are involved in the fields of Child Protection, disabilities, loss of independence (the elderly), and social inclusion. Thus, the Fund for Combatting Addiction (FLCA) supports a number of projects set up by associations for people with disabilities. Among the approaches explored are: the combination of educational methods, early detection and brief intervention with populations with intellectual disabilities (e.g.: the Adictei programme for people with disabilities); the development of tools and methods for the development of psychosocial skills in medico-social establishments and services for people with disabilities (e.g.: TABACAP: Tobacco prevention for people with disabilities); adaptation of GBG to children with disabilities.

By way of example, the Adictei programme is intended for medico-social facilities working with people with special needs. It has resulted in a website on the tools and the deployment method is now available: https://adictei.fr/.

Low-income or homeless people

The "Travail alternatif payé à la journée" (Alternative Work Paid by the Day) TAPAJ is a personalised support for the professional remobilisation of young people who have no resources, are homeless or live in urban policy areas and suffer from addictions. Due to its transversal nature with multiple social, health, crime prevention and public space management issues, TAPAJ has been promoted by various policy frameworks (DIPLP 2018; MILDECA 2021a) and prevention support funds (FIPD- Interministerial Fund for Crime Prevention, FLCA- Fund for Combatting Addiction). An evaluation of processes conducted in 2023

highlighted the TAPAJ programme's ability to build and strengthen the bridges between the social, medico-social, inclusion, and employment spheres, to move young people from their field of work towards support in care and accessing rights (Pluricité 2024). This decompartmentalisation of facilities relies on the building of new partnerships. The programme forms part of the Solidarity Pact (2024–2027), a national plan aimed at preventing and tackling poverty by strengthening support for the most vulnerable people and mobilising civil society and local authorities.

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

Considerable efforts have also been made to develop early intervention in the community in the field of indicated prevention since 2004, through Youth Addiction Outpatient Services (CJC) (See the 'Treatmen't workbook).

Young drug users

Some 550 Youth Addiction Outpatient Services (CJCs) are spread across France to support young people in difficulty with their psychoactive substance use and their parents (see T1.2.2 and T1.4.5 of the 2020 'Treatment' workbook). The indicated prevention interventions are the result of local initiatives in this respect or of the reception of young people (specialised youth homes).
In addition to this CJC mission, which is mainly carried out by addictology services, local prevention initiatives are also emerging in the regions.

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

T1.2.5 Warning campaigns

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

Two media campaigns incorporating social marketing approaches are carried out annually in France: the "Tobacco-Free Month" operation in November (since 2016) under the aegis of the Santé Publique France agency and the " January Challenge " (#LeDéfiDeJanvier), the French version of *Dry January*, organised since 2020 by a group of around thirty non-profit associations and national networks. In addition to these annual campaigns, more occasional communication measures may be rolled out at national level. The list of national media campaigns addressing legal or illegal drugs and broadcast in 2025 is shown below. *Santé Publique France* launched a promotion campaign for the new Alcohol Info Service website from 16 June to 17 August 2025.

Tobacco

- In February 2025, *Santé Publique France* launched a new smoking cessation campaign, highlighting attempts to quit, even unsuccessful ones, as stepping stones towards quitting for good. The tagline of this campaign, entitled "The Attempts", is: "*The more you try to quit smoking, the more likely you are to succeed*". In addition to the main TV advert, which draws an analogy between quitting smoking and learning new skills in everyday life (learning to surf, learning to work as a waiter), the campaign also includes posters and social media visuals, as well as two 30-second adverts broadcast during "Koh-Lanta" (a popular French television programme), featuring a former contestant and the programme's long-standing presenter.

- In May 2025, during the Cannes Film Festival, Alliance Against Tobacco (ACT) launched the "Le Festival où tu canes" campaign, denouncing tobacco product placement in films, series and videos. The campaign consists of a series of posters designed to mimic film posters.
- From November 2025, Alliance Against Tobacco became "Contre-Feu" and launched a video campaign targeting the tobacco industry, focusing in particular on the industry's marketing of new products presented as "reduced-risk products" or even "public health alternatives."

Illicit drugs

- In February 2025, the Ministry of the Interior launched a month-long "shock campaign", as described by the ministry itself, entitled "*Le Prix de la Drogue*" (The Price of Drugs). The stated aim is to make users feel guilty rather than simply raise awareness, with the tagline: "*Every day, people pay the price for the drugs you buy*." This 30-second video was criticised by associations in the field of addiction medicine for playing on fear, using violent imagery (children's toys engulfed in flames, a revolver and the outline of a body traced in chalk) and without providing information about support services for drug users. It cost €2 000 000.
- In June 2025, *Santé Publique France* relaunched its cannabis use prevention campaign, "Histoires de Joints" (Stories about Joints), which was broadcast from 10 June 2025 onwards, with the aim of helping to denormalise cannabis use and providing users with information about the health risks associated with its use. The media campaign includes illustrated testimonial videos, as well as Question & Answers videos. These videos are also available in French Sign Language (LSF), upon request.

T1.2.6 Advocacy campaigns

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

- The "Tobacco-free Month" social marketing operation was also built on an advocacy strategy organised by *Santé publique France* with partners at the national level and especially at the regional level in order to amplify the effectiveness of the campaign, in particular with regard to the fight against social inequalities in health linked to smoking (Davies *et al.* 2019). In addition to the usual national actors - State services, orders and professional federations of health or tobacco control - the agency has worked to rally actors in the field of poverty or professional integration who are likely to target the campaign at the most disadvantaged smokers via the communication channels of their national networks.

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

T1.3 Quality assurance of prevention interventions

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

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

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

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

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

Professionals wishing to implement prevention actions can use tools developed and made available at national level, via digital platforms:

- An e-learning platform on addictive behaviour has been developed by the School of Public Health (EHESP) and is accessible to anyone wishing to develop their knowledge and skills in this area: log in to the Addictive Behaviours website. This e-learning module is intended to help better identify not only the mechanisms at play and the extent of addictive behaviours in France, but also the stakeholders, resources and public policies in place, along with the barriers and levers for effective mobilisation against addiction of different kinds.
- The tools developed in the framework of the national study and spin-off support schemes for the Unplugged and GBG programs (see T1.2.2 of the 2020 'Prevention' workbook) are available or accessible on request for those wishing to implement these programs. A support platform has been set up by the Fédération Addiction association.
- The "Appreciation for the Selection of Prevention Programmes Issued from the Review of EDPQS" (ASPIRE) checklist, adapted from the European Prevention Standards, is also public and freely available.
- In 2018, *Santé publique France* published an online registry of effective or promising interventions in prevention and health promotion (ReperPrev), which includes descriptions of 21 programmes for the prevention of addictive behaviours (alcohol, tobacco, illicit drugs) and 7 programmes for the development of psychosocial skills, which have been evaluated in France or abroad or are being adapted in France (Santé publique France 2025). This registry should gradually be populated with national or local programs, with reliability indicators, to provide key design and implementation elements for those wishing to set up such programs.
- In August 2022, the CAPS portal, Capitalisation of experiences in health promotion, coordinated by Federation Promoting Health (previously known as the National Federation for Education and Health Promotion or FNES) and the French Society of Public Health (SFSP) was launched (https://www.capitalisationsante.fr/). This generalist tool is a national mechanism for sharing knowledge in public health. It is part of the national InSPIRe-ID initiative (Public Health Initiative for the Interaction between Research, Intervention and Decision-Making), coordinated by the National health directorate. Using a simplified search engine, the portal offers summary sheets on various prevention programmes that have been the subject of at least one process evaluation.
- Regional Health Promotion Bodies provides digital web tools to support quality assurance in prevention, including in the field of addiction, such as:
  - 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/).

- In addition, Mildeca has supported the production of an "addictions" kit by the College of General Medicine, to equip general practitioners in preventing and systematically identifying their patients' addictions: https://www.drogues.gouv.fr/un-kit-addictions-pedagogique-pour-faciliter-la-prise-en-charge-des-patients

How and to what degree are available national or EU prevention standards applied, if applicable?
There are quality assurance tools and guidelines for prevention, but their dissemination and degree of implementation has not been evaluated.

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

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

Which of the other industries are statutory part of these meetings (e.g. tobacco, gambling, gaming, cannabis lobby, etc.)?
/

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

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

What training background do prevention workers typically have (psychology, social work, sociology, etc.)?
Those working in the field of addiction prevention are mainly health professionals (psychologists, nurses, doctors, etc.) or social workers (educators, etc.) from NGOs. For a long time, specially trained law enforcement agents (police officers or anti-drug trainers, respectively 277 PFAD and 550 FRAD) have been called upon by schools to intervene with students (see T.1.2.2).

T2. Trends

The purpose of this section is to provide a commentary on the context and possible explanations of trends in prevention within your country.
Please structure your answers around the following questions.

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

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

T3. New developments

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

Please structure your answers around the following questions.

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

New developments included in this workbook are highlighted in yellow throughout the document.

T4. Additional information

The purpose of this section is to provide additional information important to prevention in your country that has not been provided elsewhere.
Please structure your answers around the following questions.

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

The objectives of the National Strategy on Neurodevelopmental Disorders 2023-2027 include the development of training on attention deficit disorder with or without hyperactivity (ADHD) within specialised drug treatment centres (CSAPA) (Délégation interministérielle à la stratégie nationale pour les troubles du neurodéveloppement 2023).

The Strategic Orientation Council (COS) of the FLCA is responsible for specifying, for each orientation, the relevant evaluation methods and the geographical scope of application. In addition to an annual evaluation of the fund's actions based on annual reviews at national and regional levels, cross-cutting evaluations are commissioned on schemes or specific actions identified as priorities or on cross-cutting issues of the FLCA. These evaluations are carried out by external evaluators selected through calls for tender. In 2024, the available evaluation reports cover:

- the Tobacco-Free Month campaign (Assurance maladie 2022a) ;
- peer-led prevention (Assurance maladie 2022b) ;
- smoke-free areas (Pluricité and Sedetiam Conseil 2023) ;
- the projects to equip professionals (Assurance maladie 2024).

In France, the French Gambling Authority (ANJ) is an independent administrative authority whose mission is to prevent excessive gambling and protect minors from **gambling practices**, ensure the integrity of gambling operations, and prevent fraudulent activities, ensuring a balance between types of games. La loi French law regulates the content of commercial communications in favour of gambling, prohibiting any association between gambling and social success, solving personal difficulties, an alternative to paid work and unfounded chances of winning. It is prohibited to depict a minor or the world of minors or to suggest that gambling might be a natural pastime for minors.

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

There are 31 youth recreation centres (CLJ) in France: 27 managed by the Public Security Directorate (DCSP) distributed in France and 5 by the Directorate of Local Security of the Greater Paris area in Paris and its inner suburbs. Among these centres, 22 are open all year round and 5 during the summer, as part of the Prevention-Summer Operations (OPE) of the "Ville-Vie-Vacances" (City-Life-Holidays) scheme

(Ministère de l'Intérieur et des Outre-Mer 2022). These recreation centres welcome "tearaway" teenagers (10 to 17 years old). The young people welcomed are supervised by specially trained police officers who offer them various fun activities accessible under the guise of participating in educational workshops. These workshops provide an arena for discussing drugs and various other subjects (e.g. urban rodeos, theft, renovation of buildings, introduction to first aid, etc.). Since the objective is educational as well as promotional – it is also a question of improving the image of the police in the eyes of these teenagers and their relatives – the police officers establish contact with the families before each registration, in order to build a kind of "tripartite CLJ-child-parent relationship".

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

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

T5. Sources and methodology

The purpose of this section is to collect sources and bibliography for the information provided above, including brief descriptions of studies and their methodology where appropriate.
Please structure your answers around the following questions.

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

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

Websites
Websites visited on 11/05/2026

https://adictei.fr/
https://www.contre-feu.org/campagnes/libre/
https://www.bib-bop.org/
https://www.cmg.fr/addictions-et-medecine-generale/
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https://www.cartablecps.org/page-0-0-0.html
https://www.cpas1option.com/le-guide/
https://campus-sans-tabac.ehesp.fr/
https://formation.conduites-addictives.ehesp.fr/login/index.php
https://knowdrugs.app/
https://mois-sans-tabac.tabac-info-service.fr
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https://reperprev.santepubliquefrance.fr/exl-php/accueil?CMD=CHERCHE&query=1
https://www.santepubliquefrance.fr/a-propos/services/service-sanitaire

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https://www.whatsupdoc-lemag.fr/video/la-consult-spin-de-jean-michel-delile-SPF21

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