EUDA
NATIONAL FOCAL POINT

Harms and Harm Reduction workbook

2026

FRANCE

Contributors

Cindy Feng, Sophie Véron, Eric Janssen

2026 National report (2025 data) to the EUDA by the French Reitox National Focal Point

Supervision: Antoine Devémy

Contribution to the workbooks
2. *Legal framework*: Inès Delétang, Clara Moncel
3. *Drugs*: Olivier Le Nézet, Clément Gérome, Cindy Feng, Eric Janssen
4. *Prevention*: Carine Mutatayi
5. *Treatment*: Sophie Véron, Cindy Feng
6. *Best practice*: Valérie Ulrich, Carine Mutatayi
7. *Harms and Harm Reduction*: Cindy Feng, Sophie Véron, Eric Janssen
8. *Drug market and crime*: Yasmine Salhi
9. *Prison*: Lucas Bérard, Inès Delétang, Clara Moncel, Cindy Feng, Sophie Veron
10. *Research*: Valérie Ulrich, Isabelle Michot

With contributions of the project managers of the Interministerial Mission for Combating Drugs and Addictive Behaviours, MILDECA

Proofreading: Valérie Ulrich, Stanislas Spilka
Proofreading (English version): Anne de l'Eprevier, Eric Janssen, Ivana Obradovic
Bibliographic and legal references: Isabelle Michot

Table of contents

T0. Summary 3
T1. National profile and trends 3
T2. Trends Not relevant in this section. Included above. 22
T3. New developments 22
T4. Additional information 22
T5. Sources and methodology 23

T0. Summary

Please provide an abstract of this workbook (target: 1000 words) under the following headings:

- National profile and trends harms
  Drug-related deaths: number, characteristics, trends and patterns
  Emergencies: number, characteristics, trends and patterns
  Drug related infectious diseases: notifications and prevalence incl. trends
- National profile and trends harm reduction
  Main policies and strategies directed at reducing drug-related health harms; availability, geographical distribution of services, and access:
- New developments

- National profile and trends harms

In 2024, the DRAMES (*Décès en Relation avec l'Abus de Médicaments Et de Substances* - Deaths Related to Medication and Substance Misuse) specific register reported 659 deaths linked to the abuse of psychoactive substances and the DTA specific register recorded 128 deaths linked to the use of analgesics.

Between 2012 and 2022, the rate of emergency department visits related to cocaine use more than doubled, rising from 9.6 to 20.9 per 100 000 visits, all causes combined (+118%). Over the same period, hospital admissions following these emergency visits almost tripled, rising from 12.2 to 36.3 per 100 000 hospital admissions (+198%). This increase further intensified in 2023, with a 38% rise in emergency department visits and a 35% increase in hospital admissions compared to 2022, before stabilising in 2024.

- In 2025, the OSCOUR® network recorded 6,529 emergency department visits related to cocaine use, followed by 2,096 hospital admissions.
- In 2025, 6 561 emergency department visits related to opioid use were recorded, corresponding to a rate of 34.8 per 100 000 visits, all causes combined, as well as 3 173 hospital admissions following emergency department visits (48% of visits), representing a rate of 83.2 per 100 000 hospital admissions after emergency visits all causes combined.

The latest available data put the positivity rates for viral hepatitis C and B and HIV among users at 16.3%, 1.8% and 1.3% respectively.

Injecting drug use was rarely identified as a mode of infection newly diagnosed with HIV in 2024 (1%). At the time of discovery of HIV status, 6% of intravenous drug users were co-infected with hepatitis B virus (HBsAg) and 45% were positive for HCV antibodies.

- National profile and trends harm reduction

Harm reduction policy for drug users aims to prevent infections and fatal overdoses linked to substance use and to promote access to care and social rights for drug users. It calls on local actors and relies on:

- A programme for the distribution of prevention materials based on a local offer (CSAPA and CAARUD, pharmacies, automatic distribution machines) and a remote risk reduction programme, provided by the SAFE association. The latter makes it possible to improve accessibility by removing obstacles related to geographical distance, opening hours and confidentiality.
- A government roadmap for the prevention and treatment of opioid overdose, which includes a naloxone dissemination programme: ready-to-use naloxone kits are available in health care institutions, specialised addiction treatment facilities and in pharmacies.
- Opioid Agonist Treatments (OAT) available in cities, in CSAPAs and in prison.

- National HIV and hepatitis prevention strategies: the actions implemented as part of these strategies focus in particular on strengthening community-based screening and rapid access to treatment and are in line with the objective of eliminating HIV by 2030 and HCV by 2025.
- Drug consumption rooms (DCR), now known as "Halte Soins Addiction" (HSA), was the subject of a report by the General Audit Office of Administrative Affairs (IGA) and the General Audit Office of Social Affairs (IGAS), commissioned by the Ministers of the Interior and of Health in spring 2024. The report was submitted in October 2024 and is consistent with previous evaluations, notably that of INSERM, which already highlighted the health and safety benefits of the drug consumption rooms.
- Drug analysis as part of harm reduction, offered by two organisations in France, the *Analyse ton Prod'* network and Drug Lab (Bus 31/32).

- **New developments**

Since October 2023, a new ready-to-use naloxone kit is available: Ventizolve®.

Crack cocaine smoking equipment distributed by harm reduction facilities has been increasing for several years. In 2022, over 520 000 tubes (compared with 313 000 in 2019) and 576 000 mouthpieces (compared with 340 000 in 2019) were distributed by the CAARUDs. However, certain facilities distributing this equipment are obliged to introduce restriction measures (such as a limit on the number of pipes distributed per user, etc.) to limit the rising costs associated with this type of purchase.

T1. National profile and trends

T1.1. Drug-related deaths

The purpose of this section is to

- Provide a commentary on the numbers of drug-induced deaths, i.e. monitoring of fatal overdoses
- Provide a commentary, if information is available, on mortality among drug users, i.e. findings from cohort studies
- Provide contextual information to the numerical data submitted through ST5/ST6 and ST18

T1.1.1. Please comment on the numbers of overdose deaths provided to the EMCDDA in ST5/ST6. Please comment on the numbers of cases and break down by age, gender and intentionality (suggested title: Overdose deaths)

Overdose deaths

Two sources contribute to estimate drug-related mortality: the National register of causes of death (CepiDc) and the DRAMES register (Drug and substance abuse-related deaths). However, it should be emphasised that these two sources are incomplete and overlap in part. Work is currently underway with the aim of combining the two sources.

In 2024, 787 deaths were registered in the specific registers (659 in DRAMES plus 128 deaths in DTA) (CEIP-Addictovigilance Grenoble 2026a, b). This register remains dependent on requests for analyses made by judicial authorities for investigations into causes of death, as not all deaths are systematically subject to a request for toxicological analysis.

T1.1.2. If information is available, please comment on the substances involved in the overdose cases. If detailed toxicology is reported to the EMCDDA, please comment and elaborate on these findings. If detailed toxicology is not reported, please explain why and comment on available information (suggested title: Toxicology of overdose deaths)

Toxicology of overdose deaths

Deaths related to psychoactive substance abuse

In 2024, the specific DRAMES register reported 659 deaths directly related to substance misuse. Opioids were the main substances involved in these deaths (methadone, heroin, buprenorphine, morphine), although the proportion of heroin-related deaths has been falling. A third of these deaths (N=222) were cocaine-related. Another notable development is the rise in deaths linked to cathinones (28 deaths in 2024 compared with 16 in 2023). It is also worth noting that eight substances have been implicated in deaths for the first time: N-ethylpentedrone (NEP), dipentylone, desalkylflurazepam, bromazolam, protonitazepyne, O-desmethyl tramadol, hexahydrocannabinol(HHC), 4-Acetoxy-N-methyl-N-ethyltryptamine (4-AcO-MET).

Deaths related to the use of analgesic drugs

In 2024, the specific DTA register reported 128 deaths related to the use of analgesic drugs. Tramadol and morphine were the main drugs involved in direct deaths (34% of deaths for each substance), while codeine and oxycodone were involved in 16% and 15% of cases respectively. Fentanyl was involved in 7% of deaths.

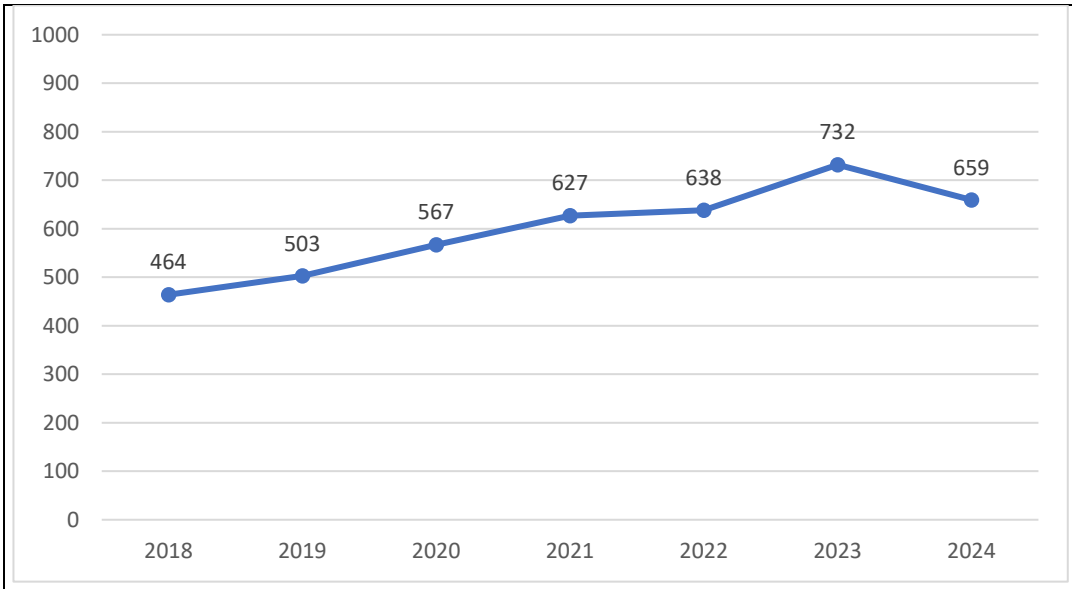
T1.1.3. ***Optional.*** *Please comment on the overall and cause specific mortality rates observed through cohort studies among drug users.*
If detailed results from the cohorts are available and reported in ST18, please comment considering age and gender breakdown where appropriate. If detailed findings are available and not reported in ST18 (e.g. reference to published paper without direct access to the raw data) please comment on the available information (suggested title: Mortality cohort studies)

T1.1.4. Trends: Please comment on the possible explanations of short term (5 years) and long term trends in the number of drug-induced deaths among adults, including any relevant information on changes in specific sub-groups. For example, changes in demography, in prevalence and patterns of drug use, in policy and methodology, but also in the data completeness/coverage; case ascertainment, changes in reporting

Deaths directly related to drugs

For the first time in several years, the absolute number of drug-related deaths in France recorded by the DRAMES and DTA registries has decreased (for DRAMES, 659 deaths in 2024 compared with 732 in 2023, and for DTA, 128 deaths in 2024 compared with 173 in 2023). However, this trend is partly attributable to a decline in voluntary participation of toxicological analysts in the DRAMES and DTA registries. For example, for the DRAMES registry, the coverage rate in 2024 was 85%, compared with 90% in 2023. For the DTA registry, 24 laboratories participated in 2024, compared with 27 in 2023.

Deaths directly related to drugs according to the DRAMES register (2018- 2024)



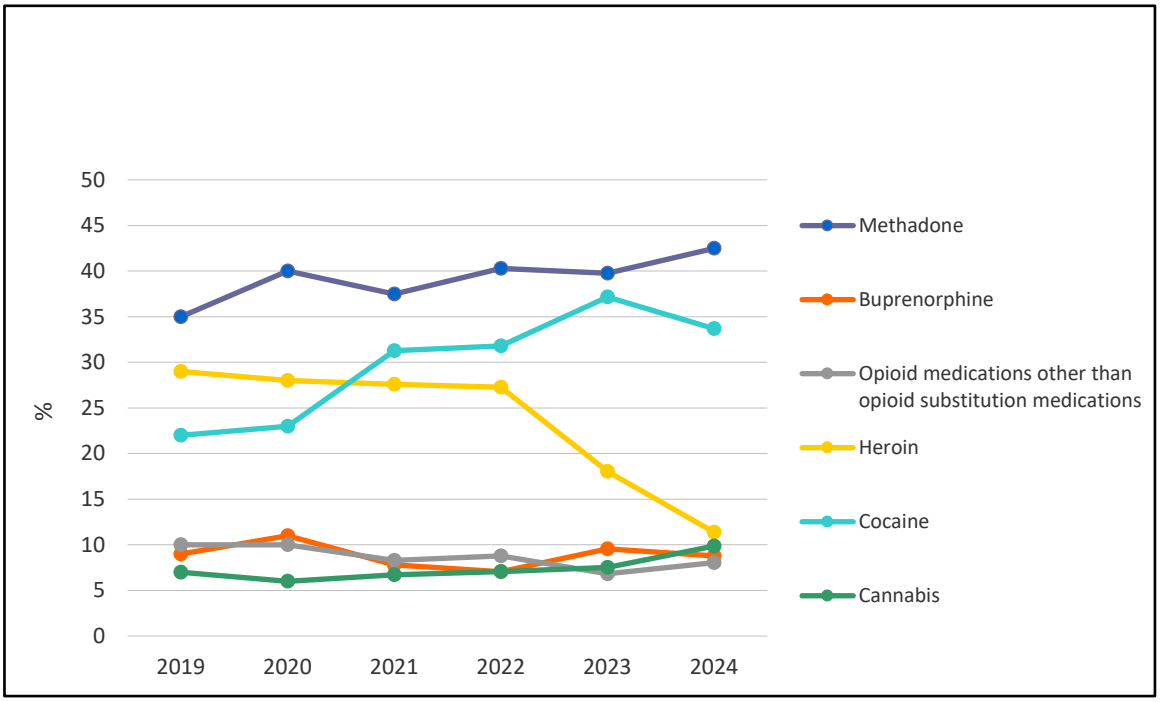
Source : DRAMES

Toxicology of drug-related deaths

DRAMES register: In 2024, the proportion of deaths involving heroin continues to fall sharply. Furthermore, the proportion of cocaine-related deaths appears to have stabilised since 2021 (CEIP-Addictovigilance Grenoble 2026a). Finally, there has been no major change in the proportions of deaths involving methadone, buprenorphine, opioid medicines other than opioid substitution medicines, and cannabis.

It is difficult to interpret variations in the number of deaths collected from one year to the next, as the volunteer-based system is not exhaustive and the participation of toxicological experts varies from year to year.

Evolution of the share of deaths related to the main substances

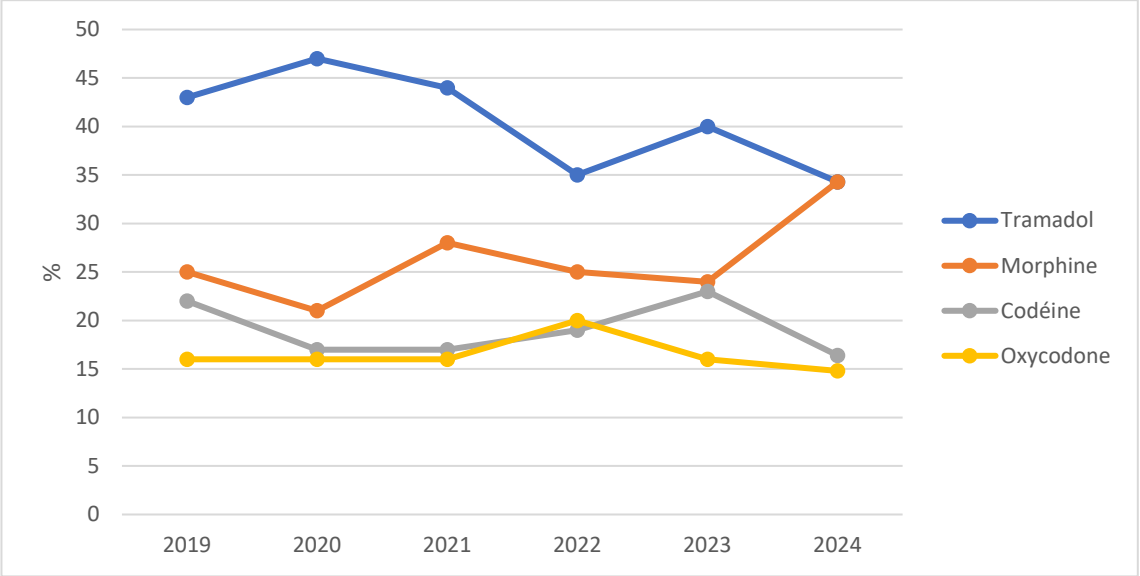


Source : DRAMES (Centres d'évaluation et d'information sur la pharmacodépendance-addictovigilance - CEIP-A of Grenoble and ANSM)

DTA register: in 2024, the proportion of morphine-related deaths increased compared with 2023 (34% in 2024 compared with 24% in 2023) and reached a level equivalent to that of deaths linked to tramadol. Tramadol and morphine were the substances most frequently involved in deaths linked to the use of analgesics in 2024 (CEIP-Addictovigilance Grenoble 2026b).

It is difficult to interpret variations in the number of deaths collected from one year to the next, as the volunteer-based system is not exhaustive and the participation of toxicological experts varies from year to year.

Change in the proportion of deaths related to the use of analgesic medicines



Source: DTA (Centres d'évaluation et d'information sur la pharmacodépendance – addictovigilance - CEIP-A of Grenoble and ANSM)

* Only deaths directly caused by drug use are mentioned.
** Several substances can be involved in a death when no predominant substance has been determined.

*T1.1.5. **Optional**. Please provide any additional information you feel is important to understand drug related deaths within your country (suggested title: Additional information on drug-related deaths)*

T1.2. Drug related acute emergencies

The purpose of this section is to provide a commentary on the numbers of drug-related acute emergencies

T1.2.1. Is information on drug-related acute emergencies available in your country?
If yes, please complete section T6.1 (Sources and methodology) and provide in T6.1 the definition of drug-related acute emergencies used and, if available, an overview of the monitoring system in place (suggested title: Drug-related acute emergencies)

Drug-related acute emergencies

Data on hospital emergency presentations related to drug use were obtained from the Oscour® network (*Santé Publique France*) and the emergency room at the *Lariboisière* hospital in Paris, taking part in the Euroden project.

T1.2.2. If information is available, please provide a commentary on the numbers of drug-related acute emergencies by main illicit substances, e.g. cannabis, heroin/ other opioids, cocaine, amphetamine type stimulants, new psychoactive substances. Please feel free to add tables in this section (as most countries already do). This might facilitate the reading.
Where appropriate please provide links to the original reports and studies (suggested title: Toxicology of drug-related acute emergencies)

Toxicology of drug-related acute emergencies

(see the 2025 Harms and Harm Reduction workbook)

T1.2.3. Trends: Please comment on the possible explanations of short term (5 years) and long term trends in the number and nature of drug-induced emergencies, including any relevant information on changes in specific sub-groups. For example, changes in demography, in prevalence and patterns of drug use, in policy and methodology.

Between 2012 and 2022, the rates of emergency department visits related to cocaine use more than doubled, rising from 9.6 to 20.9 per 100 000 visits, all causes combined (+118%). Over the same period, hospital admissions following these emergency department visits rose sharply, increasing from 12.2 to 36.3 per 100 000 admissions after emergency visits (+198%). This increase became even more pronounced in 2023, with a 38% rise in emergency department visits and a 35% rise in hospital admissions compared with 2022, before stabilising in 2024. In 2025, an upward trend was once again observed: the rate of emergency department visits related to cocaine use reached 34.7 per 100 000 visits, all causes combined (+26% compared with 2024), equivalent to 6,529 visits over the year, or about 125 per week in France. Admissions following emergency department visits showed a similar trend, with a rate of 55.1 per 100 000 admissions after emergency visits (+22% compared to 2024), corresponding to 2 096 admissions recorded in 2025 (Verrat *et al.* 2026a; Verrat *et al.* 2026b).

These visits were frequently associated with the use of other substances, highlighting the significant role of polydrug use in acute cocaine-related complications. In addition, although the absolute number of hospital admissions has increased over time, the proportion of emergency visits that led to hospital admissions has declined since 2018, reaching 33.9% in 2025 compared with 38.6% in 2017.

Regarding opioids, data from the OSCOUR® network indicate a pattern that differs from cocaine's. In 2025, 6 561 emergency department visits related to opioid use were recorded, corresponding to a rate of 34.8 per 100 000 visits, all causes combined, as well as 3 173 hospital admissions following emergency department visits (48% of visits), i.e. a rate of 83.2 per 100 000 hospital admissions after emergency visits all causes combined. Men accounted for 57% of cases and the median age was 37. The highest rates were observed among individuals aged 40 to 49 (64.2 per 100 000 visits, all causes combined). Among the visits recorded in 2025, 275 were specifically linked to heroin use, 275 to methadone, and 263 to opium (*Santé Publique France*, specific analysis of the OSCOUR® database, 2026).

Rates of emergency department visits and hospital admissions related to opioid use have remained broadly stable over the period 2016–2025. However, this overall stability conceals varying trends depending on age group and the substances involved. Visits rose among adolescents aged 15 to 19, from 35.3 to 52.2 per 100 000 visits, all causes combined, between 2016 and 2025 (+47%). Among individuals aged 20-29, an increase has also been observed since 2021, with the rate rising from 49.6 to 59.4 per 100 000 visits, all causes combined, between 2021 and 2025 (+20%).

According to *Santé Publique France*, these trends are consistent with an increase in intoxications linked to the misuse of opioids, particularly products combining paracetamol and opium. These trends are part of a broader context of deteriorating mental health among young people observed since the Covid-19 pandemic, particularly among young women.

In addition, a specific increase in visits related to opium use has been observed since 2021, with the rate rising from 0.3 to 1.4 per 100 000 visits, all causes combined, between 2021 and 2025. This trend appears to be more closely associated with the misuse of analgesic drugs containing opium than with an increase in the recreational use of opium, which remains marginal in France. The rates of emergency department visits related to opioid use remain stable or are declining in the other age groups (*Santé Publique France*, specific analysis of the OSCOUR® database, 2026).

T1.2.4. ***Optional****. Please provide a commentary on any additional information you feel is important to understand drug-related acute emergencies data within your country (suggested title: Additional information on drug-related acute emergencies)*

T1.3. Drug related infectious diseases

The purpose of this section is to

- Provide a commentary on the prevalence, notifications and outbreaks of the main drug-related infectious diseases among drug users, i.e. HIV, HBV and HCV infections in your country
- Provide contextual information to the numerical data submitted through ST9 including prevalence and behavioural data (e.g. sharing syringes)
- Provide a commentary, if information is available, on the prevalence/outbreaks of other drug related infectious diseases, e.g. STIs, TB, bacterial infections, hepatitis A

T1.3.1. Please comment on the prevalence among drug users and on notifications of the main drug related infectious diseases (HIV, HBV, HCV) provided to the EMCDDA (suggested title: Main drug-related infectious diseases among drug users – HIV, HBV, HCV)

Main drug-related infectious diseases among drug users - HIV, HBV, HCV

The latest available data on the prevalence of infectious diseases (HIV, HBV, HCV) among people who use drugs come from a study carried out between 2018 and 2023 in 26 medico-social addiction care facilities (CSAPAs and CAARUDs) involving 588 people (Chevaliez *et al.* 2024). The positivity rates for viral hepatitis C and B and HIV were 16.3%, 1.8% and 1.3% respectively. (For more details, see the 2025 Harms and Harm Reduction Workbook).

T1.3.2. ***Optional.*** *Please comment on notification data (e.g. notification of new HIV and AIDS cases among drug users). Short descriptions of outbreaks/clusters, specific surveys or other relevant data can be reported here (suggested title: Notifications of drug-related infectious diseases*)

Notifications of drug-related infectious diseases

In 2024, an estimated 5 125 people were diagnosed with HIV in France in 2024, of whom 1% acquired the infection through injecting drug use. Of the estimated 70 people [95% CI: 53–87] who became infected through injecting drug use, 26% were diagnosed at an early stage and 43% were diagnosed late or at an advanced stage (AIDS stage or CD4 count < 200/mm³, excluding primary infection).

At the time of discovery of HIV status, 6% of intravenous drug users were co-infected with hepatitis B virus (HBsAg) and 45% were positive for HCV antibodies (Santé publique France 2025).

T1.3.3. ***Optional****. Please comment on any information on prevalence of HIV, HBV, HCV among drug users from other sources. Where appropriate please provide links to the original studies (suggested title: Prevalence data of drug-related infectious diseases outside the routine monitoring)*

T1.3.4. ***Optional.*** *Please comment on available behavioural data (e.g. sharing, slamming…). Where appropriate please provide links to the original studies (suggested title: Drug-related infectious diseases - behavioural data)*

T1.3.5. ***Optional****. Please provide, if information is available, a comment on the prevalence of other infectious diseases e.g. STIs, TB among drug users. Where appropriate please provide links to the original studies (suggested title: Other drug-related infectious diseases)*

T1.3.6. ***Optional****. Please provide any additional information you feel is important to understand patterns and trends in drug related infectious diseases within your country (suggested title: Additional information on drug-related infectious diseases)*

T1.4. Other drug-related health harms

The purpose of this section is to provide information on any other relevant drug related health harms.

T1.4.1. ***Optional****. Please provide additional information on other drug-related health harms including co-morbidity (suggested title: Other drug-related health harms)*

T1.5. Harm reduction interventions

The purpose of this section is to

- Provide an overview of how harm reduction is addressed in your national drug strategy or other relevant drug policy document
- Describe the organisation and structure of harm reduction services in your country
- Comment on the harm reduction provision (activities/programmes currently implemented)
- Provide contextual information useful to understand the data submitted through SQ23/ST10.

T1.5.1. Please summarise the main harm reduction-related objectives of your national drug strategy or other relevant policy documents (cross-reference with the Policy workbook). Include public health policies, strategies or guidelines relevant to the prevention and control of health-related harms, such as infectious diseases among PWID (e.g. HIV and hepatitis action plans or national strategies) and national strategies regarding the prevention of drug-related deaths. Please specify the defined actions and targets and provide references to these documents in section T 5.1. Trends: Please comment on current trends regarding these policies (suggested title: Drug policy and main harm reduction objectives)

Drug policy and main harm reduction objectives

The harm reduction policy towards drug users is enshrined in law (article L3411-8 of the French Public Health Code[1].). It also applies to inmates.

Its main objective is to keep people suffering from addiction alive. It aims to prevent health-related, psychological, and social harm, the spread of infections, and drug overdose deaths related to use of psychoactive substances or those classified as narcotics.

The national reference framework for harm reduction actions specifies the objectives of harm reduction activities (article D.3121-33 of the Public Health Code, in accordance with the provisions of decree no. 2005-347 of April 14, 2005):

- Preventing severe, acute or chronic infections, especially those related to the use of shared injection equipment
- Preventing acute intoxication, including fatal overdoses from drug use
- Preventing and managing acute and related psychiatric disorders
- Referring drug users to emergency services, general care, specialist care and social services
- To improve their physical and mental health and their social integration.

Beyond the general framework set out in laws and regulations on harm reduction measures geared towards illicit substance users in France, the new Interministerial Strategy for Mobilisation against Addictive Behaviours (SIMCA) deals with new challenges in the field, for the 2023-2027 period (MILDECA 2023).

Outreach for vulnerable populations

One of the main objectives at the heart of public action is increasing the ability to "go towards" non-integrated users and improve access to harm reduction tools in line with developments in use practices and populations. The new strategy also reaffirms the Government's desire to strengthen its outreach efforts, which is carried out on the basis of specific protocols, while reinforcing its coordination with care, and particularly withdrawal, "*at every opportunity*". These objectives follow strategies deployed as part of the Covid-19 health crisis, for a greater consideration of addiction issues among the most precarious populations. From this perspective, the change in the representations of professionals, the adaptation of the organisation of services, and the structuring of partnerships to go towards new populations are the top priorities of the current policy. In particular, the intended objective is to sustainably integrate the prevention of addictive behaviours and harm reduction into facility and service projects and professional practices, geared towards populations receiving treatment and professionals from the facilities providing care and support.

Party gatherings

Harm reduction in party settings plays a central role in the new 2023-2027 interministerial strategy. At the initiative of the prefectures, it aims to engage local actors in the deployment of harm reduction efforts within party gatherings, in order to reduce the risky use of psychoactive substances, and the health-related and social harm (violence, disturbance of public order and peace) associated with it.

Harm reduction for people in contact with the criminal justice system

People in contact with the criminal justice system, who are imprisoned or monitored in an open setting, whether they are adults or minors (including minors in conflict with the law who are monitored in public and non-profit facilities and services ensuring judicial youth protection), are particularly vulnerable to addictive behaviours. The 2023-2027 Interministerial Strategy for Mobilisation against Addictive Behaviours (or SIMCA) includes harm reduction for people in contact

with the criminal justice system within its strategic guidelines. It aims to strengthen the levers available in prison settings, in order to propose a comprehensive approach with a continuum ranging from prevention to care/support, including harm reduction, which is tailored to the specificities and constraints of the prison environment (see the Prison Workbook).

Specific programmes complementing the framework set out in the new strategy

Moreover, operational programmes outlined by the ministries contributed to the objectives of the cross-cutting government policy (Premier ministre 2025), to complement and/or implement the framework set out by the SIMCA, such as programmes by the national health directorate, the Ministry of Justice, etc.

National health directorate (DGS) programme

The National health directorate programme on the prevention of chronic diseases and the quality of life for patients supports the objectives outlined by the 2023-2027 SIMCA, and in particular:

- the deployment of new measures (and particularly the lifetime use of drug consumption rooms, renamed “addiction care drop-offs”).
- the availability of the latest knowledge on this matter among professionals and the general public,
- the distribution of prevention kits to drug users.

Prison authorities programme

(See T3.1 in the Prison WB for additional information on action plans in prison settings and see the 2025 Harms and Harm Reduction Workbook).

Infection control

HIV and hepatitis prevention is part of the overall goal of eliminating HIV and HCV by 2030 and 2025, respectively. The objectives are set out in the National Sexual Health Strategy (Ministère des Affaires sociales et de la Santé 2017). This includes facilitating access to screening, reducing the time between infection and initiation of treatment and addressing the specific needs of vulnerable people including drug users.

Harm reduction (HR) plans

Established in 2019, the coordinated mobilisation plan on crack cocaine in Paris aims to combat consumption in north-eastern Paris, which is one of the main areas of consumption in France (Préfecture de la région d'Île-de-France - Préfecture de Paris *et al.* 2019). This inter-institutional initiative includes:

- supporting drug users to reduce harm and foster treatment pathways;
- accommodating, providing shelter, and creating rest areas and dedicated housing and residential care units, to gradually allow drug users to get off the streets;
- taking action within the public space, going out to meet drug users, and responding to the needs of inhabitants, for the purpose of improving public peace and combating drug trafficking;
- improving knowledge.

This specific treatment for users of crack cocaine (free base cocaine) in Île-de-France is now one of the region’s strategic priorities, as set out by the Île-de-France regional health agency (ARS) for the period 2023–2028 (ARS Île-de-France 2023).

T1.5.2. Please describe the structure of harm reduction service organisation in your country, including funding sources. Describe the geographical coverage. Comment on its relationship to the treatment service provision system and the extent to which these are integrated or operate

separately. Where possible, please refer to the EMCDDA drug treatment system map (see Treatment workbook) to identify the range of treatment providers that are also delivering harm reduction services. Trends: Please comment on trends regarding harm reduction service organisation (suggested title: Organisation and funding of Harm reduction services)

Organisation of harm reduction services

The organisation of harm reduction is based on medical and social structures (CAARUD, CSAPA). Outpatient structures (pharmacies, primary care) and associations contribute to this.

CAARUDs are low-threshold facilities. Drug users can benefit from counselling, information, provision of harm reduction materials and support in accessing care and rights. The treatment of users is anonymous and free of charge. Depending on the CAARUD, users are received in a fixed location and/or a mobile unit (truck or bus). CAARUDs can also organise “walkabouts” (street interventions) or hold meetings in social housing centres or in prisons. They can intervene in Youth Addiction Outpatient Services (CJC) and occasionally in party settings (See the 2025 Harms and Harm Reduction Workbook).

CSAPAs have a harm reduction mission in addition to their medical and psycho-socio-educational treatment of people suffering from addiction. They can distribute harm-reduction materials and also prescribe opioid agonist therapy (OAT). However, the latter relies to a large extent on general practitioners. CSAPAs operate on an outpatient basis and/or with individual or collective accommodation. Consultations are free of charge and confidentiality is guaranteed. CSAPAs can work with prisoners and people leaving prison (See the ‘Treatment’ workbook and the 2025 Harms and Harm reduction Workbook).

CAARUDs and, more rarely, CSAPAs can work in partnership with pharmacies within the framework of syringe exchange programmes. The involvement of pharmacies in the programme is voluntary and unpaid. Partner CAARUDs and CSAPAs provide support to the pharmacies by giving them information on harm reduction and useful information for referring users to the local support network. Pharmacies also participate in harm reduction by selling prevention kits. Automatic distribution machines managed by associations or local authorities complete the scheme for distributing prevention kits (see T1.5.3).

Funding

The recognition of CSAPAs and CAARUDs as medico-social establishments (Article L312-1 of the Social Action and Family Code) secures their status and their funding, which is provided by the national health insurance scheme.

Coverage of the territory

In 2025, 162 CAARUDs and 497 CSAPA were registered in France. The facilities are concentrated in large urban areas. Almost half of CAARUDs, or 78 centres in 2022 are located in a municipality of at least 100 000 inhabitants. Nearly a third of CAARUDs are located in towns with fewer than 50 000 inhabitants.

Created in 2011, the remote syringe exchange programme aims to meet the needs of users who are far from the medical-social system (for more detail, see T1.5.3.b). In 2022, around 2 500 dispensing pharmacies, in partnership with a CAARUD, are actively contributing to the Syringe Exchange Programmes (SEP) throughout the country [ASA-CAARUD data].

T1.5.3. Please comment on the types of harm reduction services available in your country provided through low-threshold agencies and drug treatment facilities (suggested title: Provision of harm reduction services)

a) Describe how **infectious diseases testing** is organised and performed in your country, incl. for which infections drug users are screened, **and if testing is routinely available at drugs facilities**;
b) Describe how **syringe distribution** is organised in your country (reference to ST 10 data),
c) Which equipment and drug use **paraphernalia** (beyond syringes/needles) are provided (indicate your reply by "x" in relevant box- one per line);

If available, address:

d) Take-home naloxone programmes and emergency response training (settings, target groups);
e) Supervised drug consumption facilities;
f) Post-release / transition management from prison to community, provided by drugs facilities;
g) Vaccination, e.g. hepatitis B vaccination campaigns targeted at PWID;
h) Infectious diseases treatment and care: e.g. describe referral pathways or care partnerships;
i) Sexual health counselling & advice, *condom distribution;*
j) *Optional. Interventions to prevent initiation of injecting; to change route of administration of drugs; mental health assessments.*

a) Infectious diseases testing

Drug users can be screened for HIV and hepatitis B and C at CAARUDs, CSAPAs and associations involved in screening for infectious diseases. Rapid diagnostic tests (RDT) are favoured at these facilities. In some of them, it is complemented by dried blood spot testing. The performance of the RDTs is governed by a financing and authorisation scheme which, since June 2021, has included the HBV RDT in addition to the HIV and HCV RDTs (order of 16 June 2021 setting out the conditions for carrying out the RDTs). In the event of a positive RDT, the person concerned is systematically referred, and if necessary, accompanied, to a doctor or a health service for a biological diagnosis. Some facilities can take the samples for biological screening directly. Some CAARUD have Cepheid's GenExpert device which can measure the HCV viral load in less than 2 hours.

Drug users can also go to an anonymous and free screening centre (CeGIDD)[2] possibly referred or accompanied by CAARUD workers. Users who are furthest from harm reduction and care services can be screened during "external" screenings carried out by the CAARUDs and associations. The remote harm reduction scheme (SAFE association) offers the possibility of requesting blood or capillary screening for hepatitis C via the website Access to screening (depistage-hepatite.fr).

The HIVTest scheme, introduced in 2022, enables all Social Security beneficiaries to benefit from free and prescription-free HIV screening in medical analysis laboratories, without an appointment. Since September 2024, insured persons under the age of 26 can benefit from free and prescription-free screening at medical analysis laboratories for several other infections. These screenings concern the hepatitis B virus, chlamydia, gonococcus and syphilis.

The other facilities that offer free screening are those providing sexual health services (CPEF, EICCF)[3]. Screening can also be done in the outpatient or inpatient health system. When social security coverage is available, HIV and HCV testing is covered at 100%, but screening for chronic HBV markers is currently only covered at 65%. Self-screening tests for HIV-infection screenings are available in pharmacies since September 2015 and complement the measures available to meet specific needs.

b) *Organisation of syringe distribution*

The supply of injection equipment is provided by various actors:

- CAARUDs and CSAPAs, which provide distribution on their premises, in mobile units where appropriate, but also via automatic distribution machines and via a network of partner pharmacies and via the Remote Syringe Exchange Program.
- Pharmacies that sell injection kits (Kit Exper' pharmaceutique, Stéribox+®).

- The managers of automatic distribution machines, such as associations and local authorities, who make prevention kits such as the Kit Exper' Associatif or Kit+ available to drug users via these machines.
- The postal Needle and Syringe Exchange Programme coordinated by the SAFE association, which offers free personalised delivery of consumption materials. SAFE also offers syringe distribution via automatic distribution machines.
- Harm reduction associations that are not CAARUDs (professionals in festive settings, prostitution, non-CAARUD AIDES branches)

c) *Distribution of equipment and drug use paraphernalia*

Type of equipment	routinely available	often available, but not routinely	rarely available, available in limited number of settings	equipment not made available	information known
pads to disinfect the skin	X				
dry wipes	X				
water for dissolving drugs	X				
sterile mixing containers	X				
filters	X				
citric/ascorbic acid	X				
bleach				X except in prison	
condoms	X				
lubricants	X				
low dead-space syringes	X				
HIV home testing kits	X				
non-injecting paraphernalia: foil, pipes, straws	X				
List of specialist referral services: e.g. drug treatment; HIV, HCV, STI testing and treatment	X				

d) *Naloxone distribution programme*

In 2024, 3 naloxone products are marketed in France:

- Prenoxad® intramuscular naloxone kits (0.91 mg/ml) are commercialised since June 2019. The Prenoxad® kit is available in pharmacies for 23 euros and in specialised facilities. This kit, whereby 65% can be reimbursed when prescribed, can also be purchased without a prescription.
- The Nyxoid® nasal spray kit, indicated for use in adolescents aged 14 and over and adults, has been available on the market since September 2021. The kit contains 2 single-dose vials of 0.1 ml. Each nasal spray delivers 1.8 mg of naloxone. Nyxoid® is available in health care institutions, CSAPAs and CAARUDs. The box of 2 vials costs €31.40 and is reimbursed at 65%. Nyxoid® is subject to mandatory medical prescription, whereas nasal naloxone 0.9 mg per unit, available in France until November 2020, was not subject to medical prescription.
- The Ventizolve nasal naloxone kit® (two single-dose spray bottles 1.26 mg), intended for adults and marketed in France since mid-October 2023, is only available from health or

medico-social facilities (CSAPA and CAARUD). The application for its approval for primary care and its reimbursement in pharmacies and health establishments is underway. However, this kit can be purchased in pharmacies without a medical prescription.

The Prenoxad® and Nyxoid® kits are delivered free of charge to those at risk in the following facilities:

- CSAPA specialised drug treatment centres
- CAARUD harm reduction facilities
- in hospitals (upon discharge from the addiction or emergency room department)
- Prison Health Units for users being released from prison
- mobile care teams for people in precarious situations or suffering social exclusion, managed by associations.

In June 2020, the Ministry of Health published information and training materials on opioid overdose (updated in 2022): memos, posters, flyers for the public and health professionals (Ministère de la Santé et de la Prévention 2023). The government also supports an inter-association online training course called "*Une heure pour apprendre à sauver une vie*" or "One hour to learn how to save a life" (www.naloxone.fr).

e) Supervised drug consumption facilities

The "*haltes soins addiction*" or addiction care centres (HAS in French, Drug consumption room-DCR in English) are spaces for harm reduction through supervised use and orientation towards a physical and psychological health pathway adapted to the situation of drug users. Formerly known as "drug consumption facilities" (SCMR), the HSAs have operated since 2016 as part of a legislative pilot scheme. The scheme, initially due to end on 31 December 2025, has been extended by two years, until 31 December 2027.

The specifications for the HSAs are national and are set out in an order (order of 26 January 2022 approving the national specifications for addiction care centres). The implementation of HSAs is entrusted to CSAPAs and CAARUDs.

The general objectives of HSAs are:

- To help reduce the risk of overdose, infection and other complications of drug use among active drug users by providing safe conditions for drug use and sterile and/or single-use personal equipment;
- To help to bring drug users and diverted drug users into a health pathway
- To contribute to improving users' access to rights, social services and accommodation or housing;
- To help reduce public nuisance, including the presence of injection equipment in the public sphere.

There are two HSAs in France, in Paris and Strasbourg. These facilities are regularly evaluated. The various reports (Inserm, General Audit Office of Administrative Affairs (IGA)/General Audit Office of Social Affairs (IGAS), Hospices Civils de Lyon) highlight the health and safety benefits of HSAs and specifically recommend maintaining existing facilities and establishing new HSAs (HCL 2025; IGA *et al.* 2024; INSERM 2021).

f) Harm reduction measures on release from prison

See T3.1 of the Prison workbook.

g) Hepatitis B vaccination and vaccination campaigns targeted at drug users

As for the prevention of hepatitis B, the vaccination of all infants has been obligatory since January 2018. This measure was included in the 2018-2022 National Health Strategy (Ministère des Solidarités et de la Santé 2017). Other groups are targeted by hepatitis B vaccination

recommendations, including intravenous or intranasal drug users, and people who have sexual relations with multiple partners, who are exposed to sexually transmitted infections (STIs), or have a current or recent STI.
The hepatitis B vaccine is provided free of charge by CeGIDD (free information, screening and diagnosis centre) and CSAPAs. This vaccine is 65% reimbursed by the National Health Insurance Fund (*Assurance maladie*) as part of a general care system.

h) Infectious diseases treatment and care

Since 2019, a patient-specific care pathway has been possible for hepatitis C. The simplified management allows for an optimisation of the time between screening and treatment. A number of CSAPAs offer advanced hepatology consultations (to ensure the assessment of hepatitis C, the introduction of treatment and follow-up) and expert services for combatting viral hepatitis carry out "external" duties. (See paragraph h) of section T1.5.3 of the 2021 'HHR' Workbook).

In France, people living with HIV benefit from 100% free medical care under the long-term illness scheme (ALD) via the National Health Insurance Fund (Article D322-1 of the Social Security Code). Treatment is based on triple antiretroviral therapy started as soon as the diagnosis is made, generally in the form of a single daily tablet, enabling sustained suppression of the viral load and making sexual transmission impossible (HAS 2024). Medical follow-up includes virological and immunological monitoring and management of comorbidities. Specialised facilities, such as free information, screening and diagnosis centres (CeGIDD), can provide comprehensive support (screening, care, psychological support, prevention).

i) Sexual health counselling & advice, condom distribution

Preventing sexual risks through a comprehensive sexual health approach is at the heart of CeGIDD's mission. Condom distribution is one of CAARUD's and CSAPA's harm reduction goals.

T1.5.4. Trends: Please comment on current trends regarding harm reduction service provision (suggested title: Harm reduction services: availability, access and trends)
Trends: Syringe trends: Please comment on the possible explanations of short term (5 years) and long term trends in the numbers of syringes distributed to injecting drug users, including any relevant information on changes in specific sub-groups, and changes in route of administration.

Harm reduction services: availability, access and trends

Distribution of syringes

As presented in section T1.5.3.b, the distribution of syringes is mainly carried out by harm reduction facilities (CAARUDs). These facilities can distribute syringes either directly in their premises or as part of their mobile units. They also supply partner pharmacies and vending machines. In 2022, the CAARUDs distributed a total of 8 million syringes. This figure was stable compared to the data from 2019. Of these 8 million syringes, 6.4 million were distributed by the CAARUD, around 500 000 by vending machines and 1.2 million were delivered to partner pharmacies.

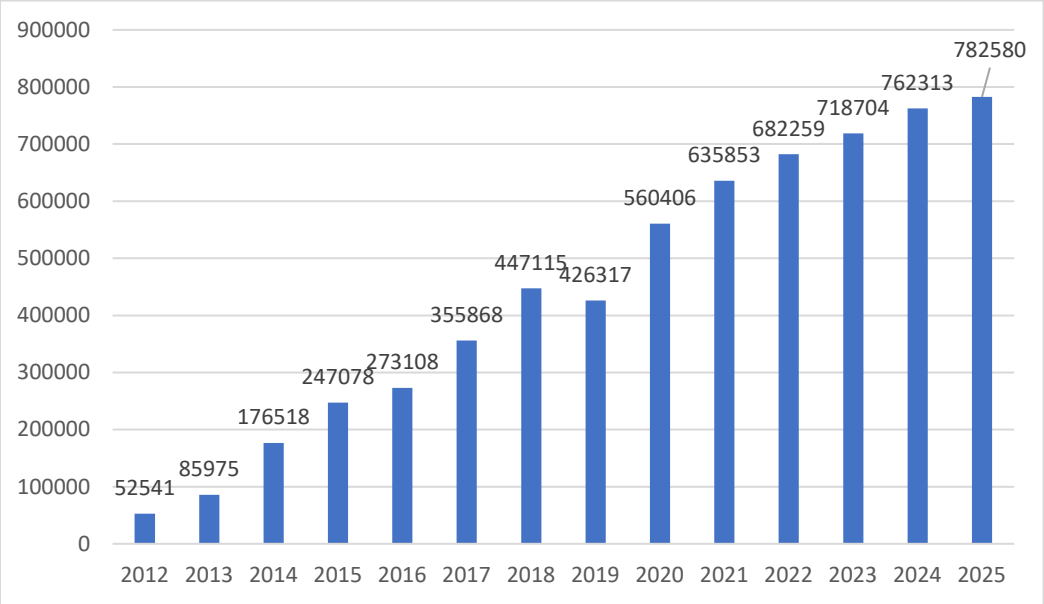
As part of their remit, CSAPAs may also distribute harm-reduction equipment. In 2022, CSAPAs reported distributing approximately 560 000 syringes, either individually or in kits.

Another stakeholder providing injection equipment distribution is the SAFE association, by post and via vending machines in public places. According to SAFE's 2025 activity report, the distribution of syringes by post increased by 2.7% in 2025, compared to 2024, to reach 782 580 units.

These figures also include the distribution of kits for people injecting transition hormones. It should be noted, however, that this has little impact on the distribution of equipment, as those injecting

hormone treatments only do so very few times a year (between 20 and 70 depending on the treatment).

Evolution of the distribution of syringes by post by the harm reduction association SAFE from 2012 to 2025 (Association SAFE 2025)



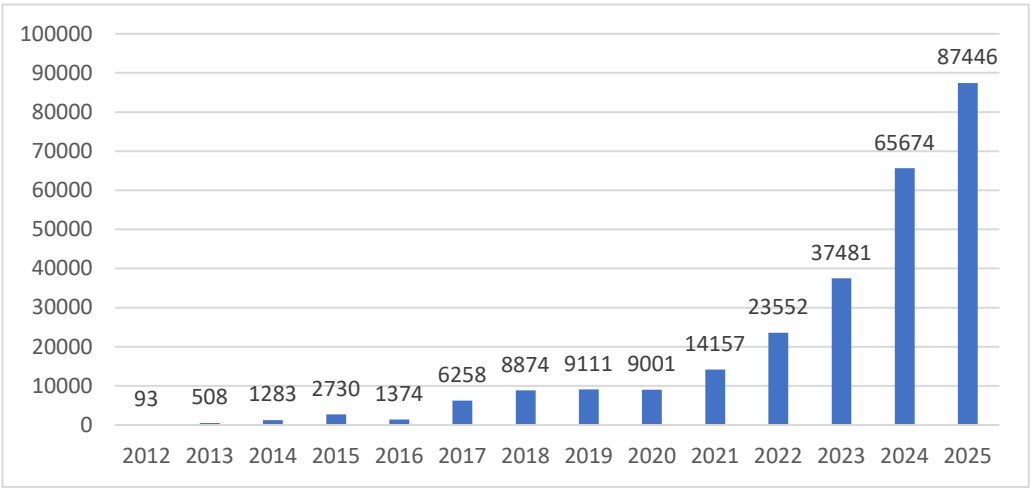
Some medico-social facilities and/or certain regions report restricting the distribution of syringes due to insufficient funding to meet the needs of users.

Inhalation pipe distribution

The total number of inhalation pipes distributed is not known in France. Nevertheless, other indicators show that the quantity of equipment distributed for crack cocaine inhalation has been rising sharply for several years.

The SAFE association provides distribution of inhalation pipes by post, and distributed 87 446 units in 2025, representing a 33.2% increase compared with 2024.

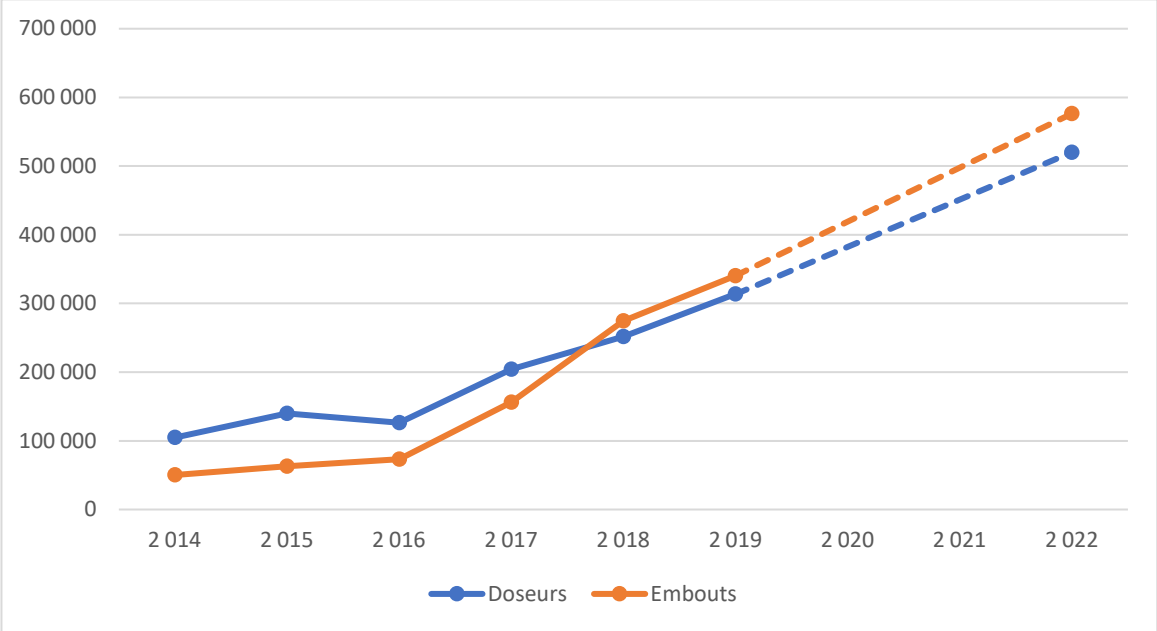
Change in the distribution of inhalation pipes by post by the harm reduction association SAFE from 2012 to 2025 (Figure from the SAFE 2025 activity report) (Association SAFE 2025)



This increase mainly concerns the practice of crack cocaine consumption but also takes into account the spread of universal pipes for inhaling other substances (heroin, cathinones, methamphetamine, etc.).

The CAARUDs also report an increase in the distribution of equipment intended for crack cocaine inhalation [ASA-CAARUD report, OFDT interpretation]

Changing pattern in the number of crack cocaine inhalation equipment (tubes and mouthpieces) distributed by CAARUDs



Note: Doseurs = tubes / Embouts = mouthpieces

Despite the exponential increase in the distribution of crack cocaine pipes, medico-social facilities and associations providing this equipment are obliged to introduce restrictions in order to curb the rising costs purchasing them. As a result, certain facilities are limiting the number of crack cocaine pipes distributed per user or are encouraging the purchase of straight pipes, which are less expensive than bent pipes, although the latter are often preferred by users (Gérome 2024).

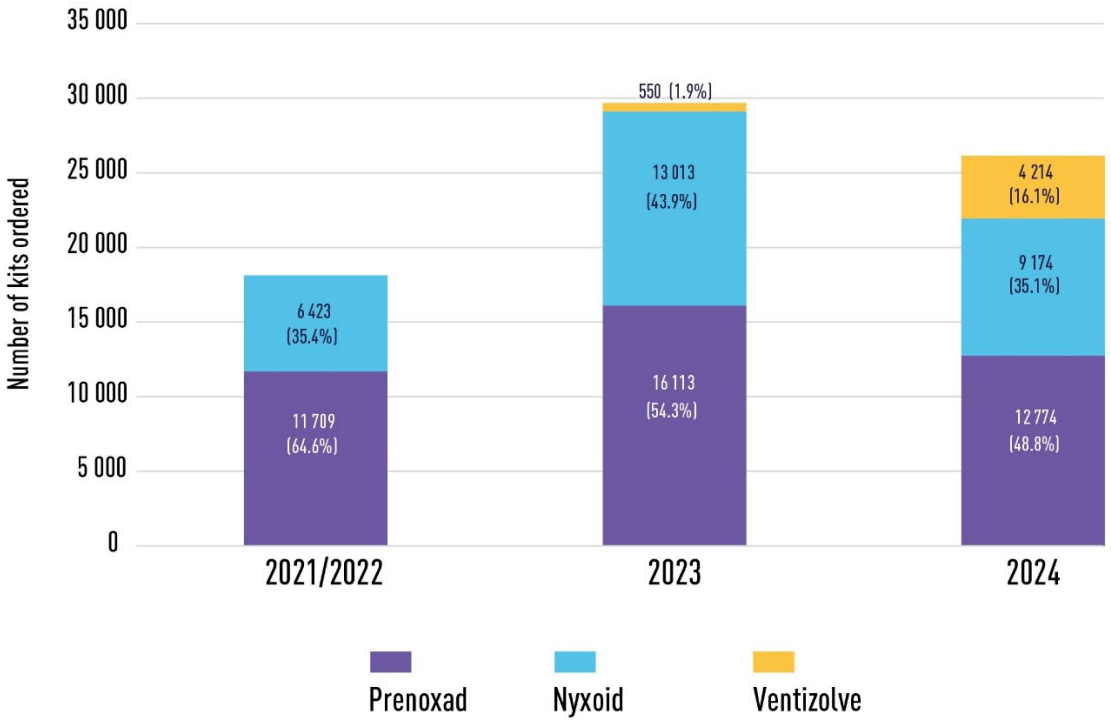
Screening and referral for pre-exposure prophylaxis (PrEP) and post-exposure treatment (PEP) for HIV

SAFE provides remote access to screening kits, HIV self-tests and combined blood spot screening for HIV, hepatitis B and C, and syphilis (information via a leaflet in the parcels and/or information during an interview with a professional). In partnership with a CSAPA, 431 screening kits were sent. Of these kits, a quarter were HIV self-tests, and three quarters were combined blood spot screening tests. Positive results are given by the doctors at CSAPA Liberté. They are systematically referred to the appropriate professionals to begin treatment (Association SAFE 2025).

Provision of naloxone

Orders for Nyxoid® and Prenoxad® naloxone kits declined slightly between 2023 and 2024. However, orders for Ventizolve® kits, which have been available since late 2023, increased, with more than 4 000 kits sold. Its distribution once again primarily involved the CSAPAs and CAARUDs.

Trends in naloxone orders by product from 2021 to 2024 (Feng 2025)



Source: Ethypharm (Prenoxad®) laboratory, Mundipharm (Nyxoid®) laboratory, Cevidra (Ventizolve®) laboratory, processed by the OFDT.

Due to its availability from mid-October 2023, only sales data from November and December 2023 was available for Ventizolve®.

Overall naloxone kit orders declined slightly between 2023 and 2024. This may be because many users were already equipped in 2023, following a sharp rise in orders compared with previous years. Sales volumes to hospitals and to CAARUDs/CSAPAs remained stable, while pharmacy orders fell. CAARUDs also have agreements with pharmacists to collect naloxone kits, and hospital orders are often passed on to hospital-based CSAPAs. However, these sales data do not reflect the stock of kits actually held in facilities.

According to the SAFE association's 2025 activity report, 483 boxes of naloxone were delivered by post in 2025 as part of remote harm reduction.

Product analysis as part of harm reduction (*drug checking*)

Drug testing allows users of psychoactive substances to learn about the composition of their product by having it analysed. This service enables people to become informed, make choices based on reliable information and thus better protect and improve their health.

There are two programs offering drug analysis as part of drug checking:

- "*Analyse Ton Prod*" (Analyse Your Product)., led by *Fédération Addiction*, aims to coordinate and support actors who want to set up a harm reduction scheme.
- Drug Lab, supported by the bus 31/32 association.

Both are part of TEDI (Trans European Drug Information), a network of European organisations offering drug analysis as a harm reduction tool.

The number of analyses carried out by the Analyse ton Prod' network was 2 126 in 2022, 2 704 in 2023, 5 703 in 2024 and 8 426 in 2025. The Drug Lab carried out 1 064 product analyses in 2024.

These data are also transmitted to the TEDI network by ATP and Bus 31/32.

T1.5.5. ***Optional****. Please provide any additional information you feel is important to understand harm reduction activities within your country. Information on services outside the categories of the 'treatment system map' may be relevant here (e.g. services in pharmacies/dedicated to HIV/AIDS, primary health care system/GPs, or other sites and facilities providing testing of infectious diseases to significant number of people who use drugs, or drugs/outreach activities not covered above) (suggested title: Additional information on harm reduction activities)*

T1.6. Targeted interventions for other drug-related health harms

The purpose of this section is to provide information on any other relevant targeted responses to drug-related health harms

T1.6.1. ***Optional****. Please provide additional information on any other relevant targeted health interventions for drug-related health harms (suggested title: Targeted interventions for other drug-related health harms)*

The instruction of 12 May 2023, issued to prefects by the Ministry of National Education and Youth, guides government intervention on party gatherings and confirms the appointment of "party gathering" mediators in each department: they work in tandem with the prefectures and the departmental services of youth, engagement, and sports. Their mission is to support event organisers in their safety, prevention, and harm reduction efforts. For example, they facilitate the cooperation between event organisers and associations offering harm reduction measures in the department, whether they be CSAPA, CAARUD, collectives, or community health associations.

T1.7. Quality assurance of harm reduction services

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

T1.7.1. ***Optional****. Please provide an overview of the main harm reduction quality assurance standards, guidelines and targets within your country (suggested title: Quality assurance for harm reduction services)*

The Ministry of Solidarity and Health has developed a list of risk and harm reduction material which provides an overview of harm reduction tools which are known to be effective and acceptable (Direction générale de la santé 2020).

In 2022, the French National Authority for Health (HAS) updated their recommendations for best practices for addiction prevention and risk and harm reduction in Social and medico-social establishments and services (ESSMS) (HAS 2022). These recommendations are aimed at professionals in ESSMS and their partners, while taking into account the specificities of different sectors such as the elderly, people with disabilities, child protection, and social inclusion. These recommendations aim to prevent or delay the development of addictive behaviours and reduce the

risks associated with them. They encourage raising awareness and informing drug users, and training professionals to improve support and take action with the loved ones around them. It is also essential to guide people towards specialised resources and tailor personalised support projects.

T1.7.2. ***Optional****. Please comment on the possible explanations of long term trends and short term trends in any other drug related harms data that you consider important (suggested title: Additional information on any other drug related harms data)*

T2. Trends Not relevant in this section. Included above.

T3. New developments

The purpose of this section is to provide information on any notable or topical developments observed in drug related harms and harm reduction 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 related deaths and emergencies in your country since your last report (suggested title: New developments in drug-related deaths and emergencies)

see T1

T3.2. Please report on any notable new or topical developments observed in drug related infectious diseases in your country since your last report (suggested title: New developments in drug-related infectious diseases)

see T1

T3.3. Please report on any notable new or topical developments observed in harm reduction interventions in your country since your last report (suggested title: New developments in harm reduction interventions)

T4. Additional information

The purpose of this section is to provide additional information important to drug related harms and harm reduction in your country that has not been provided elsewhere.

T4.1. ***Optional****. Please describe any important sources of information, specific studies or data on drug related harms and harm reduction, that are not covered as part of the routine monitoring. Where possible, please provide published literature references and/or links (suggested title: Additional Sources of Information.)*

T4.2. ***Optional****. Please use this section to describe any aspect of drug related harms and harm reduction that the NFP value as important that has not been covered in the specific questions above. This may be an elaboration of a component of drug related harms and harm reduction outlined above or a new area of specific importance for your country (suggested title: Further Aspects of Drug-Related Harms and Harm Reduction)*

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 (including references to reports and grey literature) for the information provided above (suggested title: Sources)

DRD: Please describe the monitoring system to complement ST5/ST6 (clarify source GMR, SR, other; coverage; ICD coding; underestimation; underreporting and other limitations).

Emergencies: please provide the case definition for reporting drug-related emergencies and, if applicable, an overview of the monitoring system in place and important contextual information, such as geographical coverage of data, type of setting, case-inclusion criteria and data source (study or record extraction methodology).

DRID: Please describe the national surveillance approach for monitoring infectious diseases among PWID. Please describe the methodology of your routine monitoring system for the prevalence of infectious diseases among PWID as well as studies out of the routine monitoring system (ad-hoc). Be sure that in your description you include all necessary information for the correct interpretation of the reported data, i.e.: clarify current sources, ad-hoc and/or regular studies and routine monitoring, settings, methodology of major studies. Representativeness and limitations of the results.

Harm Reduction: Please describe national or local harm reduction monitoring approaches and data flow, incl. syringe monitoring. *Where possible, provide any contextual information helpful to understand the information on needle and syringe programmes, drug consumption rooms and take-home naloxone programmes reported in ST 10 "Harm Reduction". Such context can be: statutory evaluation requirements, reports to funding bodies, research projects.*

Provide references of policy documents relevant to the reduction of drug-related health harm.

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

Drug-related deaths

The National register of causes of death

The census of causes of death has existed in France since 1968. It is based on the death certificate issued by the doctor who pronounced the death. Death certification is mandatory in France. It is therefore a comprehensive register.

Annual statistics of causes of death are carried out by the Epidemiology Centre on Medical Causes of Death (CépiDc) of the National Institute for Health and Medical Research (INSERM) according to an internationally standardised procedure. The coding of causes of death is based on the 10th revision of the International Classification of Diseases (ICD10). Due to the infrequent use of the T code in France, direct drug-related deaths (DRD) are extracted from this registry by using an adaptation of the EMCDDA/EUDA B selection: only codes X42, X62, Y12, F11, F12, F14, F15, F16 and F19 are retained.

There is an underestimation of DRDs in this register. This is partly due to the fact that the results of forensic investigations are not always transmitted to the CépiDC, which does not allow the temporary

code "causes unknown or ill-defined" initially assigned to them to be changed. The introduction in 2018 of an additional medical section transmitted directly to the CépiDC by the doctor who carried out the medical or scientific research into the causes of death or the forensic autopsy should make it possible to improve the quality of the data, if it is effectively used Conversely, there may be false positives. Indeed, deaths by morphine overdose occurring in persons over 50 in a palliative care context, may appear as deaths of drug users. Also, data for year N are only available in year N+2 at the earliest and the register is not very informative about the substances involved.

The specific registers DRAMES and DTA

The 2 surveys records deaths that have been the subject of a judicial investigation and of a request for toxicological analysis and/or autopsy as part of the search for the cause of death. The analyses are carried out at the at the Public Prosecutor's request. The deaths are notified to the ANSM and to the CEIP- A in Grenoble by volunteer toxicologist analysts throughout France, the number of which varies according to the year.

- **DRAMES: Drug and Substance Abuse-related Deaths**

  Set up in 2002, the survey includes substance abuse-related deaths that meet the EMCDDA/EUDA definition of direct drug-related deaths. Suicide deaths are excluded. The investigation aims to describe the circumstances in which the body was found, the stage of abuse at the time of death and the results of the autopsy, as well as to identify and quantify the substances involved by means of blood tests. The DRAMES register is not exhaustive.

- **DTA: Analgesia-poisoning deaths**

  Introduced in 2013, this survey includes cases of death related to analgesic drug use. For these cases to be included, death must be attributed to one of the following substances: acetylsalicylic acid, buprenorphine, codeine, dextropropoxyphene, dihydrocodeine, fentanyl, hydromorphone, ketamine, morphine, nalbuphine, nefopam, oxycodone, paracetamol, pethidine, pregabalin or tramadol. Deaths occurring in a context of substance abuse and drug addiction are excluded, and those occurring in the context of suicide are included. The DTA register is not exhaustive.

  The cases included in the DTA register (apart from those involving salicylic acid and paracetamol) added to those of DRAMES correspond to the deaths of the EMCDDA/EUDA B selection.

Drug use-related hospital emergency presentations

Oscour® network: coordinated hospital emergency presentation monitoring network
Santé publique France, SpF (French Public Health Agency)

Data collection is based on the direct extraction of anonymous information, taken from the patient's electronic medical record compiled during their visit to the emergency room. Sociodemographic (gender, age, department of abode), administrative and medical (main diagnosis, associated diagnoses, degree of severity, patient's destination after visiting the emergency room) variables are thus collected). In 2023, the surveillance network covered 96.8% of emergency department visits in the country.

Presentations to the emergency room in connection with drug use-related poisoning cover main diagnoses with EMCDDA/EUDA selection B ICD codes (F11, F12, F14, F15, F16, F19, X42, X62, Y12, T40, T43.6).

Harm reduction

ASA-CAARUD: National analysis of the CAARUD standardised annual activity reports
French Monitoring Centre for Drugs and Drug Addiction (OFDT) / National Health Directorate (DGS)

Each year, the facilities send the National Health Directorate (DGS) and Regional Health Agencies (ARS) a standard activity report; these are then sent to the OFDT for analysis. The data collected make

it possible to monitor the activity of the scheme since 2008. These data shed light on issues relating to geographical coverage, the allocated resources and access to CAARUDs. The information collected and analysed by the OFDT also enables the characteristics of the populations visiting harm reduction facilities and the activities of the professionals involved to be examined. Lastly, the ASA-CAARUD questionnaire offered to the facilities aims to document the distribution of injection and snorting materials, together with harm reduction resources for inhalation and the prevention of sexually transmitted infections. The questionnaire is based on a shared approach, initiated by the French Association for Drug Use-related Harm Reduction (AFR), in partnership with the OFDT and the health authorities. For the year 2022, 149 CAARUD activity reports were analysed.

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

Since 1998, CSSTs and subsequently CSAPAs (which replaced them) have issued a standard activity report each year, which is sent to the regional health agency (ARS). These reports are then sent to the national health directorate (French Ministry of Health), which analyses them with the support of the OFDT. The purpose of this data collection is to monitor the activity of the facilities, as well as the number and characteristics of individuals receiving support. Epidemiological data are not collected on a patient-by-patient basis but for all individuals welcomed within the facility.

For 2022, the most recent data available, reports from 385 outpatient CSAPAs and 116 residential facilities coordinated by a CSAPA were analysed. To estimate the number of people supported as accurately as possible, missing 2022 data were imputed from 2019 data, adjusted by linear regression using the CSAPAs that responded in both years.

VIH/sida and viral hepatitis (Hepatitis B and C)

Estimates of prevalence levels among drug users were based on data collected within the scope of various surveys:

- The reported prevalence of HIV, HBV and HCV are delivered since 2005, these prevalence numbers have been supplied by the RECAP scheme of patients seen in CSAPAs and by surveys of patients seen in low-threshold structures (CAARUDs), particularly ENa-CAARUD surveys.
- The biological prevalence of HIV and HCV, determined using blood samples, were collected from the Coquelicot survey (Jauffret-Roustide *et al.* 2009) conducted in 2004 and 2011.
- Estimates of the national incidence of AIDS, HIV infection and acute hepatitis B infection were also performed.

HIV/AIDS monitoring system
Santé publique France, SpF (French Public Health Agency)

Notification of new AIDS cases has been mandatory since 1986. The new HIV diagnoses were introduced in 2003 [Circulaire DGS/SD5C/SD6A n°2003-60 du 10 février 2003 relative à la mise en œuvre du nouveau dispositif de notification anonymisée des maladies infectieuses à déclaration obligatoire]. HIV data is the combination of biological information from biologists and epidemiological and clinical information from clinical physicians. AIDS notifications, which are anonymised from the outset, are only sent by physicians.

Virological monitoring (Elisa test based on the detection of specific antibodies) is carried out in parallel by the National HIV Reference Centre.

Since April 2016, biologists and clinicians have been required to report their diagnoses online via the e-DO web application (www.e-do.fr). To estimate the actual number of HIV-positive test results, data must be adjusted to take into account under-reporting (around 30%), missing data and reporting delays. As reporting behaviours have changed as a result of the shift from paper to online reporting, the data correction method has had to be adapted. The current method has been applied retrospectively to all cases diagnosed since 2010 in order to analyse temporal developments. This method resulted in a higher number of estimated HIV-positive discoveries than previously produced.

Acute Hepatitis B Monitoring System
Santé publique France, SpF (French Public Health Agency)

Any case of acute hepatitis B that meets the following criteria should be reported: anti-HBc IgM detected for the first time or, if IgM was not tested for, HBsAg and total anti-HBc antibodies demonstrated, in the diagnostic context of acute hepatitis. The collected data help describe the epidemiological profile of infected individuals and to estimate the incidence in France and any changes thereof. To do this, the data coming from reports are corrected for under-reporting, this underestimation being assessed at 85-91% in 2010. They also help assess the impact of the prevention policy by quantifying the spread of the hepatitis B virus.

Barotest 2016
Santé publique France, SpF (French Public Health Agency)

The *Baromètre de Santé publique France* (health barometer) is a telephone survey based on a random sample representative of the population of mainland France aged 15 to 75. It monitors behaviours, attitudes and perceptions related to risk-taking and health status. In 2016, the barometer included a biological component, BaroTest, in which adult respondents were offered free screening for hepatitis C (HCV), hepatitis B (HBV) and HIV using a home blood self-sampling kit. About 39% of eligible respondents (6 945 individuals) took part by returning a sample (Lydié *et al.* 2018).

Drug users in treatment

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

This system was set up in 2005 and continually collects information about clients seen in National Treatment and Prevention Centres for Addiction (CSAPAs). In the month of April, each centre sends its results from the prior year to the OFDT, which analyses these results. The data collected relate to patients, their current treatment and treatments taken elsewhere, their uses (substances used and substance for which they came in the first place) and their health. The common core questions help harmonise the data collection on a national level and fulfil the requirements of the European Treatment Demand Indicator (TDI) protocol.

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

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

The latest annual report has been published in 2025 with 2024 data (Feng 2025): https://www.ofdt.fr/publication/2025/traitements-par-agonistes-opioides-en-france-bilan-2025-2643.

This report reports the latest available and processed data, whose reference the year may vary with the sources available and processing time. The updated data are compared with those of previous years to study trends. The report first describes the sociodemographic characteristics of people reimbursed for opioid agonist treatment (OAT) in primary care, together with their treatment modalities and the amounts reimbursed, using medico-administrative data from the French National Health Insurance Fund (CNAM). It then details prescription and dispensing data from CSAPAs and prisons, which, combined with the primary care reimbursement data, are used to estimate the total number of OAT recipients and national OAT coverage. Next, it presents qualitative data on use of OAT outside prescribed protocols and on difficulties in accessing treatment. Finally, it reports the number of OAT-related deaths and naloxone sales.

European data available from the European Union Drugs Agency (EUDA) also enable comparisons with other EU countries.

Bibliography

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].

Association SAFE (2024). Réduction des risques à distance. Rapport de l'activité nationale 2024 [non publié].

Association SAFE (2025). Réseau national RDR à distance : Rapport d'activité 2025 [non publié]. 19/06/2026].

CEIP-Addictovigilance Grenoble (2026a). Décès en Relation avec l'Abus de Médicaments Et de Substances - Principaux résultats enquête DRAMES 2024. ANSM, Saint-Denis. Available: https://ansm.sante.fr/uploads/2026/06/12/20260612-plaquette-drames-2024.pdf [accessed 19/06/2026].

CEIP-Addictovigilance Grenoble (2026b). Décès toxiques par antalgiques (DTA) - Résultats 2024. ANSM, Saint-Denis. Available: https://ansm.sante.fr/uploads/2026/06/12/20260612-plaquette-dta-2024.pdf [accessed 19/06/2026].

Chevaliez, S., Garrigou, O., Ortonne, V., Carmona, D., Bourdel, A., Canva, V. *et al.* (2024). Dépistage des hépatites virales et du VIH dans les structures médico-sociales d'addictologie (CSAPA et Caarud), France, 2018-2023. Bulletin Épidémiologique Hebdomadaire (16-17) 337-343.

Direction générale de la santé (2020). Liste des matériels de préventions pour les services de réduction des risques. Ministère des Solidarités et de la Santé, Paris. Available: https://sante.gouv.fr/IMG/pdf/outils_de_rdrd_2020.pdf [accessed 19/06/2026].

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].

Gérome, C. (2024). Substances psychoactives, usagers et marchés : tendances en 2023. Tendances. OFDT (166). Available: https://www.ofdt.fr/publication/2024/substances-psychoactives-usagers-et-marches-tendances-en-2023-2466 [accessed 19/06/2026].

HAS (2022). Prévention des addictions et réduction des risques et des dommages (RdRD) dans les ESSMS. Synthèse. Validée le 29 novembre 2022. Haute Autorité de santé, Saint-Denis. Available: https://www.has-sante.fr/upload/docs/application/pdf/2023-03/synthese_rbpp_addictions_vd.pdf [accessed 11/05/2026].

HAS (2024). Initiation d'un premier traitement antirétroviral chez l'adulte vivant avec le VIH. Haute Autorité de Santé (HAS), Saint-Denis. Available: https://www.has-sante.fr/jcms/p_3545694/fr/initiation-d-un-premier-traitement-antiretroviral-chez-l-adulte-vivant-avec-le-vih [accessed 19/06/2026].

HCL (2025). Évaluation des « Haltes Soins Addictions » (HSA) – Rapport. Hospices Civils de Lyon. Available: https://www.drogues.gouv.fr/sites/default/files/2025-07/MILDECA%20RAPPORT_03062025.pdf [accessed 19/06/2026].

IGA, IGAS, Leonnet, J., Schmit, C. and Seffray, E. (2024). Les haltes soins addictions : Un dispositif expérimenté depuis 2016 pour réduire les risques et nuisances associés à la consommation de stupéfiants dans l'espace public. Inspection générale de l'administration (IGA), Inspection Générale des Affaires Sociales (IGAS), Paris. Available: https://portail-addictions-occitanie.fr/directory-epidemiologi/listing/rapport-sur-les-haltes-soins-addictions-un-dispositif-experimente-depuis-2016-republique-francaise-iga-igas-2024/ [accessed 19/06/2026].

INSERM (2021). COSINUS - COhorte pour l'évaluation des facteurs Structurels et INdividuels de l'USage de drogues. COSINUS éco - Évaluation économique des salles de consommation à moindre risque. Recherche sociologique sur l'impact de la salle de consommation à moindre risque sur la tranquillité publique et son acceptabilité sociale. INSERM, Paris. Available: https://www.inserm.fr/rapport/salles-de-consommation-a-moindre-risque-rapport-scientifique-mai-2021/ [accessed 19/06/2026].

Jauffret-Roustide, M., Le Strat, Y., Couturier, E., Thierry, D., Rondy, M., Quaglia, M. *et al.* (2009). A national cross-sectional study among drug-users in France: epidemiology of HCV and

highlight on practical and statistical aspects of the design. BMC Infectious Diseases 9 (113) 1-12.

Lydié, N., Saboni, L., Gautier, A., Brouard, C., Chevaliez, S., Barin, F. *et al.* (2018). Innovative approach for enhancing testing of HIV, hepatitis B, and hepatitis C in the general population: Protocol for an acceptability and feasibility study (BaroTest 2016). JMIR Research Protocols 7 (10) e180, 10.2196/resprot.9797.

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].

Ministère de la Santé et de la Prévention (2023). Surdoses (overdose) d'opioïdes : la naloxone est utilisable par tous et peut sauver la vie [online]. Available: https://sante.gouv.fr/prevention-en-sante/addictions/article/surdoses-overdose-d-opioides-la-naloxone-est-utilisable-par-tous-et-peut-sauver [accessed 19/06/2026].

Ministère des Affaires sociales et de la Santé (2017). Stratégie nationale de santé sexuelle. Agenda 2017-2030. Ministère des affaires sociales et de la santé, Paris. Available: https://sante.gouv.fr/IMG/pdf/strategie_nationale_sante_sexuelle.pdf [accessed 19/06/2026].

Ministère des Solidarités et de la Santé (2017). Stratégie nationale de santé 2018-2022. Ministère des Solidarités et de la Santé, Paris. Available: https://sante.gouv.fr/IMG/pdf/dossier_sns_2017_vdefpost-consult.pdf [accessed 11/05/2026].

Préfecture de la région d'Île-de-France - Préfecture de Paris, Préfecture de police de Paris, MILDECA, ARS Ile-de-France and Ville de Paris (2019). Protocole de mise en œuvre du plan de mobilisation coordonnée sur la problématique du crack à Paris 2019-2021. Available: https://www.iledefrance.ars.sante.fr/system/files/2019-05/crack-plan-2019-2021-33-mesures.pdf [accessed 19/06/2026].

Premier ministre (2025). Document de politique transversale. Politique de lutte contre les drogues et les conduites addictives. Annexe au projet de loi de finances pour 2026. Ministère de l'Économie, des Finances et de la Souveraineté industrielle et numérique, Paris. Available: https://www.budget.gouv.fr/documentation/file-download/31570 [accessed 29/05/2026].

Santé publique France (2025). Surveillance du VIH et des IST bactériennes en France en 2024. Bulletin VIH et IST bactériennes. Santé publique France. Available: https://www.santepubliquefrance.fr/infections-sexuellement-transmissibles/vihsida/bulletin-national/vih-et-ist-bacteriennes-en-france-bilan-2024 [accessed 19/06/2026].

Verrat, B., Fouillet, A., Lahaie, E., Decorse, L., Grouard, K. and Nguyen Thanh, V. (2026a) Évolution des passages aux urgences et des sollicitations de Drogues Info Service en lien avec la consommation de cocaïne en France (2012-2024). Journal of Epidemiology and Population Health 74 (Suppl. 1) 203307, 10.1016/j.jeph.2026.203307.

Verrat, B., Lahaie, E., Decorse, L., Grouard, K., Nguyen Thanh, V. and Fouillet, A. (2026b). Passages aux urgences du réseau OSCOUR® et sollicitations de Drogues Info Service en lien avec la consommation de cocaïne : état des lieux en 2025. Santé publique France, Saint-Maurice. Available: https://www.santepubliquefrance.fr/drogues-illicites/rapportsynthese/passages-aux-urgences-du-reseau-oscourr-et-sollicitations-de-drogues-info-service-en-lien-avec-la [accessed 19/06/2026].