Treatment workbook

2026

France

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T0. Summary

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

- National profile
- Trends
- New developments

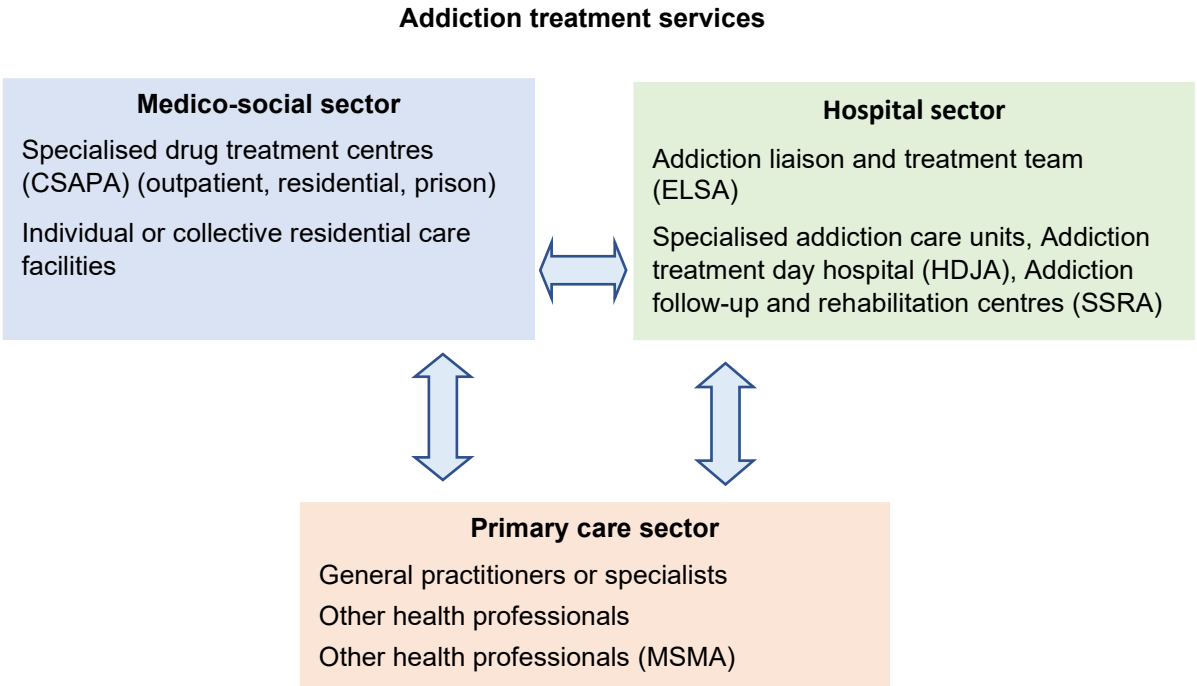
Please include here a brief description of:

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

National profile

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

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



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

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

As for treatment methods, the majority of specialised drug treatment centres (CSAPA) employ psychologists and trained educators, who can offer therapies using a variety of approaches, all centred around the psycho-social dimension of addictions. The prescription of opioid agonist treatment (OAT) is also one of the core missions of CSAPA. In facilities with accommodation, generally, OAT and consultations with a psychologist are rather widely available in France, in addiction to hospital services, residential treatment centres, therapeutic communities, and residential therapeutic apartments. In 2023, 66 543 people visiting CSAPA began treatment during the year, almost all visiting CSAPA on an outpatient basis. In total, 18 700 patients were provided with opioid agonist treatment (methadone or buprenorphine) in CSAPA in 2022.

In France, any doctor can prescribe opioid agonist treatment (OAT), whether they practise in a CSAPA, a local surgery, or a hospital. The majority of OAT are prescribed within non-hospital practice and dispensed in local pharmacies. According to the latest data from 2025, 149 545 people received an opioid substitution medication delivery in non-hospital practice.

The total number of patients receiving an OAT in 2024 was estimated at 171 000, including the number of recipients of OAT reimbursements in non-hospital practice, prison inmates receiving an opioid substitution medication delivery, and people receiving an opioid substitution medication delivery in CSAPA.

Trends

The number of new clients in treatment demand in 2023 (66 500) increased slightly compared with 2022 (63 700). These new clients primarily sought treatment for their use of cannabis (52%), opioids (24%), and cocaine (powder cocaine and/or free base cocaine). Furthermore, the proportion of new clients receiving treatment for cocaine use has been rising for several years (12% in 2021, 14% in 2022, 16% in 2023).

The number of people receiving opioid substitution treatment (OAT) in primary care settings appears to be slightly lower than in previous years. Buprenorphine alone remained the most common treatment (51.8% in 2025) but its share has been declining for several years, while methadone has been rising (47.2% in 2025 vs 46.6% in 2024). The sex ratio remained stable, with 75.7% men in 2025. The average age of beneficiaries was 46.2 years and has been rising gradually, reflecting the ageing of OAT recipients (+9.4 years since 2011 [check]).

Prescriptions and dispensings of prolonged-release buprenorphine in France have risen steadily. In 2024, 186 treatment facilities prescribed it (Buvidal®) to nearly 1 000 patients, for almost 10 000 prescriptions (vs 7 500 in 2023), a marked increase since 2021.

In prisons, methadone continued to rise and accounted for 58.2% of OAT prescriptions in 2024.

The number of patients receiving methadone at CSAPAs fell between 2019 and 2022.

T1. National profile

T1.1. Policies and coordination

The purpose of this section is to

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

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

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

Adopted in March 2023, the new Interministerial Strategy for Mobilisation against Addictive Behaviours (SIMCA) (MILDECA 2023) highlights the need to offer suitable, high-quality treatment, which is accessible to all. In particular, the aim is to be able to identify every drug user and refer him to appropriate professionals, irrespective of their initial point of entry into the health and social system. To this end, current policy impetus on treatment is geared towards better coordination between primary care professionals and the specialised health and medico-social sectors.

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

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

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

Governance and coordination of the implementation of addiction treatments

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

It is within the context of their regional health programmes (PRS) that ARS organise and implement national health priorities and health supply trends, at regional and local level (see T.1.1.5 of the 2025 Drug Policy workbook).

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

Funding is allocated by the Ministry of Health to the Regional Health Agencies (ARS) (see T1.4.1 of the 2025 Drug Policy Workbook) in accordance with the intended uses and amounts approved in the Health Insurance Financing Act.

Credits are allocated by the Ministry of Health to ARS (see T1.4.1 of the 2025 Drug Policy workbook), in accordance with the intended purposes and amounts agreed in the Social Security funding act. In addition, the Regional intervention fund (FIR) contributes to the deployment of priority national action in the region, as well as the delivery of Regional Smoking Reduction Programmes. It is also as part of the FIR that addiction liaison teams and specialised hospital consultations are funded in the regions. Moreover, MILDECA directly contributes to promoting concrete actions at territorial level, via the credits allocated to prefecture project managers, often pooled with other available means in the region, in partnership with ARS.

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

T1.2. Organisation and provision of drug treatment

The purpose of this section is to

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

Outpatient network

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

Outpatient drug treatment system

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

The specialised socio-medical scheme

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

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

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

Primary care settings

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

MSMAs have been developing in France for over 25 years. An MSMA consists of a multidisciplinary primary care team that includes at least a psychologist and a social worker working with a general practitioner in their practice. The microstructures are organised in a regional network in association with specialised addiction treatment facilities. MSMA dovetail with a medico-social facility specialised in addiction treatment, particularly CSAPA and/or CAARUD. A national coordination body for microstructure networks was established in 2006. Complete care provided in microstructures contributes to patients' acceptance of treatment and the continuity of their care (Duprat 2024). In 2024, 143 medical addiction treatment centres, grouped into 21 networks, were registered. In total, these structures employed 550 professionals (403 general practitioners, 73 social workers and 74 psychologists (CMG 2024).

Hospital settings

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

Outpatient drug treatment system – Client utilisation

Only people admitted to a CSAPA are covered by data collection under the European protocol for registering treatment requests. Under the European definition, 66 543 people began treatment in 2023, almost all in outpatient CSAPAs.

In 2023, outpatient CSAPAs saw 134 000 people for illicit substance use. In 2022, 193 CSAPAs operated in prisons, 10 of them exclusively. They followed 22 000 detainees, 9 700 of whom were treated for use of an illicit substance or psychoactive medication; these 9 700 are partly included in the 134 000 outpatient total.

In 2025, 149 545 people were dispensed OAT in primary care (OFDT analysis of reimbursement data from the French National Health Data System, SNDS). General practitioners are the main prescribers. In the DREES survey conducted from December 2019 to March 2020 (David et al., 2021), 66% of GPs reported having initiated or renewed an OAT prescription [specify period].

Patients treated in medical addiction microstructures (MSMA) do not meet the European definition, since they may be seen for alcohol, tobacco or illicit drugs. Nevertheless, 6 161 patients were followed in 143 MSMAs in 2024. Half (50%) were women.

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

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

In 2024, observations from the OFDT's TREND (*Tendances récentes et nouvelles drogues*) monitoring system confirmed the findings of 2023 (Feng 2025): demand for support and treatment persisted but was held back by difficulties in accessing OAT, particularly in rural or remote areas where health facilities and physicians are scarce, resulting in long waiting times to start treatment and limited follow-up in primary care. Conventional methadone initiation protocols often impose requirements that can restrict access for people in precarious circumstances or who do not wish to stop using heroin immediately. The concept of facilitated access to methadone (Le Ferrand 2007) aims to provide a protocol tailored to these people and belongs to a harm reduction approach. However, such schemes remain scarce and are concentrated mainly in a handful of large conurbations. According to TREND observers, this difficulty in accessing treatment contributes to the persistence of a marginal street market, associated with the resale and non-therapeutic use of medications such as Subutex® and methadone.

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

	Total number of units	**National Definition** (Type of centre)	**Total number of clients***	**National Definition** (Characteristics)
Specialised drug treatment centres (CSAPA)	453 (2025)	Number of outpatient CSAPAs in France in 2025. (See above section T1.2.1 about the specialised socio-medical scheme)	137 000	Active file of illicit drug users or misusers of psychotropic medicines having been seen at least once during the year during a face-to-face or remote interview by a care professional employed in a CSAPA within the framework of structured treatment.
General health care (ex. general practitioners)	37309 (2025)	Number of GPs who prescribed at least one OAT that was reimbursed in the Assurance Maladie database in 2025.	149 545 (2025)	Individuals having benefited from reimbursement further to prescription of an opioid substitution treatment by a general practitioner.
General mental health care	No data		No data	
Prison: Prison Health Units (USMP in French)	120 (2024)	USMPs reporting having issued at least one OAT, out of the 140 USMPs where data were available.	12 000 (2024)	Estimated number of people treated in a USMP during the year for an OAT.
Medical addiction microstructures (MSMA)	143 (2024)	Number of microstructures recorded in 2024 in France. (See above section T1.2.1 about the specialised socio-medical scheme)	6 200	These patients are being treated for alcohol, tobacco or illicit drug use. The breakdown of patients by each category of substance is not available.

Source: Standard table 24.
* Includes patients already in treatment last year

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

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

In 2022, a third of outpatient CSAPA were managed by public hospitals or public health facilities and around two thirds by non-profit organisations. CAARUD are managed by associations. Primary care general practitioners mainly work in private practices.

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

	Public / Government	Non-government (not for profit)	Non- government (for profit - Private)	Other	Total
Specialised drug treatment centres (outpatient CSAPAs)	40%	60%			100%
Low-threshold agencies (CAARUD)		100%			100%
General primary health care (e.g. GPs)			100%		100%
General mental health care					100%
Other outpatient units					

Source: OFDT analysis of the 2022 activity reports from CSAPAs and CAARUDs

Inpatient network

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

Inpatient drug treatment system

Residential care in CSAPAs

The CSAPA's residential treatment offer includes:

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

(See table III for the description of the structures)

Inpatient care in hospitals

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

Inpatient drug treatment system

According to the register of residential addiction treatment facilities published by Fédération Addiction (Fédération addiction 2024a), residential drug treatment (CTR in French) have 411 availabilities in total, while therapeutic communities have 380 slots. There are 27 availabilities in emergency accommodation (*centres d'accueil d'urgence et de transition*), and 402 availabilities in Follow-up Therapeutic Apartment Housing (ATR). The various foster care networks have a total of 72 volunteer families, providing 34 places in 2024. However, the duration of the stay depends on the people and the exact number of people accommodating within these facilities is not available.

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

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

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

Table III. Network of inpatient treatment facilities (total number of units and clients) (Fédération addiction 2024a)

	Total number of units	**National Definition** (Types of centre)	**Total number of clients**	**National Definition** (Characteristic)
Full hospitalisation	n.a		n.a	
Residential drug treatment (CTR)	35 (2024)	CTRs offer all the services of a CSAPA in the framework of a collective accommodation. It is aimed at individuals, including those on OAT, who need a structured framework together with temporary distancing, a break from their usual environment. It offers socialisation (activities and community life) and socioprofessional reintegration. The duration of the initial stay is often several weeks but may also vary and last up to one year.	n.a	Individuals housed in residential treatment centres
Therapeutic communities (TC)	11 (2024)	TCs are long-stay residential centres offering accommodation for 1 year, which can be extended up to 2 years. CT may also deal with therapeutic care. They target users dependent on one or more psychoactive substances, aiming for a goal of abstinence, with the specific feature of placing the group at the heart of the therapeutic and social integration project. The therapeutic programme is based on community living with peer groups of residents.	n.a	Individuals housed in experimental therapeutic communities
Follow-up therapeutic apartment housing (ATR)	402 (2024)	ATR are designed for adults who are addicted to psychoactive substances, particularly those who are receiving treatment (OAT, HCV, HBV). In need of support on harm reduction, these patients may face relationship problems and negative group experiences, or continue their social integration after a stay in TC/CTR. They are able to live alone and manage their daily lives.	n.a	Individuals housed in follow-up therapeutic apartment

	Total number of units	National Definition (Types of centre)	Total number of clients	National Definition (Characteristic)
Emergency and transitional shelters	3 (2024)	They offer a short stay (less than 3 months) with medical, psychological and educational treatment aimed at setting up an integration or healthcare project. They meet the needs of emergency accommodation for homeless drug users or transitional accommodation. They allow for a break from the usual environment and stabilise the treatment process and/or transition period (initiation of an OAT, waiting for withdrawal, release from prison, etc.) that is favorable to the initiation of a treatment process. These shelters therefore bridge the gap between the prison environment and a tailor-made treatment offer.	n.a	Individuals housed in emergency or transitional accommodation
Hotel nights	n.a	Some CSAPAs offer emergency accommodation in hotels. Intended for short- and medium-term stays, this scheme provides medical, psychological and social-educational support aimed at developing a treatment or social reintegration plan. Depending on their means, residents may be asked to contribute towards accommodation costs.	n.a	
Family foster care networks	6 (2024)	This is a therapeutic host family scheme: a person is placed with a volunteer family selected by a CSAPA on the basis of several criteria, including motivation and financial and material feasibility. The aim is for the person to regain an identity free of stigma, re-establish an ordinary pace of life and rebuild social ties in a welcoming, secure setting. The families are organised into networks (six networks of five families in France [year]), and the CSAPA follows up the placements and coordinates the network. Length of stay varies, averaging four months	n.a	

n.a.: not available

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

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

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

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

	Public / Government	Non-government (not for profit)	Non- government (for profit - Private)	Other	Total
Hospital-based residential drug treatment	n.a	n.a	n.a		100%
Residential drug treatment (inpatient CSAPA)	10%	90%			100%
(non-hospital based)	n.a	n.a	n.a		100%
Therapeutic communities	n.a	100%	n.a		100%
Prisons	n.a	n.a	n.a		100%

n.a.: not available

Source: OFDT analysis of the 2022 activity reports from inpatient CSAPAs

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

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

T1.3. Key data

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

T1.3.1. Please comment and provide any available contextual information necessary to interpret the pie chart (figure 1) of primary drug of entrants into treatment and main national drug-related treatment figures (table V). In particular, is the distribution of primary drug representative of all treatment entrants?

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

Under the European definition of treatment demand, 66 543 patients began a new treatment episode in a CSAPA in 2023. Just over half of them (52%) started treatment for cannabis use, 24% for opioids and 16% for cocaine (powder and/or freebase).

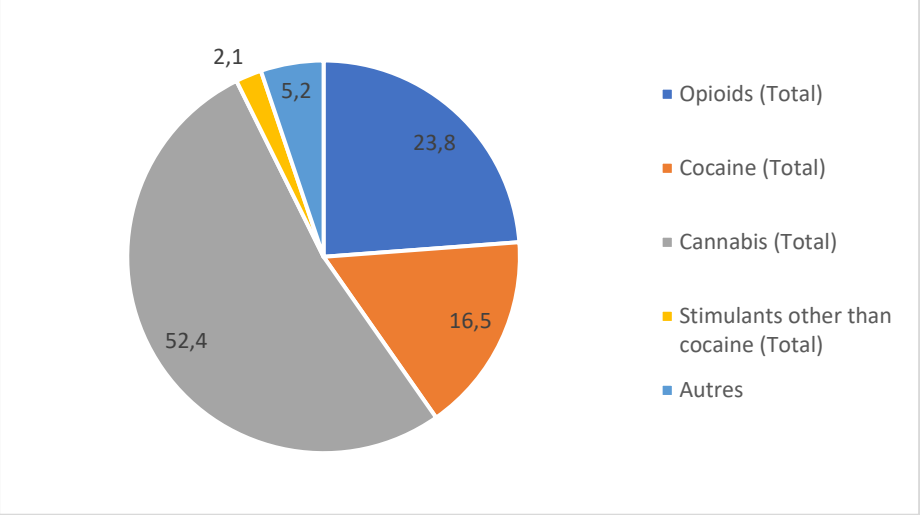
Breakdown by products for individuals starting treatment with a community doctor is likely different from that observed for the CSAPA. Given the role of community doctors in prescribing opioid substitution treatment, it is likely that the share of opiate users is overwhelmingly higher and the share of cannabis users much lower than in the CSAPAs.

Table V. Summary table - Clients in treatment

	Number of clients
Total number of clients in treatment	n.a
Total number of OAT clients in 2024	171 000
Estimated total number of all clients entering treatment in an outpatient CSAPA in 2023	66 543

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

Figure 1. Distribution of the number of individuals having started treatment in a CSAPA in 2023 according to the primary drug



Source: TDI

Note: The proportions are calculated by taking into account the product that led to the person being referred for support (or the first product mentioned if the product that led to the referral is missing), which is considered to be the most problematic product for the user.

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

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

Further methodological comments on the key treatment-related data

The description of patients treated for their drug addiction is based on the RECAP survey of the OFDT which analyses the outpatient admissions of the CSAPAs. Until now, the total number of patients starting treatment was based on the number of responses only from those CSAPAs contributing voluntarily to the RECAP scheme. The participation rate of CSAPAs in the 2023 RECAP survey was 49%.

In order to improve its estimates, the OFDT now relies on the total number of patients calculated from the activity reports that all treatment centres are required to submit to the supervisory administrative authorities. The results of RECAP are thus extrapolated to the entire patient population. This methodological change began with the 2022 RECAP data which has been applied every year since. This change produced an apparent sharp rise in the total number of outpatient admissions between 2021 and 2022 that largely reflects the new method rather than a real increase. Absolute numbers are therefore not comparable before and after 2022, so long-term trends are analysed using only the relative share of patients by the substance prompting treatment.

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

The total number of people who benefited from OAT in France in 2024 is estimated at nearly 171 000 people (Feng 2025). This number is estimated considering:

- People who had at least one reimbursement in primary care during the year (around 154 331);
- People who received direct dispensation of methadone in CSAPAs during the year (nearly 15 000 estimated for 2024 based on a regression using data available up to 2022);
- People who received treatment in prisons only, during the year (nearly 2 000 estimated for 2024 based on data available up to 2023).

It should be noted that this estimate includes duplicates and even triplicates: some individuals may have received treatment in several settings during the year (e.g. in a prison health unit, then at a CSAPA, then at a pharmacy after their release). In addition, practices differ between facilities – particularly between CSAPAs and prisons – and may change during the year, making it difficult to track individuals. It was therefore decided to exclude a portion of the beneficiaries in prison, based on an estimate of people entering and leaving treatment and on the results of the latest Survey on Health and Substances in Prison (ESSPRI) in 2023 (Spilka *et al.* 2024). Consequently, this total must be interpreted with caution: it aims to give an order of magnitude of beneficiaries, but it does not represent the exact number of individuals. Furthermore, it is not comparable with the figures published in previous years due to a change in the estimation method.

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

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

T1.4. Treatment modalities

The purpose of this section is to

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

Outpatient and Inpatient services

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

Outpatient drug treatment services

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

CSAPA

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

The prevalence of psychiatric comorbidities among people treated in CSAPAs has not been systematically measured, but care teams in most CSAPAs perceive these disorders to be highly prevalent among their patients. According to the RECAP survey, of all the people treated in CSAPAs for use of illicit drugs other than cannabis, around a quarter have already been hospitalised in a psychiatric unit for reasons other than withdrawal [RECAP 2023, unpublished data].

Prescription of opioid substitution treatments is also one of CSAPA's main objectives (see below). Not all CSAPAs prescribe opioid agonist treatment (OAT). In some cases, this is because of the nature of the facility, for example where patients are treated exclusively for alcohol and/or tobacco use. Difficulty recruiting physicians is another major constraint on access to OAT in CSAPAs.

General practitioners

General practitioners (GP) are all likely to prescribe opioid agonist treatment (buprenorphine or methadone). In 2025, GPs made up 91.2% of OAT prescribers in private practice (about 37 000 of 41 000). 60.3% of beneficiaries received prescriptions only from private-practice doctors. GPs can initiate buprenorphine, but methadone can only be prescribed in private practice once treatment has been initiated in a CSAPA or hospital. GPs rarely provide psychological and social support

Mental health in psychiatric hospitals

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

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

	Specialised drug treatment centres	Low-threshold agencies	General primary health care (e.g. GPs)	General mental health care
Psychosocial treatment/ counselling services	>75%	<25%	not known	not known
Screening and treatment of mental illnesses	not known	not known	not known	not known

	Specialised drug treatment centres	Low-threshold agencies	General primary health care (e.g. GPs)	General mental health care
Individual case management	not known	not known	not known	not known
Opioid substitution treatment	>75%	>25%-75%	>75%	not known
Other core outpatient treatment interventions (please specify in T1.4.1.)	not known	not known	not known	not known

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

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

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

Inpatient drug treatment services

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

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

	Hospital-based residential drug treatment	Residential drug treatment (non-hospital based)	Therapeutic communities	Prisons
Psychosocial treatment/ counselling services	>25%-75%	>25%-75%	>25%-75%	not known
Screening and treatment of mental illnesses	not known	not known	not known	not known
Individual case management	not known	not known	not known	not known
Opioid substitution treatment	>75%	>25%-75%	>75%	not known
Other core inpatient treatment interventions (please specify in T1.4.3.)	not known	not known	not known	not known

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

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

Senior drug users (>40years old):

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

Recent migrants (documented or undocumented)

Women: CAARUDs sometimes set aside specific opening times or areas within their facilities to cater exclusively for women.

Other target groups

Created in 2004, Youth Addiction Outpatient Services (CJC) are prevention and support services for young people under the age of 25 who are experiencing difficulties with their use, or for those around them. Most of these specific services are run by CSAPAs, but they can also be integrated into hospitals or specialist health counselling facilities for adolescents (*Maisons des adolescents, Points accueil écoute jeunes, espace santé jeunes*). Moreover, some CJCs have developed advanced young consumer consultations (CJCa). These local interventions make it possible to reach out to young people in their living environments (schools, youth counselling and care centres, etc.).

Specific programmes for cocaine and crack cocaine users

The AIPAUC project ("Improving information, prevention, and support for cocaine users") carried out between 2021 and 2023 by the Fédération Addiction, aimed to strengthen responses to the changing patterns of cocaine use in France.

At the end of this project, three thematic guides were published in 2024 : "Strategy for the prevention of cocaine use and use disorders", "Cocaine use disorders: current support and therapeutic perspectives" and "Harm reduction related to cocaine use" (Fédération Addiction 2023a, b, 2024b). These are recommendations and practical resources intended for professionals involved in prevention, harm reduction and the care of people who use cocaine.

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

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

Drug Users' Rehabilitation Units (URUD) are therapeutic communities within prisons designed for inmates exhibiting addictive behaviour who wish to stop using drugs (see the Prison workbook).

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

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

There are several websites or applications intended for drug users:

Addictions Drogues Alcool Info Service [Addictions Drugs Alcohol Info Service] (ADALIS), headed by Santé Publique France, is an information and advice service for requests concerning the use of drugs, alcohol, tobacco and other types of addiction. ADALIS has several websites (https://www.drogues-info-service.fr/ [about drugs] ; https://www.alcool-info-service.fr/

[about alcohol] ; https://www.tabac-info-service.fr/ [about tobacco]), with a live chat tool and a questions/answers area (the user asks a question, the listening staff respond within 48 hours). Several helpline services are also available from 8am to 2am, 7 days a week. In 2024, both 'Drogues info service' and 'Écoute cannabis' helplines received nearly 85 000 requests (up from 71,000 in 2023 and 68,000 in 2022.)

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

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

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

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

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

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

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

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

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

Opioid Agonist treatment (OAT)

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

Main providers/organisations providing OAT

In France, all doctors can prescribe opioid agonist treatments (OATs), whether they work in a CSAPA, a general practice or a hospital. OAT is mainly prescribed in a primary care setting by general practitioners and dispensed in community pharmacies. There are two types of opioid substitution medications, methadone and buprenorphine (Subutex®, Orobupré®, Buvidal®, Sixmo® and Suboxone® etc.), which must be prescribed on a controlled prescription.

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

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

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

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

Number of clients in OAT

According to data from OAT reimbursements in 2025, 149 545 users were dispensed OAT in primary care. This figure is slightly lower than in previous years. This could be due to a fall in the number of people entering treatment. More specifically, in 2025, 77 535 individuals were dispensed buprenorphine (Subutex®, generics or Orobupré®), 70 590 methadone, and 3 284 buprenorphine in combination with naloxone (Suboxone® or generics) [OFDT analysis of reimbursement data from the French national health data system SNDS].

There was no significant change from previous years. The proportion of beneficiaries receiving only buprenorphine remained the highest (51.8%) in 2025, but it has been tending to decrease for several years, while the proportion of beneficiaries of methadone has been increasing (47.2% in 2025 vs 46.6% in 2024). The data does not take into account sales data for Buvidal® (see the changes in the Trends section below).

Number of clients in OAT

There are currently two prolonged-release buprenorphine formulations available in France: Buvidal® and Sixmo®. Buvidal® is a prolonged-release subcutaneous injectable solution. It has been launched in 2021 and is listed in List I which means that it can only be given by an authorised professional. Prescriptions and administration are currently restricted to doctors working in prisons, hospitals and CSAPAs. Since 2023, the National Health Directorate (DGS) has been allocating permanent budgets to facilitate access to therapeutic innovation. Effective in reducing the risk of relapse and improving client comfort due to its prolonged action on withdrawal symptoms and craving, prolonged-release buprenorphine optimises treatment adherence and reduces misuse since it is administered by professionals. It is of particular interest in prison settings, where it supports continuity of care, reduces the risk of drug overdoses and lowers treatment costs. Its use in primary care could also help to relieve pressure on addiction medicine facilities and ensure continuity of care. The number of prescriptions in France has been steadily increasing. In total, 186 treatment facilities prescribed it in 2024, representing nearly 1 000 clients who received a prescription for Buvidal®, corresponding to almost 10 000 prescriptions (compared with 7 500 in 2023), a marked increase since 2021. Clients receiving the monthly formulation remain the majority, accounting for nearly 70 % of clients.

Substitution treatment in prison settings

In 2024, OAT data was available in 75% of correctional facilities (132 facilities out of 177), which held 69.7% of the prison population. The estimated proportion of prisoners having been treated with an OAT by the care system in the year stands at 6.5% for patients having been imprisoned in a facility where OAT data was available. It is therefore estimated that around 12 000 inmates in total have received an OAT across all prisons in France.

Both methadone and buprenorphine were available in every establishment where data was available. Methadone maintained its momentum and represented 58.2% of OAT prescriptions in prison in 2024 [PIRAMIG/DGOS health unit activity reports processed by the OFDT]. (Please see below T2.1 “Distribution of opioid substitution medications in prisons”.)

Substitution treatment in CSAPAs

The latest available data (2022) from the analysis of CSAPA activity reports shows that specialised drug treatment centres monitored nearly 32 000 clients undergoing methadone treatment and almost 13 000 on buprenorphine treatment (whether or not the centre was the prescriber). In specialised drug treatment centres, the initiation of methadone treatment is three times higher than that of buprenorphine. Overall, nearly half of clients of specialised drug treatment centres receiving methadone treatment (48.1%) and approximately a quarter of those treated with buprenorphine (24.5%) were provided with opioid substitution therapy directly within these centres [Analysis of standard CSAPA activity reports 2022, Directorate of Health Care Supply (DGOS)].

The total number of people who benefited from OAT in France in 2024 is estimated at nearly 171 000 people (Feng 2025). This number is estimated considering:

- People with at least one reimbursement in primary care during the year (about 154 331);
- People who were dispensed methadone directly at CSAPAs during the year (nearly 15 000 estimated for 2024 based on a regression using data available up to 2022);
- People who received treatment only in prison, during the year (nearly 2 000 estimated for 2024 based on data available up to 2023).

It should be noted that this estimate includes duplicates and even triplicates: some individuals may have received treatment in several settings during the year (e.g. in a prison health unit, then at a CSAPA, then at a pharmacy after their release). In addition, practices differ between facilities – particularly between CSAPAs and prisons – and may change during the year, making it difficult to track individuals. It was therefore decided to exclude a portion of the beneficiaries in prison, based on an estimate of people entering and leaving treatment and on the results of the latest

Survey on Health and Substances in Prison (ESSPRI) in 2023 (Spilka *et al.* 2024). Consequently, this total must be interpreted with caution: it aims to give an order of magnitude of beneficiaries, but it does not represent the exact number of individuals.

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

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

Recipients of reimbursements of OAT in primary care were mostly men. The sex ratio remained stable, with 75.7% men in 2025. The average age of recipients was 46.2 and has risen gradually for several years, reflecting an ageing of OAT recipients. This trend is most likely due to a decline over time in the number of younger people entering treatment. Recipients of methadone reimbursements were slightly younger than those receiving buprenorphine reimbursements (44.7 years vs 47.5) [OFDT analysis of National Health Insurance reimbursement data from the SNDS].

In 2024, 7.8% of recipients of OATs began their treatment in primary care settings. In addition, in 2024, 67.9% of recipients have been receiving an OAT dispensed in primary care for eight years or more without interruption, while 15% have experienced at least one twelve-month break in their treatment in primary care over the past eight years (Feng 2025).

It should be noted that initiation of an OAT in primary care settings refers to cases where no OAT has been dispensed during the previous three years. It does not necessarily correspond to an initial dispensing, as prior treatment in a specialised drug treatment centre may have taken place. Similarly, the discontinuation of OAT prescription in primary care may reflect the initiation (or resumption) of care in a specialised drug treatment centre rather than the cessation of treatment.

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

In early 2026, changes regarding buprenorphine-based opioid substitution treatments were reported, in connection with a strategic reorganisation of Indivior's portfolio. According to information provided by the National Agency for Medicines and Health Products Safety (ANSM), this reorganisation, prompted by economic considerations, includes:

- a proposed discontinuation of the marketing of Suboxone® (buprenorphine/naloxone) in France;
- a request for withdrawal of the marketing authorisation (MA) at European level submitted to the European Medicines Agency (EMA);
- withdrawal of the MA for the prolonged-release form of buprenorphine (Subutex LP), shortly after its approval and before it was actually made available in France;
- the discontinuation of Subutex® (immediate release) reported in Belgium, with no information at this stage regarding a similar measure in France.

To date (April 2026), the ANSM has opposed the withdrawal of Suboxone® from the French market and discussions are ongoing with the manufacturer. No final decision has yet been made, and the situation therefore remains uncertain.

Based on the current information, no disruption in access to buprenorphine-based opioid substitution therapies is anticipated in France, particularly due to the availability of generic formulations, which are widely prescribed. Furthermore, the laboratory Ethypharm remains active in this segment and no specific concerns regarding quality, safety or supply have been identified.

T1.5. Quality assurance of drug treatment services

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

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

Opioid treatment

Early 2024, the HAS issued an advisory in favour of the reimbursement of Ventizolve (naloxone for adults, in single-dose nasal spray solution) (HAS 2024) for immediate administration in the emergency treatment of confirmed or suspected opioid overdoses, manifesting as respiratory depression and/or central nervous system depression, in both medical and non-medical settings.

In France, the National Agency for Medicines and Health Products Safety (ANSM) has announced that from 1st December 2024 (postponed to 1st March 2025), all medicines containing codeine, dihydrocodeine or tramadol, alone or combined with other substances, must be prescribed via a secure prescription. For these so-called weak opioids, the prescription must state in full the dosage, the dosage regimen and the duration of treatment. The aim of the public authorities is to "better understand the exposure to danger in the event of use of tramadol and codeine", and to prevent forged prescriptions. Also since this date, the duration of codeine prescriptions has been restricted to 3 months: after 3 months, a new secure prescription will be required for any further dispensing of the medicine. https://ansm.sante.fr/actualites/tramadol-et-codeine-devront-etre-prescrits-sur-une-ordonnance-securisee-des-le-1er-decembre (accessed 23/09/2026)

T2. Trends

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

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

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

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

Users entering treatment (first-time entrants)

The number of new clients seeking treatment for an illicit substance in specialised drug treatment centres in 2023 (66 500) increased slightly compared with 2022 (63 700). These new clients primarily sought treatment for their use of cannabis (52%), opioids (24%), and cocaine (powder cocaine and/or free base cocaine). Furthermore, there has been an increase in the proportion of new clients receiving treatment for cocaine use over several years (12% in 2021, 14% in 2022, 16% in 2023) (TDI Data) (see T1.3.3).

OAT clients

The following figures do not take into account the most recent data available from 2025 mentioned previously and only go up to 2024.

Figure 2. Change in the number of beneficiaries having received at least one reimbursement for opioid agonist treatment in primary care during the year, by type of medication, between 2014 and 2024 (Feng 2025)

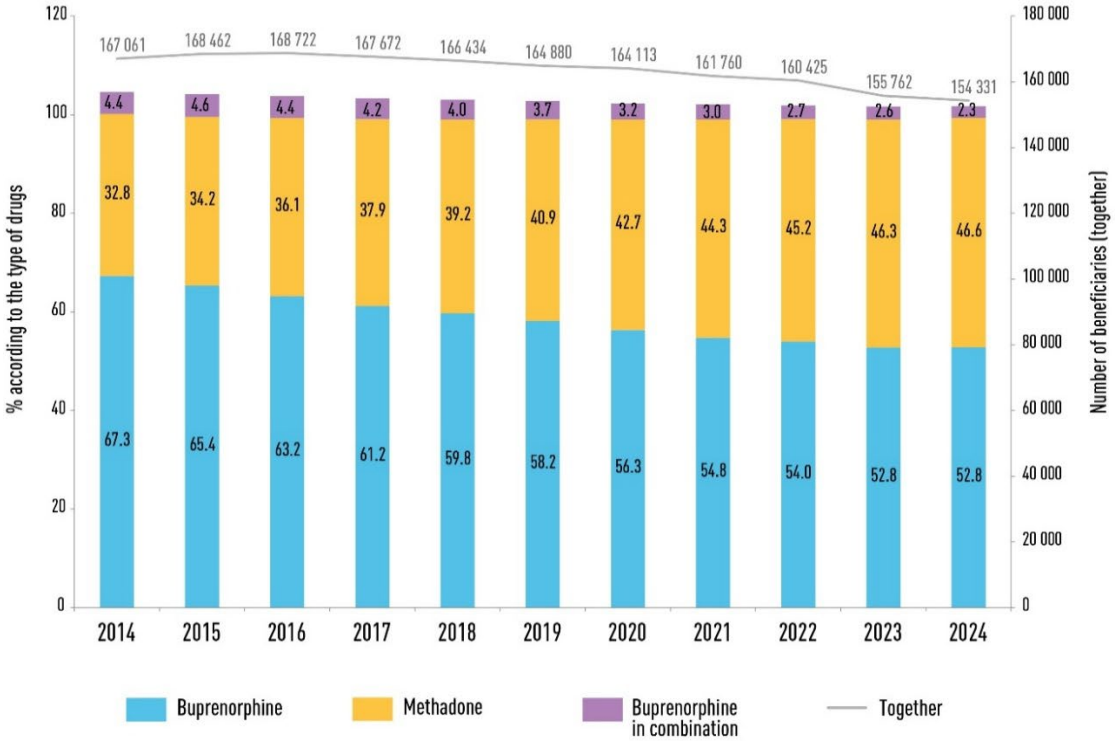
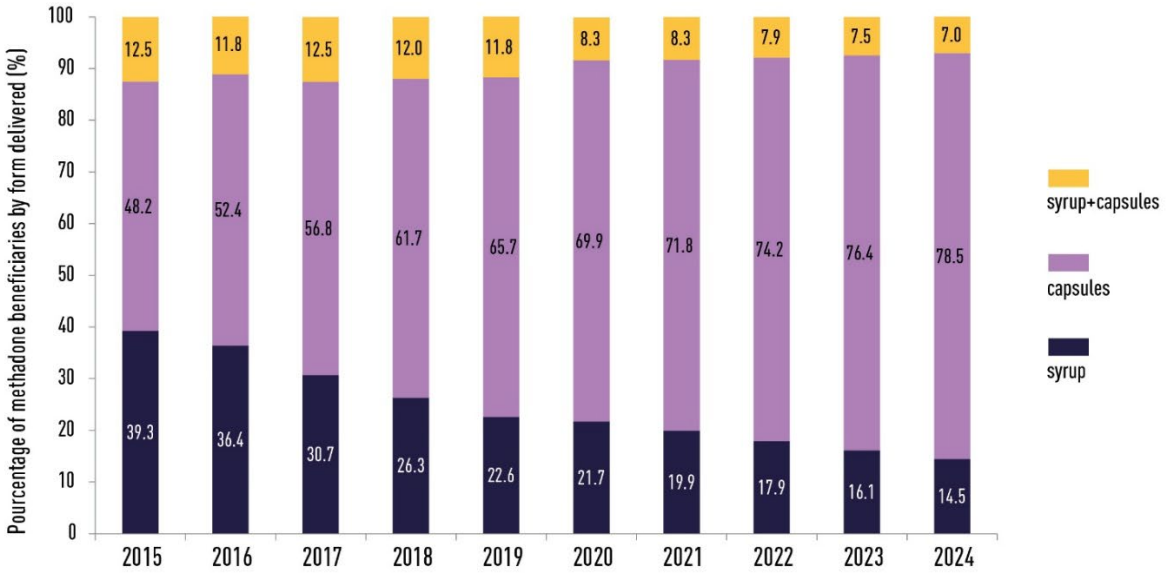


Figure 3. Change in the breakdown between capsule and syrup forms of methadone (%) prescribed in primary care between 2014 and 2024 (Feng 2025)



In 2024, more than three quarters of methadone recipients (78.5%) were prescribed methadone exclusively in capsule form. This is linked to the ageing of the population receiving methadone, as the syrup formulation is reserved, in primary care, for first-time dispensing.

Figure 4. Change in amounts reimbursed (in millions) by all health insurance schemes for OAT dispensed in primary care between 2012 and 2024 (Feng 2025)

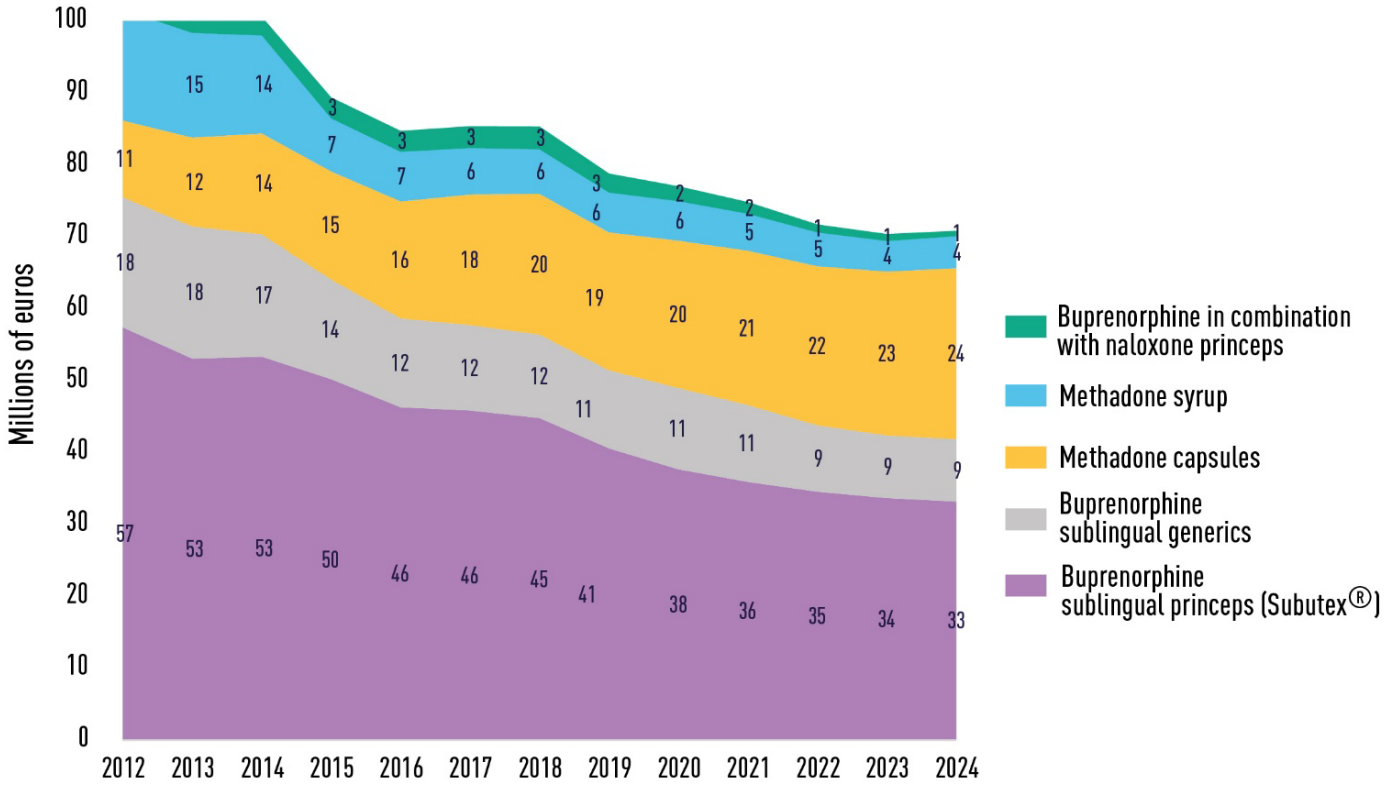
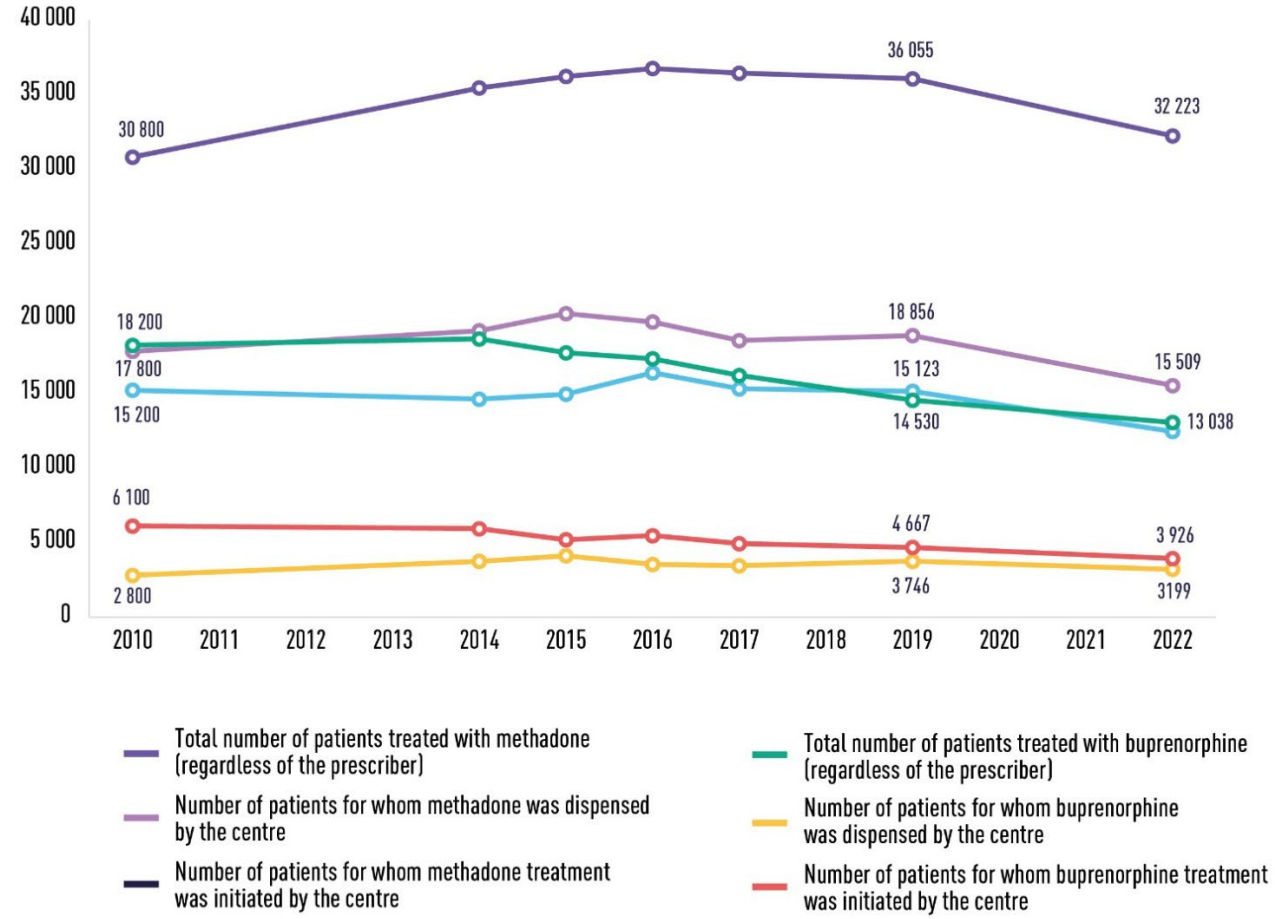
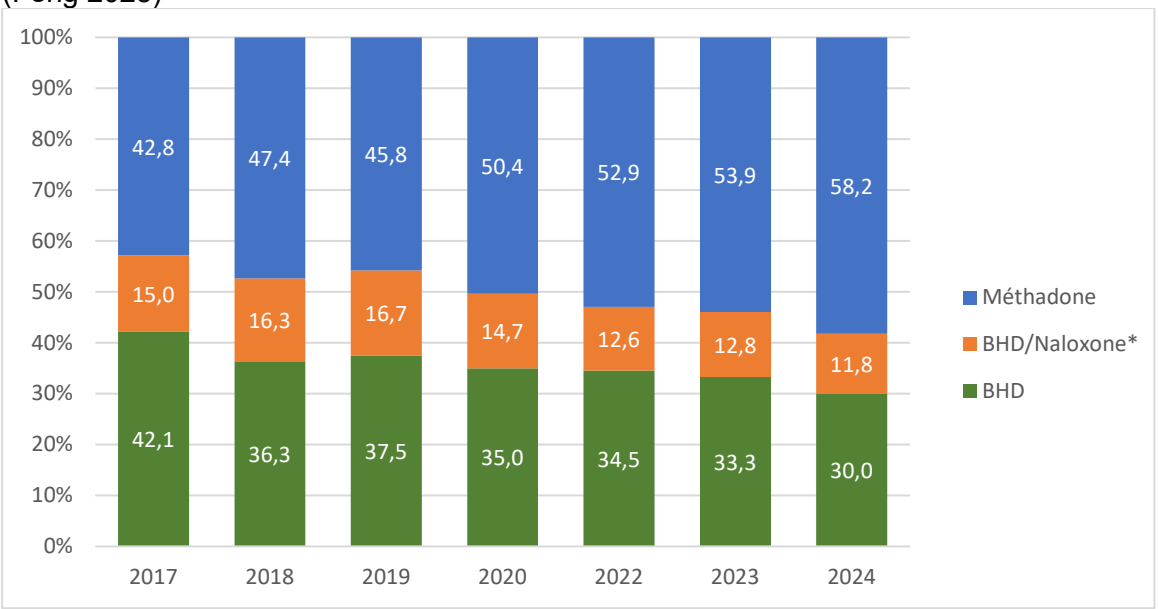


Figure 5. Change in the number of patients receiving opioid agonist treatment at CSAPAs between 2010 and 2022



The number of patients receiving methadone treatment at CSAPAs fell between 2019 and 2022.

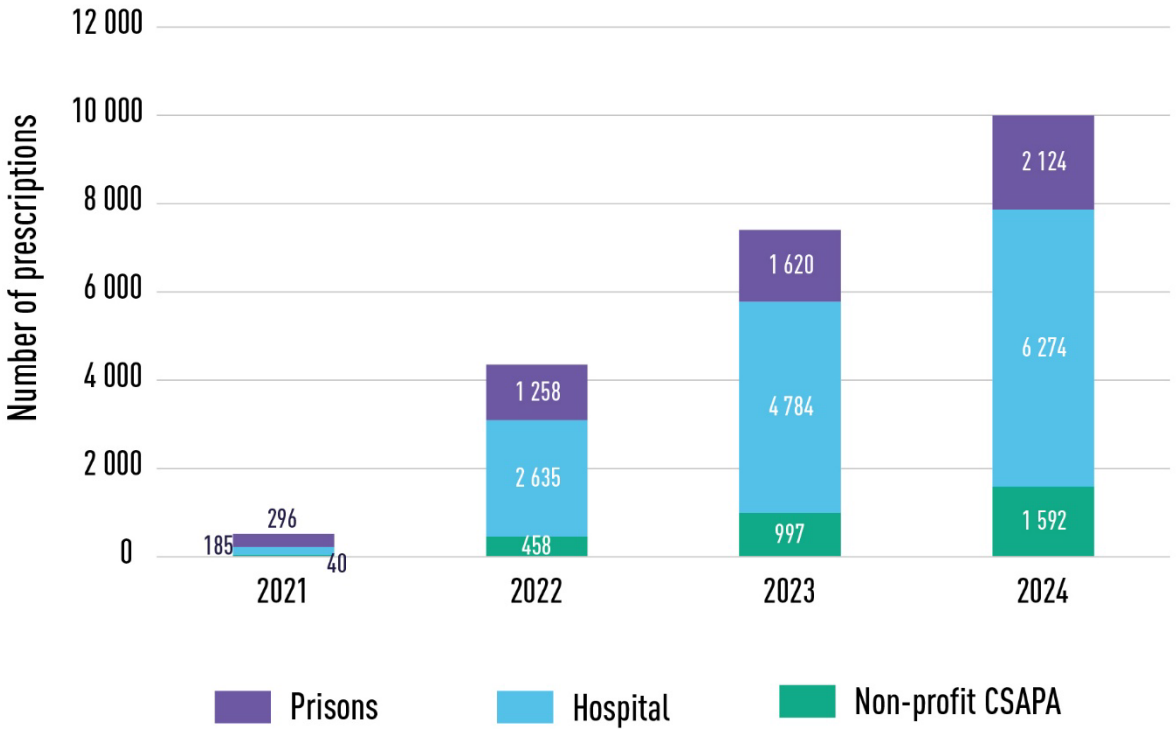
Figure 6. Breakdown of opioid agonist treatment (OAT) in prison between 2017 and 2024 (Feng 2025)



Note: BHD = buprenorphine

In prison, methadone maintained its momentum and represented 58.2% of OAT prescriptions in 2024.

Figure 7. Change in the number of Buvidal® prescriptions from 2021 to 2024 (Feng 2025)



The number of prescriptions in France has been steadily increasing. In total, 186 treatment centres prescribed Buvidal® in 2024, corresponding to nearly 1 000 clients who received a prescription. This amounts to almost 10 000 prescriptions (compared with 7 500 prescriptions in 2023), a marked increase since 2021. Clients receiving the monthly formulation remain the majority, accounting for nearly 70% of clients.

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

T3. New developments

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

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

T4. Additional information

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

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

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

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

T5. Sources and methodology

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

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

Sources

- CSAPA activity reports (CSAPA are specialised drug treatment centres) (DGS/OFDT)
- RECAP: Common data collection on addictions and treatments (OFDT)
- OAT reports: annual reports on opioid agonist treatments (OFDT)
- Activity report of harm-reduction facilities (CAARUD) (DGS/OFDT)
- Survey on substitution treatments in prison

ARS Île-de-France (2023). Agir pour la santé des Franciliens. Plan d'action 2023-2028. ARS Ile-de-France, Paris. Available: https://www.iledefrance.ars.sante.fr/media/116122/download?inline [accessed 19/06/2026].

CMG (2024). MicroStructures Médicales Addictions : Une culture commune en addictologie. Kit addictions - Fiche pratique. Collège des médecins généralistes. Available: https://www.cmg.fr/wp-content/uploads/2025/02/Kit-MSMA-2024.pdf [accessed 17/04/2026].

David, S., Buyck, J.-F. and Metten, M.-A. (2021). Les médecins généralistes face aux conduites addictives de leurs patients. Résultats du Panel d'observation des pratiques et conditions d'exercice en médecine générale. DREES, Paris. Available: https://drees.solidarites-sante.gouv.fr/publications/les-dossiers-de-la-drees/les-medecins-generalistes-face-aux-conduites-addictives-de [accessed 10/08/2026].

Duprat, L. (2024). Construction des parcours de soins d'usagers d'alcool en microstructures médicales addictions. OFDT, Paris. Available: https://www.ofdt.fr/publication/2024/construction-des-parcours-de-soins-d-usagers-d-alcool-en-microstructures-medicales [accessed 10/08/2026].

Fédération Addiction (2022). Les dispositifs de soin résidentiel médico-sociaux. Panorama de l'offre. Fédération Addiction, Paris. Available: https://www.federationaddiction.fr/actualites/mieux-comprendre-le-secteur-du-soin-residentiel/ [accessed 10/08/2026].

Fédération Addiction (2023a). Réduction des risques liés aux usages de cocaïne. Fédération Addiction, Paris. Available: https://www.federationaddiction.fr/publications/guides/des-guides-pour-un-accompagnement-global-des-usagers-de-cocaine/ [accessed 17/04/2026].

Fédération Addiction (2023b). Troubles de l'usage de cocaïne : accompagnements actuels et perspectives thérapeutiques. Fédération Addiction, Paris. Available: https://www.federationaddiction.fr/publications/guides/des-guides-pour-un-accompagnement-global-des-usagers-de-cocaine/ [accessed 17/04/2026].
Fédération addiction (2024a). Annuaire des structures du soin résidentiel en addictologie. Fédération addiction, Paris. Available: https://www.federationaddiction.fr/publications/syntheses-et-notes-techniques/soin-residentiel-en-addictologie-decouvrez-lannuaire-national/ [accessed 10/08/2026].
Fédération Addiction (2024b). Stratégies de prévention des usages et des troubles de l'usage de cocaïne. Fédération Addiction, Paris. Available: https://www.federationaddiction.fr/publications/guides/des-guides-pour-un-accompagnement-global-des-usagers-de-cocaine/ [accessed 17/04/2026].
Feng, C. (2025). Traitements par agonistes opioïdes en France - bilan 2025. OFDT, Paris. Available: https://www.ofdt.fr/publication/2025/traitements-par-agonistes-opioides-en-france-bilan-2025-2643 [accessed 01/06/2026].
HAS (2024). Naloxone - VENTIZOLVE 1,26 mg, solution pour pulvérisation nasale en récipient unidose. Primo-inscription. Adopté par la Commission de la transparence le 27 mars 2024. Haute Autorité de Santé, Saint-Denis. Available: https://www.has-sante.fr/jcms/p_3505841/fr/ventizolve-naloxone-antidote-des-surdoses-aux-opioides [accessed 17/04/2026].
Karila, L. (Ed.) (2024). NPS psycho-actifs. Guide Nouvelles Substances Psychoactives, Nouveaux Produits de Synthèse, Nouvelles utilisations. Mission interministérielle de lutte contre les drogues et les conduites addictives, Paris. Available: https://www.drogues.gouv.fr/sites/default/files/2024-05/Brochure_NPS_2024.pdf [accessed 10/08/2026].
Le Ferrand, P. (2007). Mise en place d'une structure d'accès facilité à la méthadone. Le Flyer(28) 13-15.
MILDECA (2023). Stratégie interministérielle de mobilisation contre les conduites addictives 2023-2027 [Interministerial strategy for mobilisation against addictive behaviours 2023-2027]. Mission interministérielle de lutte contre les drogues et les conduites addictives, Paris. Available: https://www.drogues.gouv.fr/le-gouvernement-publie-la-strategie-interministerielle-de-mobilisation-contre-les-conduites [accessed 17/04/2026].
MILDECA (2024). Un guide et une appli, pour une meilleure prise en charge des nouveaux produits de synthèse. Communiqué du 23/05/2024 [online]. Available: https://www.drogues.gouv.fr/un-guide-et-une-appli-pour-une-meilleure-prise-en-charge-des-nouveaux-produits-de-synthese [accessed 10/08/2026].
Spilka, S., Morel d'Arleux, J. and Simioni, M. (2024). Les consommations de drogues en prison. Résultat de l'enquête ESSPRI 2023. Tendances. OFDT (163). Available: https://www.ofdt.fr/publication/2024/les-consommations-de-drogues-en-prison-resultat-de-l-enquete-esspri-2023-2001 [accessed 01/06/2026].

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

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

Since 1998, CSSTs (Specialised care centres for drug users), and then the CSAPAs that followed them, have been annually completing a standardised activity report and submitting it to their Regional Health Agency (ARS). These reports are then sent to the DGS, which processes them with the assistance of the OFDT. The aim of this data collection exercise is to monitor the activity of the centres and the number and characteristics of the patients received. Epidemiological data are not recorded patient by patient, but rather for all people received in the centre.

For 2022, reports from 385 outpatient specialised drug treatment centres (CSAPA) and 116 residential facilities coordinated by a CSAPA were analysed. To provide the most accurate estimate of the number of individuals that received treatment, missing data for 2022 was supplemented using 2019 data, adjusted by linear regression based on information from CSAPAs that responded in both 2019 and 2022.

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

This system was set up in 2005 and continually collects information about clients seen in specialised drug treatment centres (CSAPAs). In the month of April, each centre sends its results from the prior year to the OFDT, which analyses these results. The data collected relate to patients, their current treatment and treatments taken elsewhere, their uses (substances used and substance for which they came in the first place) and their health. The common core questions help harmonise the data collection on a national level and fulfil the requirements of the European Treatment Demand Indicator (TDI) protocol.
In 2023, approximately 170 000 patients serviced in 244 CSAPAs for an addiction-related issue (alcohol, illicit drugs, psychoactive medicines, behavioural addiction) were included in the survey.

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

In order to gather the most recent figures on OSTs from different sources and summarise them, OFDT has set up an annual dashboard on this issue.

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

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

Survey on substitution treatments in prison
Directorate of Health Care Supply (French Ministry of Health) (DGOS)

The information system, known as “Controlling Activity Reports for General Interest Purposes” (PIRAMIG), was established in 2017 to collect data on the activities of healthcare units in prison settings, and replaced the Health Facility and Inmate Monitoring Centre (OSSD). The Directorate of Health Care Supply (DGOS – French Ministry of Health) compiles this data. The percentage of people receiving an OAT is calculated by dividing the number of people prescribed OAT by the number of prisoners who spent time in a prison setting in a given year. The latter figure is provided by the Prison Administration Directorate (DAP) (see the “Prison” Workbook).

National analysis of standardised annual activity reports from harm- reduction facilities for drug users (CAARUD)

National Health Directorate (French Ministry of Health) (DGS) / French Monitoring Centre for Drugs and Drug Addiction (OFDT)

Each year, these facilities submit a standardised activity report to the National Health Directorate (French Ministry of Health) (DGS) and to the regional health agencies (ARS); these are then forwarded to the OFDT for analysis. The data collected has been used to monitor the activities of the system since 2008. This data provides insights into issues related to geographical coverage, allocated resources, and access to CAARUDs. The information collected and analysed by the OFDT can also be used to examine the characteristics of the populations attending harm-reduction facilities, and the activities of the professionals involved. Finally, the ASA-CAARUD questionnaire sent to the facilities records the distribution of injection and sniffing equipment, as well as harm reduction measures related to inhalation and the prevention of sexually transmitted infections. For 2022, 149 CAARUD activity reports were analysed.