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INTERMINISTERIAL STRATEGY FOR MOBILISATION AGAINST ADDICTIVE BEHAVIOURS 2023-2027

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Introduction

Addictive behaviours is a major challenge for our society. All territories, including those overseas, are concerned. Alcohol, tobacco, drugs, gambling, video games, etc. are all, to varying degrees, present in French people's lives. Many use them daily, others more occasionally. By the age of 17, many adolescents have experimented with alcohol, tobacco and cannabis, and some are becoming regular users: almost one in five smokes tobacco every day (16%), almost one in ten drinks alcohol at least 10 times a month (7%) and 4% use cannabis at least 10 times a month. Adolescent use has been on a clear downward trend since 2014; the interministerial strategy for mobilisation against addictive behaviours aims to accentuate this trend, so that new generations are less and less exposed to the risks of addictive behaviours.

The risks and harms are clearly established and particularly evident to the public. Alcohol and tobacco are the two leading causes of premature death in France and the two leading risk factors of cancer. Alcohol is also widely implicated in violence, particularly domestic and sexual violence. In addition to its effects on health, drug use fuels trafficking and a range of criminal activities, which in turn fuel demand for drugs and lead to insecurity and violence.

The gambling market is growing rapidly, particularly as a result of the development of sports betting and lotteries. Although it is prohibited to sell to minors, they also participate in gambling, which can lead to risk-taking and even addiction. As for problematic use of video games, this affects one in eight schoolchildren who play at least once a week.

To be fully effective, the policy to combat drugs and addictive behaviours needs to be constantly pursued with determination. Its interministerial nature is fundamental and remains more relevant than ever.

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TEN REASONS TO TAKE ACTION AGAINST ADDICTIVE BEHAVIOURS



Ten reasons to take action against addictive behaviours

The 2018-2022 National plan for mobilisation against addictions, in line with previous programming exercises, highlighted that to reduce addictive behaviours and its consequences for both individuals and society, many levers for public action needed to be mobilised, in order to act on supply and demand, at national, local and international level.

Reciprocally, taking action against addictive behaviours, beyond its impact on health and safety, contributes to the success of many of the Government's key public policies: investment in children, educational success, combatting violence, sustainability of the healthcare and prevention system, purchasing power and environmental protection. The interest of ministries and authorities in taking action is therefore clear, first and foremost to protect the younger generation.

1

CONTRIBUTING TO THE PHYSICAL, PSYCHOLOGICAL AND COGNITIVE DEVELOPMENT AND EDUCATIONAL SUCCESS OF ALL CHILDREN

Addictive behaviours has many possible repercussions on a child's development, some as early as the conception stage. In recent years, numerous studies have been carried out to better document these repercussions, so that parents and professionals can be better informed and appropriate support can be provided.

Protecting unborn children

As the implementation of the 'first 1000 days' project continues, the challenge is to take account of the link between using psychoactive substances during pregnancy and the development of the child. 1 child in 1000 is born in France with full foetal alcohol syndrome and 1 in 100 suffers or will suffer from foetal alcohol spectrum disorder. It is the leading cause of non-genetic mental disability in children. The main consequences are learning difficulties, memory or behavioural problems, and increased vulnerability to the risk of addiction in later life.

Smoking during pregnancy triples the risk of foetal death in utero in early pregnancy, as well as the risk of premature birth. It also has negative effects on the height and weight of newborn babies.

The harm caused by the foetus' exposure to cannabis is now well documented, with effects at birth, such as a lower birth weight, but also consequences later on during childhood or adolescence linked to neurodevelopmental disorders caused by cannabis.

1 child in 1 000 is born with full foetal alcohol syndrome

Health professionals are paying increasing attention to smoking during pregnancy¹: in 2021, almost 92% of women reported having been asked if they were smoking during pregnancy, compared with 80% in 2016. Questions on alcohol consumption are also asked more frequently: 74% of women compared with 67% in 2016, although they do not always receive advice not to drink (43% say they have not received any advice)

¹ [National perinatal survey 2021.](#)

Breaking the chains of intergenerational transmission

Parents' dependence on psychoactive substances can disrupt the functioning of the family structure, since this dependence results in reduced physical, emotional and intellectual availability to children, compromising their proper cognitive, emotional and social development². In these circumstances, we regularly see a reversal of roles, with children being given too much responsibility, which has an impact on their success at school and their socialisation. Feelings of guilt, shame and helplessness can have long-term psychological consequences.

Inserm's expert group review on addictive behaviours among adolescents highlights a higher risk for children of addicted parents becoming addicted to psychoactive substances themselves. The prevalence is even higher when both parents are users and have mental health problems. The number of children involved is considerable, with children whose parents use centres for treatment, assistance and prevention of addiction (CSAPA) alone numbering over 150,000³.

Research is also being carried out to gain a better understanding of epigenetic mechanisms, insofar as these play a role in brain development via their ability to make certain pieces of the genetic information contained in DNA accessible or inaccessible, and thus enable the cell to 'express' a particular gene or not. However, exposure to alcohol, and probably cannabis too, disrupts epigenetic mechanisms and, through the impact on brain development, increases the risk of neuropsychiatric diseases.

The consequences of parents' addictive behaviours calls for improved early detection and intervention, which is likely to remove the obstacles to children's cognitive, emotional and social development and prevent later addictive behaviours in children. To that end, the ability of professionals in the children's sector to intervene must be strengthened and collaboration with the addictions sector encouraged.

Protecting children from the consequences of experimenting and using too early

Shielding children from exposure to psychoactive substances is a major challenge for all parents, not just those suffering from addiction. In this respect, France continues to stand out in Europe with a worrying situation: by the age of 11, 40% of boys and 25% of girls have already tried alcohol, putting France in first place (the European averages are 19% and 11% respectively)⁴. Most of this initiation takes place within the family, at meals or family celebrations, sometimes under the guise of 'educating palates'⁵. At the same time as cannabis users are ageing, practices are developing in some families of shared and inter-generational cannabis use⁶.

An all-too-common family initiation

This same phenomenon of family initiation has been observed with gambling as regards products that are banned for minors because they are risky. In 2021, more than a quarter of minors had played scratch cards during the year, around one in six had played lotteries and almost one in ten had bet on sporting events⁷. Access to gambling appears to be facilitated by parents, who often partner their under-age children in purchasing and engaging in gambling.

As for the use of screens, it is widespread and deeply rooted in family life. For children and adolescents, time spent in front of a screen can interfere with learning that is essential for their physical, mental and social development. Excessive use can have consequences for children's brain development, their learning of basic skills and their attention span. Time spent in front of

2 Fédération Addiction: Rapport d'état des lieux relatif à la prise en compte de la dimension parentale des usagers chez les professionnels de l'addictologie, 2022 [Situational report on the consideration of the parental dimension of users by addiction studies].

3 [RECAP Statistics Table 2019 Diff \(ofdt.fr\)](https://www.ofdt.fr/RECAP-Statistics-Table-2019-Diff)

4 <https://www.ofdt.fr/BDD/publications/docs/Comparaisons-internationales-consommations-HBSC-EnCLASS-2018-note.pdf>

5 [Perceptions, motives and trajectories associated with drug use in adolescents, Tendances n° 122, OFDT, 8 p., December 2017.](#)

6 J.Monge. La drogue à la maison : quand parents et enfants consomment « en chœur » [Drugs in the home: when parents and children use 'in chorus'. Psychotropes, 3, 197-211, 2013.

7 « La pratique des jeux d'argent et de hasard des mineurs en 2021 (ENJEU-Mineurs) » [Child gambling in 2021], Marie-Line Tovar, Jean-Michel Costes, SEDAP, February 2022. - <https://anj.fr/mineurs-et-jeux-dargent-et-de-hasard-des-pratiques-risque-en-progression>

screens is also a factor in obesity. Whatever the age, playing video games can become problematic when it is associated with loss of control and affects other areas of the player's life. In France, 1 in 8 schoolchildren have a problem with video games if they are playing them at least once a week⁸. By the age of 16, 46% of European adolescents believe they are using social networks in a problematic way⁹.

While adolescence is an opportune time to experiment, when experimentation starts early and certain habits become established, the effects on school performance and then on social and professional integration can be long-lasting, and the risks of addiction and health problems are greater. Brain maturation continues until around the age of 25, and the neurotoxic effects of psychoactive substances, particularly alcohol and cannabis, have been proven. In many respects, adolescence is thus a key stage in development and therefore requires strong intervention by the public authorities to reduce adolescents' exposure to the many incentives to use psychoactive substances.

Admittedly, levels of use of the main psychoactive substances by French adolescents have been falling for nearly ten years, and France is now in a better situation compared with its European neighbours than it was a few years ago. However, overall levels of tobacco, alcohol and cannabis consumption remain high and give cause for concern.

This is true for cannabis, which is still all too often banalised or described as a 'soft drug', despite the fact that the THC concentration of products on the market has quadrupled in twenty years. Cannabis is even more dangerous for adolescents and young adults whose brains are still maturing. The impact on motivation, memory and concentration results in a loss of opportunities for young people. Recent research by *Inserm*, which assessed students with three years of higher education¹⁰, has shown that cannabis use in adolescence has a proven impact on success at school, as well as on subsequent paths of social and occupational integration and is associated with a higher risk of unemployment in adulthood¹¹. Given the social gradient that marks the problematic use of psychoactive substances in adolescence, combatting addictive behaviour also means combatting the social inequalities that are likely to increase from this age onwards.

The THC concentration of cannabis has quadrupled in 20 years

Risk of consumption is encouraged by poor self-image, the influence of peers, not growing up in a protective family or social environment and, in the case of alcohol, gambling, and tobacco products, by the multiple enticements of advertising and aggressive marketing strategies, particularly on social networks. These are all factors that need to be addressed by public action. The development of children's life skills through targeted intervention in their various living environments is the most effective lever in this respect.

Focus 1 : Developing life skills

Life skills (LS) are life skills that are useful in everyday life for everyone, helping to promote mental, physical and social well-being and prevent a wide range of behaviours and attitudes that have a negative impact on health. The World Health Organisation (WHO) defines them as "a group of psychosocial and interpersonal skills that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathise with others, cope with difficulties and manage their lives in a healthy and productive way".

Strengthening LS has proven benefits in terms of both health and education. The development of interpersonal skills and self-confidence brought about by these programmes has a positive impact on the school climate. The OECD's PISA surveys recommend that France develop these skills in order to combat more effectively the inequalities in education that are determined by social inequalities. The Conseil scientifique de l'Éducation nationale has recognised the importance of

⁸ <https://www.ofdt.fr/BDD/publications/docs/eftxiouc.pdf>

⁹ [ESPAD Report 2019 | www.espad.org](https://www.espad.org)

¹⁰ <https://presse.inserm.fr/consommation-precoce-de-cannabis-et-influence-sur-les-resultats-scolaires-le-lien-se-precise/28377/>

¹¹ <https://presse.inserm.fr/la-consommation-de-cannabis-des-ladolecence-serait-associee-a-un-risque-plus-eleve-de-chomage-a-lage-adulte/44432/>

LS by making the development of socio-behavioural skills one of its key projects for 2022-2027.

The programmes, approved in France and abroad, which help to prevent addictive behaviours through LS, now make it possible to build up a continuum of prevention from nursery school onwards (in particular the Tina and Toni programme), then in primary school (GBG programme) and secondary school (Unplugged or Primavera). Regional health agencies and local education authorities are promoting their roll-out. At the same time, similar initiatives have been launched in agricultural education and in other areas of children's lives: extra-curricular activities, leisure and sports activities, and establishments and services run by child welfare or judicial youth protection. To support this roll-out, Santé publique France published a reference framework in spring 2022 to clarify a shared definition, present successful programmes and identify the conditions for effective intervention¹².

The 9 general life skills



3 COGNITIVE LIFE SKILLS

- Gain self-confidence
- Capacity for self-control
- Take constructive decisions



3 EMOTIONAL LIFE SKILLS

- Be aware of your emotions and stress
- Manage your emotions
- Manage your stress



3 SOCIAL LIFE SKILLS

- Communicate in a constructive way
- Build constructive relationships
- Solve problems

2

GOING EVEN FURTHER TO COMBAT DOMESTIC AND SEXUAL VIOLENCE

Combating domestic and sexual violence is one of the Government's top priorities, and the policy of preventing addictive behaviours can make a valuable contribution to this. The vast majority of victims are women and children.

In mainland France, and even more so in the French overseas territories, scientific data highlights the link between the use of psychoactive substances and violence. In France, alcohol is involved in 30% of convictions for violence, 40% of domestic violence cases and 30% of rapes and assaults¹³. With regard to domestic homicide in particular, 143 people were killed by their partner or ex-partner in 2021. In 34% of cases (52% in 2020), the survey revealed the presence of at least one substance likely to impair the judgement of the victim and/or the perpetrator at the time of the crime (alcohol, narcotics, psychotropic medicines)¹⁴. The use of alcohol and drugs increases the risk of violence. This is not an extenuating circumstance but an aggravating factor.

As far as the victims are concerned, the link is twofold: addictive behaviours may be a consequence of the violence and the psychological trauma that it generates; alcohol consumption may encourage the onset of violence between partners, both among the perpetrators and, to a lesser extent, among the victims, who thus become even more vulnerable. The people who deal with victims of domestic violence therefore need to be trained in addiction issues. Specific and targeted initiatives to prevent and treat addictive behaviours among victims of domestic violence, taking into account the issue of psychological trauma, must be developed. These requirements also apply to children who are victims or who witness such violence.

The addiction problems of perpetrators of domestic violence must be addressed to limit the

¹² [Les compétences psychosociales : un référentiel pour un déploiement auprès des enfants et des jeunes. Synthèse de l'état des connaissances scientifiques et théoriques réalisé en 2021 \(santepubliquefrance.fr\)](#) [Psychosocial skills: a reference framework to be rolled out with children and young people. Summary of the state of scientific and theoretical knowledge in 2021]

¹³ C.Rizk, L'emprise de l'alcool ou de la drogue sur les auteurs d'actes de violences, de menaces ou d'injures décrits par les personnes d'étant déclarées victimes lors des enquêtes Cadre de vie et sécurité [The influence of alcohol or drugs on the perpetrators of violence, threats or abuse described by the individuals declared as victims in the Cadre de vie et sécurité surveys], from 2009 to 2012 (2012)

¹⁴ [Étude nationale sur les morts violentes au sein du couple 2021, Ministère de l'Intérieur, 26 août 2022](#)

risk of reoffending. The existing legal system makes it possible to impose obligations to provide treatment, regardless of the seriousness of the offence or how it is dealt with by the courts, but what is needed above all is to improve the practical content of the support provided, in the context of partnerships between addiction specialists and centres providing treatment for offenders.

More generally, it concerns changing the way we look at alcohol consumption, for example, by eliminating certain positive or accepted perceptions associated with it.

3

PROMOTING THE WELL-BEING OF YOUNG ADULTS, UNDERMINED BY THE EFFECTS OF THE PANDEMICS

The various restrictions on economic and social life, combined with the anxiety-inducing climate of the Covid 19 pandemic, may have highlighted and exacerbated lasting problems of anxiety and loss of confidence in the future among young adults. The deterioration in mental health is particularly marked among young adults (aged 18-24), with a 9-point rise in major depressive episodes between 2017 (11.7%) and 2021 (20.8%)¹⁵.

This deterioration in mental health can lead to an increase in addictive behaviours, which in turn encourages the onset of psychological fragility. Recent scientific studies have established correlations between addiction and mental disorders, each of which may be a causal and/or aggravating factor for the other. It is therefore important for the public authorities to focus their action on both the specific risk factors and the factors common to these two disorders.

The well-being of young adults also depends on re-establishing social links and social occasions, which are highly valued. The reopening of drinking establishments and the resumption of social life since autumn 2021 have highlighted the continuation, in all party environments, of high-level consumption of psychoactive substances.

Among the student population, respondents to surveys carried out in recent months in response to the MeToo movement and government policy have reported the extent of sexual violence, but also the massive consumption of alcohol, drugs and nitrous oxide at student parties. Vulnerable situations in a party environment are mainly generated by alcohol; they can sometimes be caused by other drugs, such as GHB/GBL (in certain cases, absorbed without the person's knowledge). All of the issues linked to student health require the coordination of a student health policy involving both higher education institutions and those involved in health and student life in their territory.

4

SAVING LIVES, IMPROVING PUBLIC HEALTH AND RELIEVING PRESSURE ON THE HEALTHCARE SYSTEM

Tobacco and alcohol are the two leading causes of premature death. Every year, the equivalent of towns like La Rochelle (tobacco: 75,000 deaths) and Alès (alcohol: 41,000 deaths) are wiped off the map. On average, one regular smoker in two dies from the consequences of smoking.

While 40% of cancers are considered to be preventable, achieving the Government's stated objective of reducing the number of preventable cancers by 60,000 a year by 2040, as set out in the ten-year cancer control strategy, requires determined action on two of the main causes, tobacco and alcohol. One cancer in three is caused by smoking. Between 2000 and 2015, the proportion of deaths attributable to smoking in France fell among men but rose steadily among women. There is no threshold below which smoking does not represent a risk. For example, contrary to popular belief¹⁶, the risk of developing lung cancer depends mainly on how long you have been smoking, and not on the number of cigarettes smoked per day. The only effective way to reduce this risk is to stop smoking altogether.

Alcohol is also a proven carcinogen. The risk of developing certain cancers increases after one (standard) glass of alcohol per day, regardless of the type of alcohol consumed. *Inserm's* expert group review on reducing alcohol-related risks, published in spring 2021, puts an end once and for

15 Santé publique France / BEH, Prévalence des épisodes dépressifs en France chez les 18-85 ans : résultats du Baromètre santé 2021 [Prevalence of depressive episodes in France among adults aged 18-85: results of the 2021 health barometer], Christophe Léon (Santé publique France, Saint-Maurice) et al.

16 [Attitudes et comportements des Français face au cancer: 4e Baromètre cancer - Dossiers et communiqués de presse](#) [French attitudes and behaviour towards cancer: 4th Cancer barometer - Dossiers and press releases] (e-cancer.fr)

all to the false idea, sometimes referred to as the 'French paradox', that low alcohol consumption could be beneficial to health¹⁷. Even if you are not a heavy drinker or alcohol-dependent, alcohol consumption influences the development of numerous pathologies: cancers, cardiovascular and digestive diseases, diseases of the nervous system and psychological disorders, etc. More specifically, almost 8,000 new cases of breast cancer are thought to be linked to alcohol consumption. The slogan of the French National Cancer Institute (INCa), 'To prevent the cancers of tomorrow, we need to act today', takes on its full meaning.

Exposure to tobacco smoke doubles the risk of cot death

Active smoking can also be a cause of cardiovascular disease: smoking is one of the main risk factors for heart attacks. Strokes, arterial disease of the lower limbs, aneurysms and high blood pressure are also partly linked to tobacco smoke. Chronic obstructive pulmonary disease (COPD) is a chronic respiratory disease caused mainly by smoking.

The health risks extend to third parties. Epidemiological studies show that passive smoking increases the risk of lung cancer in non-smokers by 25%. For children exposed to tobacco smoke, the risks of respiratory infections and asthma increase by 55% and 32%

respectively, and the risk of cot death doubles. The number of deaths linked to passive smoking in France is estimated at 1,100 each year¹⁸.

Serious diseases attributable to alcohol and tobacco require extensive and costly care. Alcohol is the leading cause of hospitalisation. In these circumstances, preventing these diseases is a worthwhile investment.

As for illegal drugs, while the associated mortality rate is much lower (around 500 overdoses a year), the health impact is considerable. Cannabis use can cause or exacerbate certain somatic diseases (cancers and cardiovascular diseases) and certain psychological disorders, with the risk increasing the earlier the cannabis is used. Cocaine use can lead to severe acute complications that may even result in death: cardiovascular, neurological, infectious, dermatological, obstetric, perinatal and respiratory disorders in crack users. Cocaine is responsible for 10,000 hospital admissions a year, a number that has quadrupled in ten years.

All these health consequences are not hypothetical; they are increasingly well documented by scientific research. Conversely, this means that lower alcohol and tobacco consumption over a long period translates into lower morbidity and mortality and lower social costs associated with these substances.

Focus 2 : Risk and harm reduction

The consumption of psychoactive substances (alcohol, tobacco, drugs) carries health risks and can cause social harm. The reduction of risks and harms (RDRD), without denying the illegal nature of certain uses, makes it possible to consider addiction a chronic disease. It is also intended for non-dependent people whose habits are particularly dangerous. It recognises that stopping consumption is not possible for some people, at certain points in their life, and that it is therefore necessary to implement pragmatic and appropriate levers to improve their quality of life.

Initiated at the time of the HIV/AIDS epidemic, with the primary aim of keeping drug addicts alive, the risk and harm reduction policy targeting drug users is laid down in law (Article L.3411-8 of the French Public Health Code). It is based on solid scientific findings and forms part of a range of responses aimed at preventing use, supporting and treating users and reducing the consequences of using psychoactive substances for both the individual and society as a whole.

Formerly known as low-risk consumption rooms, the Haltes Soins Addictions (HSAs) are risk reduction facilities that form part of a range of health and medico-social services. They are mainly aimed at drug users in very precarious situations. Iserm's evaluation of the rooms in Paris and Strasbourg confirmed the benefit of these facilities in terms of improving users' health, avoiding major medical costs and limiting nuisance for local residents (in particular, a reduction in the number of injections

¹⁷ [Réduction des dommages associés à la consommation d'alcool](#) [Reducing the harm associated with alcohol consumption] Inserm, La science pour la santé [Science for health]

¹⁸ Catherine Hill. Les effets sur la santé du tabagisme passif. [The health effects of passive smoking.] Bulletin épidémiologique 2011; (20-21): 233-5

and syringes abandoned in public spaces).

RDRD has helped to change the way drug users are perceived. Perceived as irresponsible, dependent and suicidal, they are gradually showing themselves to be, beyond their vulnerabilities, autonomous individuals who retain a capacity for judgement and are capable of adopting preventive behaviour and taking action to promote their own health. Risk reduction measures are now widely approved by the French public¹⁹.

However, the RDRD is still sometimes misunderstood, or its implementation misused. The aim is not to encourage drug use; users must be offered support, including the possibility of withdrawal.

The RDRD must also be based on solid scientific foundations. In this respect, extreme vigilance is required as some economic operators are trying to misuse the RDRD concept to promote the marketing of new products. By way of illustration, contrary to what some professional associations claim, there is no scientific evidence that consuming CBD-based products results in a reduction in the use of cannabis with a high THC content and therefore a reduction in the associated risks. Tobacco producers are using this same marketing strategy to promote new heated tobacco products. However, under no circumstances should heated tobacco be used as an aid to quit smoking, as the substances inhaled during its use are the same as in conventional tobacco, even if the concentrations of toxic substances are lower than in smoked tobacco. Lastly, so-called 'responsible' sales by producers and establishments licensed to sell alcohol do not fall within the scope of the RDRD alcohol approach.

5 COMBATTING HEALTH INEQUALITIES

Improving the population's health and strengthening social cohesion also means combatting the social inequalities that can be maintained or accentuated by the use of psychoactive substances. By way of illustration, for tobacco, the prevalence of daily smoking among people with no diploma or a diploma below the baccalaureate is set to rise again, from 29% in 2019 to 32% in 2021. Social inequalities remain very noticeable, with a 19-point gap in daily smoking between the unemployed and those employed, and a 15-point gap between the lowest and highest incomes²⁰. Inequalities also exist at regional level, in particular due to disparities in the regional network of prevention and care services.

Reducing social inequalities in health also means changing perceptions. All too often, it is still considered pointless or irrelevant to concern ourselves with the use of psychoactive substances by people in social difficulty, because they are deemed incapable of freeing themselves from an addiction, or because to do so would be to deprive them of their last source of comfort.

Giving up smoking represents an average gain in purchasing power of almost €2,500 a year

In particular, the use of tobacco should no longer be banalised and a proposal to quit smoking should be made systematically, given that the range of effective and accessible treatments has expanded considerably in recent years. In addition to the immediate and long-term health benefits, such an approach would address concerns about purchasing power: for a smoker, giving up smoking represents an average gain in purchasing power of almost €2,500 a year.

Similarly, drug and alcohol use is neither inevitable nor an easy solution for people in social difficulty or mental distress. Addicts must be provided with health and/or medico-social care, including the possibility of withdrawal. Moreover, users themselves frequently express the wish to be free of addictive behaviours and its consequences.

Social and medico-social support is sometimes portrayed as a long gradual process, during which difficulties are only resolved one after the other; stopping the use of psychoactive substances is seen

¹⁹ [Drogues : perceptions des produits, des politiques et des usagers](#), Tendances n°131, avril 2019, OFDT [Survey on attitudes, opinions and perceptions of psychotropic drugs]

²⁰ [Bulletin épidémiologique hebdomadaire](#), 13 décembre 2022, n°26 (santepubliquefrance.fr) [Weekly Epidemiological Bulletin]

either as a prerequisite for entering the pathway, or conversely as a final, virtually unattainable stage. This picture needs to be reviewed, particularly in light of the success of initiatives such as *Un chez soi d'abord*, which has made it possible to challenge the traditional linear pathway from accommodation to housing. The projects implemented by stakeholders in the reception, accommodation, integration and supported housing sectors, in response to a call for expressions of interest launched jointly in 2021 by the DIHAL and the Fonds national de lutte contre les addictions [National anti-addiction fund], aim to integrate the prevention of addictive behaviours into all aspects of service and institutional projects. In these sectors, the need to simultaneously change perceptions, professional practices and sometimes the personal habits of professionals, is explicitly recognised and addressed.

6

SUPPORTING LOCAL AND MAJOR EVENTS

Successful party gatherings are not just a matter for students and young adults, but more broadly for local communities, as local celebrations are a factor of social cohesion in France. However, heavy consumption of alcohol or drugs generates risks of violence, disturbance of public order and peace, accidents and even death. The image that systematically associates partying with excessive consumption of psychoactive substances (primarily alcohol) needs to be deconstructed; organisers of party events need to be supported and equipped so that they can organise parties that are safer for both the partygoers and third parties living nearby.

The presence of risk and harm reduction teams (RDRD) in certain party environments particularly impacted by the use of psychoactive substances aims to limit the health risks (feeling faint, coma, overdoses, hyperthermia, etc.) and the related public order and safety problems. A wide range of RDRD tools are used to provide advice and equipment (earplugs, condoms, breathalysers, straws, injection kits, etc.). Free, unlimited fresh water, rest areas and transport arrangements are also often provided. Some teams offer drug analyses to inform public authorities and users about the content of products.

While RDRD actions at party gatherings should be permitted by law, their smooth running, particularly when the events are illegal, requires effective cooperation between RDRD players, event organisers and local public authorities.

7

IMPROVING EVERYDAY SECURITY THROUGHOUT THE COUNTRY AND COMBATTING ORGANISED CRIME

Reducing the delinquency factor that the consumption of psychoactive products can represent

As mentioned above, according to victimisation surveys in France, alcohol is present in 30% of convictions for violence, 40% for domestic violence, and 30% for rape and assaults²¹. Acting on this factor of violence, in social settings, at village fetes or on the fringes of large cultural or sporting gatherings, means helping to improve everyday safety.

In addition, with a view to preventing reoffending, we need to provide better treatment for addictive behaviours among people placed under the control of the justice system, particularly those in prison. This approach is also justified by the particular vulnerability of prisoners to psychoactive substances, especially tobacco and cannabis, which are widely available in prison²². In open custody, every year the judicial authorities hand down a large number of sanctions that include a compulsory treatment measure to help offenders better manage their use, with the aim of preventing repeat offending. However, the quality of the care provided depends largely on local circumstances and the partnerships established between the judicial authority and health professionals. A number of experiments have been launched, including enhanced, comprehensive and individualised follow-up for offenders who have a combination of problems and are at high risk of reoffending (these measures are inspired by 'justice résolutive de problème' [problem-solving justice], which has proved effective in Anglo-Saxon countries, including in a pre-sentencing context).

21 C.Rizk, L'emprise de l'alcool ou de la drogue sur les auteurs d'actes de violences, de menaces ou d'injures décrits par les personnes d'étant déclarées victimes lors des enquêtes Cadre de vie et sécurité [The influence of alcohol or drugs on the perpetrators of violence, threats or abuse described by the individuals declared as victims in the Cadre de vie et sécurité surveys], from 2009 to 2012 (2012)

22 [Théma 2019](#), p.7 et seq.

▶ Combatting crime and insecurity generated by drug trafficking

Drug trafficking is a parallel economy with a market estimated at around €4.4 billion a year, 4/5ths of which is attributable to the cannabis and cocaine markets alone. According to the same 2017 estimates, the average annual volume of the French narcotics market amounts to around 400 tonnes of cannabis, 26 tonnes of cocaine (plus 3 tonnes of crack cocaine), 5 tonnes of heroin and more than 23 million ecstasy tablets. Narcotics remain one of the mainstays of money laundering²³. As far as the French overseas territories are concerned, French Guiana and the West Indies act as a hub or pick-up area for international drug trafficking, and cocaine trafficking between French Guiana and mainland France alone accounts for 20% of supplies to mainland France.

In addition, this trafficking has an impact on the daily lives of residents in many neighbourhoods, making it necessary not only to rally against serious transnational crime, but also to take local, grassroots action. 80% of gang-related killings are attributed to trafficking networks. The fight against drug trafficking is essential if we are to guarantee a future for the residents of the neighbourhoods affected by this phenomenon.

While lockdown has had an impact on trafficking, it has also demonstrated the resilience and adaptability of criminal networks. The way in which cannabis is sold and delivered has changed dramatically in recent years, further accentuated in 2020: the use of social networks and instant messaging, the use of marketing techniques, payment by cryptocurrency, and the spread of home delivery, etc.

These developments justify greater interministerial cooperation to counter a complex phenomenon with a major impact on French society.

Particular attention needs to be paid to the very young. Since the 1990s, drug traffickers have understood the advantages of using a malleable workforce that is increasingly young, underpaid and enjoying supposed impunity. Seduced by the mirage of a rapid and lucrative rise up the social ladder, these adolescents, sometimes aged under 15, are recruited for surveillance, handling and resale tasks. This reality affects many areas, particularly urban neighbourhoods, and leaves families, elected representatives and institutional partners often powerless and helpless. It is against this backdrop that three local authorities (Sarcelles, Loos and Lille) have agreed to take part, from 2020, alongside MILDECA and local government departments, in an experimental scheme aimed at preventing young people from becoming involved in drug trafficking.

FOCUS 3 : Cocaine and crack increasingly accessible



POWDER COCAINE

Snorted,
injected or smoked



CRACK, FREE BASE OR COCAINE BASED

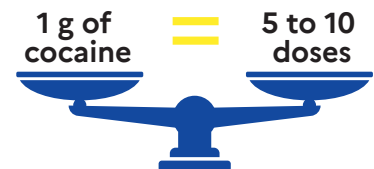
SMOKED
or inhaled

More powerful, shorter,
faster, more addictive

Cocaine is an illegal drug with a powerful addictive effect. It is mainly consumed in powder form (cocaine hydrochloride), but also in crack form (cocaine base).

In Latin America, production levels have risen at an unprecedented rate over the last five years. In France, the availability of cocaine has continued to increase, accelerating from the mid-2010s. In 2021, seizures reached record levels (26.5 tonnes, up 67% on 2018). Criminal organisations prefer to transport large quantities of product via the illegal loading of commercial shipping containers, although air transport is also a reality (the 'mule' phenomenon).

Now cheaper and purer (1g of cocaine = €66 = 5 to 10 doses), cocaine all too often enjoys a positive image despite the significant health and social risks associated with its use. The risk of addiction and the serious somatic effects associated with cocaine use can appear as soon as it is taken for the first time, or even after occasional use. Cocaine use is responsible for 10,000 hospital admissions a year. Its psychostimulant effects are sought after by a wider public, now reaching all socio-professional categories. The number of people experimenting with cocaine has quadrupled in the last 20 years.



Crack users are predominantly desocialised men or vulnerable young people, mainly in the Paris region and some overseas departments. However, recent observations show that crack cocaine (also known as 'smoked cocaine') is spreading to younger, more socially integrated users throughout the country.

²³ Ben Lakhdar Ch., Massin S., « Du marché des stupéfiants en France en 2017 : évolution (2010-2017), structures, profits, emplois » [French narcotics market in 2017: changes (2010-2017), structures, profits, jobs], University of Lille, 2021.

8

SAVING LIVES ON THE ROAD

Drink-driving is the second leading cause of death on the roads, after speeding. In fatal accidents, 13% of drivers tested positive for drugs. The breakdown of drivers testing positive for drugs in fatal accidents in 2021 is as follows²⁴ : 61% were car drivers and 20% were motorbike drivers; 91% were men; most were young people (31% aged 18 to 24, and 30% aged 25 to 34). The Road Safety Delegation regularly runs communication campaigns on the risks of drink-driving and driving under the influence of drugs. Alcohol ignition interlock devices have also been developed. If we are to continue to reduce the number of deaths on our roads, we need to continue to take public action on accident prevention, alcohol and drugs. An interministerial committee on road safety could be organised in 2023 and should enable new measures to be adopted along these lines.

9

SUPPORTING BUSINESS DEVELOPMENT AND EMPLOYEE WELL-BEING

Protecting French economic sectors

When defining a policy to combat drugs and addictive behaviours, it is too simplistic to set health concerns against economic considerations, as there are many types of interaction. For example, as part of a partnership with the government, companies are taking part in measures designed to prevent the products they produce from being diverted and used as chemical precursors in the manufacture of synthetic drugs.

In addition, **the legislative and regulatory framework for risky products is compatible with protecting French economic sectors**. Alcohol plays an important role in the French economy: sales of alcoholic beverages total €28 billion a year, with wine contributing 60%, spirits 32% and beer 8%. This sales revenues includes household consumption (€16.7 billion) and exports (€11.4 billion). France is the world's leading alcohol producer in terms of value and third in terms of volume. The alcohol market is largely in surplus, with France being the world's leading exporter of alcohol in terms of value. At a local level, the agricultural sectors linked to wine, beer, cider, rum and spirits are important for many areas in France.

However, the adverse effects of alcohol regulation measures on the industry are often overestimated or insufficiently differentiated. For example, the study conducted by a team at the Paris School of Economics and the French National Research Institute for Agriculture, Food and the Environment, in application of the National plan for mobilisation against addictions 2018-2022, shows that introducing a minimum price per unit of alcohol would significantly increase the profits of independent producers of still wine, to the detriment of industrial producers and distributors of entry-level products²⁵. A minimum price policy would increase the price competitiveness of products positioned in intermediate quality segments, to the detriment of entry-level products. France also imports wine: 75% of these imports are bulk, entry-level wines showing no geographic location or grape variety, at prices close to €1 per litre.

Under these circumstances, the challenge for the public authorities is to prioritise the development of economic sectors where the balance between the benefits provided by the product (well-being perceived by consumers, tax revenue, etc.) and the cost to society is the most favourable. In another area, that of hemp, the Ruling of 30 December 2021 expanded the hemp market by authorising the farming of flowers and leaves for the production of flowering tops and hemp extracts with a low THC content, while maintaining a sectoral framework for these products, which carry a high health risk.

The legislative and regulatory framework helps to regulate competition. The overhaul of the rules governing drinking establishments (prepared in 2020 under the authority granted by the Engagement and Proximity Act and pending a new legislative instrument) also aims to harmonise the rules between takeaways and on-trade outlets, the former currently benefiting from a less demanding framework. The sale of alcohol by temporary outlets, such as sports associations or event committees, should

²⁴ https://www.onisr.securite-routiere.gouv.fr/sites/default/files/2022-09/ONISR_Bilan_Accidentalit%C3%A9_2021_0.pdf

²⁵ Etilé, F., et al. (2022) Effets économiques et épidémiologiques de politiques de prix des boissons alcoolisées. [Economic and epidemiological effects of alcohol pricing policies.] Research report for InCA and MILDECA. Paris School of Economics, INRAE. Unpublished.

Methodological protocol: Bonnet, C., Julia, C., Lecocq, S., Orozco, V., Boizot, C., Touvier, M., Etilé, F. (2022), Combining empirical industrial organisation methods, consumer demand systems and epidemiological risk modelling to compare the impacts of alcohol price policies on alcohol markets, alcohol consumption and cancer incidence in France, Open Science Framework registries, <https://doi.org/10.17605/OSF.IO/TAYQ6> . Technical appendix: <https://osf.io/z3ad5>

also be better regulated. In the gambling sector, the regulator must, under the terms of the law, not only prevent excessive gambling and ensure the protection of minors, but also ensure the balanced development of the various sectors: online gambling, casinos, lottery games and horserace betting. Finally, avoiding distortions of competition means ensuring that the law is properly applied, so as not to penalise those who comply with the regulatory requirements for the sale of tobacco, alcohol, gambling.

Supervisory and regulatory mechanisms must be assessed in the light of their public health and public order objectives. In this respect, the distinction between legal and illegal products only partially accounts for the range of measures restricting the use and marketing of products.

Tobacco, for example, is classified as a legal product, yet its marketing is strictly regulated (exclusive distribution through the tobacconist network, no sales to minors) and advertising is prohibited. The marketing of alcohol is governed by a licensing system, sales to minors are prohibited and advertising is regulated. Gambling has been banned in France since 1836. As they are neither an ordinary business nor an ordinary service, they are only authorised as an exception and are subject to strict supervision in order to prevent the risks of undermining public and social order, particularly in terms of protecting health and minors. To that end, their use is subject to a system of exclusive rights, authorisation or approval, issued by the State.

These systems restrict entrepreneurial freedom and have a cost; they must be periodically reassessed in terms of their ability to achieve public health and public order objectives, but only modified to improve the situation from this point of view.

So changing the legal status of cannabis would only make sense if robust scientific data showed that such a change would actually help to achieve the two main objectives of reducing cannabis use and reducing crime. However, experience in America to date highlights an increase in consumption by young adults aged 18 to 25, and even more so for those over the age of 25, the diversification of the supply of cannabis-based products on all legal markets, leading users to consume more frequently, and a wider range of products, some of which contain a high concentration of THC²⁶. These preliminary results, which will need to be supplemented over the next few years, suggest that, rather than changing the legal status of the drug, priority should be given to reinforcing prevention measures and restricting access to the product, which have proved to be effective.

Protecting the well-being of employees

The contribution of alcohol markets to the French economy is just one aspect of the alcohol-economy link. Alcohol consumption has a negative impact on labour market participation and on overall productivity. Combatting harmful alcohol consumption could lead to an increase in labour market participation and productivity, estimated by the OECD at €10.6 billion per year, and an additional 9,800 full-time equivalent workers in the labour market²⁷.

More broadly, a whole body of recent scientific research has highlighted the extent of addictive behaviours in the workplace and the way in which career paths and quality of life at work are impacted by the use of psychoactive substances, which is itself encouraged by poor working conditions. Thus, a study conducted in 2022 using the Constances cohort revealed that regular cannabis use was associated with an increased risk of around 60% of short-term sick leave within 12 months²⁸. Regular cannabis users are also more likely to experience periods of unemployment.

10

REDUCING ENVIRONMENTAL IMPACT

The environmental damage caused by tobacco and drugs at the various stages of cultivation, production, distribution, consumption and waste management has now been documented.

The environmental impact of drugs was one of the issues raised by the French Presidency of the European Union in the Council's Horizontal Working Party on Drugs. The UNODC also devoted a chapter of the World Drug Report 2022 to this issue, co-financed by France and Germany.

²⁶ [ASTRACAN: pour une Analyse stratégique des politiques de régulation du cannabis](#) [for a strategic analysis of cannabis regulation policies] - OFDT

²⁷ [Final report on the international model for simulating policies to combat harmful alcohol consumption](#) (drogues.gouv.fr)

²⁸ Déguilhem A, Leclerc A, Goldberg M, Lemogne C, Roquelaure Y, Zins M and Airagnes G (2022) Cannabis Use Increases the Risk of Sickness Absence: Longitudinal Analyses From the CONSTANCES Cohort. *Front. Public Health* 10:869051

This work highlights the major impact of growing coca bush to produce cocaine on deforestation. This production also has a major impact on soil and water quality. On a global scale, carbon emissions from cocaine production would be equivalent to the emissions from almost 2 million cars a year (3.3 billion litres of fuel).

The intensive cultivation of cannabis in greenhouses is also particularly harmful to the environment, due to the energy required and the quantities of water consumed. According to estimates of the European Monitoring Centre for Drugs and Drug Addiction, indoor cannabis cultivation in the Netherlands consumes one billion kWh of electricity a year - as much as the city of Rotterdam consumes, which has a population of 650,000.

In the case of synthetic drugs, the production of one kilogram of MDMA results in the production of 6 to 10 kg of toxic waste, which is then either disposed of in a sewage system, incinerated or discharged into the natural environment, particularly rivers.

With greenhouse gas emissions equivalent to 84 megatonnes of carbon dioxide per year, the tobacco industry is contributing to climate change, reducing resilience to these changes, wasting resources and damaging ecosystems. Every year, around 3.5 million hectares of land are destroyed to grow tobacco. Tobacco growing also exacerbates deforestation and soil degradation, contributing to lower agricultural yields.

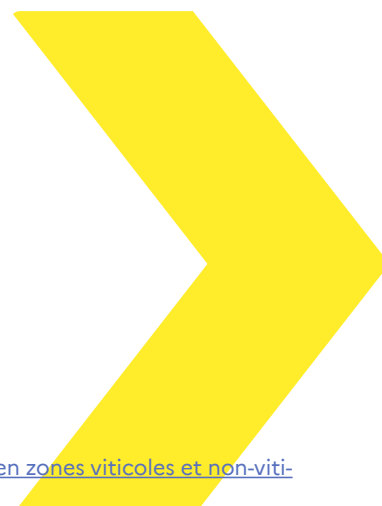
**4,000 billion
cigarette butts
are thrown away
around the world
every year**

Pollution from cigarette butts is another major issue, and one that is very noticeable at the level of local authorities responsible for waste management. It is estimated that around 4,000 billion cigarette butts are thrown away around the world every year. As well as being unsightly, cigarette butts are a toxic contaminant, spreading numerous chemicals including heavy metals, nicotine and ethylphenol into the water. Discarded cigarette butts pose a threat to animals and people, particularly young children, who often swallow them.

As for the environmental impact of alcohol production, there is no overall data to date. Since 2021, Santé publique France and ANSES have been carrying out a study to find out more about the exposure to pesticides of people living near vineyards or far from any growing²⁹.

Lastly, local elected representatives are now facing on a daily basis with the problem of collecting nitrous oxide cartridges abandoned by users.

²⁹ [PestiRiv : une étude pour mieux connaître l'exposition aux pesticides des personnes vivant en zones viticoles et non-viticoles](https://www.santepubliquefrance.fr/fr/pesticides/pesti-riv) (santepubliquefrance.fr)



TARGETS



The consequences of the risky use of psychoactive substances and addictive behaviours are considerable and affect many aspects of the way French society functions. Helping to meet these challenges means achieving results that are measured by:

A change in the way psychoactive products are perceived and a better understanding of the associated risks and harm among different groups (adolescents, pregnant women, adults, parents, professionals, etc.).

Reducing access to both legal products (alcohol, tobacco, gambling), in particular by enforcing the ban on sales to minors, and illegal products.

Raising the age of experimentation, in particular by creating a protective family environment.

Reducing the use of psychoactive substances and addictive behaviour, particularly among children and young adults.

Increasing the proportion of patients receiving treatment for addiction problems (reduction in the treatment gap).

Reducing crime, violence and insecurity linked to trafficking.

PRINCIPLES OF ACTION



DEVELOPING COMPREHENSIVE AND COORDINATED ACTION

The responses to these challenges are as multi-dimensional as their impact on society, and they require global action.

- ▶ **The use of various levers for public action**, in the hands of the various ministries that have an interest in taking action against drugs and addictive behaviours: education of children and adolescents at school; support for parenthood; joint action by the internal security forces and the judiciary to enforce the law and combat trafficking and organised crime; taxation and economic aid; sectoral, national or European regulation; information and communication; support for observation and research; international cooperation; bringing stakeholders together and coordination of partnerships; training of professionals; funding of care structures.
- ▶ **The simultaneous implementation of actions aimed at reducing product supply and demand respectively**. Broadly speaking, an addiction results from an encounter between an individual, a product and an environment. Individuals cannot be held solely responsible for losing control over their consumption and therefore their freedom of choice. Under the terms 'responsible consumption' and 'responsible gambling' put forward by economic operators, priority should be given to 'responsible selling' and the creation of 'protective environments', i.e. ensuring that the product is kept at a distance and reducing incentives to consume.
- ▶ **Focusing on the factors determining addictive behaviours to make prevention and support more effective**. Like health determinants, addictive behaviours stems from multiple factors and is intrinsically linked to aspects that concern the individual themselves (personal or family history of addiction, well-being, quality of life, self-esteem, mental health or other co-morbidities, socio-economic situation, etc.) but also the environments in which they live (family, social, educational, cultural, sporting, professional, exposure to advertising and marketing, accessibility of products, availability and accessibility of services, etc.). To be even more effective, the responses must cover all these risk and protection factors as effectively as possible. The living environment or population approach can be interesting in this respect. For the most at-risk or vulnerable sections of the population, these responses must be particularly convergent and are often the subject of enhanced coordination, like the TAPAJ scheme for young people aged 16 to 25 on the street, the 'un chez soi d'abord jeunes' [a home first for young people] experiment or the experiment aimed at preventing young people from becoming involved in drug trafficking (LIMIT'S programme).
- ▶ **The mobilisation of a large number of stakeholders, not just public authorities**. When it comes to changing attitudes and behaviour, everyone has a role to play, as elected representatives, citizens, users, parents, educators, retailers, etc.

BASING PUBLIC ACTION ON SOUND KNOWLEDGE

In an area that is particularly affected by ingrained attitudes, excessive ideologies, misconceptions and economic interests, public authorities must be able to rely on robust scientific data that is expanded as the products on offer and consumption habits evolve. It is therefore necessary to promote and disseminate available knowledge to decision-makers and citizens, encourage the involvement of the scientific community, continue to support research over the long term and strengthen the culture of evaluation of public policies (national and regional). These

requirements will make it possible to:

- ▶ build a clear discourse, at a distance from ideological positions or financial interests, promote a common culture and combat prejudice and other preconceived ideas;
- ▶ help define public action and make it more effective, particularly in terms of prevention, risk reduction, care, the criminal justice response and the fight against trafficking;
- ▶ ultimately, help to delay experimentation and reduce addictive behaviours, thereby reducing the risks and harms associated with such use or risk behaviour.

The public authorities also ensure that those involved in prevention and research who receive public subsidies have no relationships of interest with the tobacco (Article 5.3 of the WHO Framework Convention on Tobacco Control), alcohol, cannabis, gambling and video game industries.

ENSURING CLOSE COOPERATION AT EUROPEAN AND INTERNATIONAL LEVEL

The issue of drugs is part of a rapidly changing global context. In its latest World Drug Report, the United Nations Office on Drugs and Crime (UNODC) reports a general increase in drug production, trafficking and consumption. European and international institutions are also warning that the markets are becoming increasingly complex, with not only the persistence of plant-based drugs (cannabis, heroin, cocaine), but also the continuing development of hundreds of other synthetic substances, mainly sold over the Internet. The European Union and its Member States, while continuing to fight against the trafficking of drugs into their territory, are also confronted with the transformation of the EU into a production zone for cannabis and synthetic drugs.

The international scene is becoming more complex and polarised around these issues. While some countries maintain essentially repressive policies with little regard for human rights and prevention and care measures for users, others no longer hesitate to legalise cannabis for non-medical use, in violation of international drug control conventions.

As part of the implementation of the European Union's recently adopted Drugs Strategy and Action Plan (2021-2025), the French Presidency of the Council of the European Union in the first half of 2022 put forward a policy that balances the fight against the supply of drugs, the prevention of drug use and access to care for drug users, based on scientific knowledge and respect for human rights.

In the coming years, we need to preserve the international framework for cooperation and adapt the response to changes in the international context, including the situation in Afghanistan and the consequences of the war in Ukraine. We also need to strengthen European bodies dealing with drugs, in particular the Horizontal Working Party on Drugs, so that it remains a forum for decision-making and the exchange of best practice, as well as dedicated international bodies, in particular the UNODC's Commission on Narcotic Drugs. European cooperation to prevent, deter and disrupt drug-related crime, in particular organised crime, should also be strengthened through police, customs and judicial cooperation, the exchange of intelligence, the seizure and confiscation of criminal assets and anti-corruption measures. It is also essential to strengthen the capacity of the police, customs and judiciary in the countries producing and transiting drugs destined for France. In this respect, cooperation with these countries must be developed, in conjunction with the French diplomatic network.

In the case of tobacco and alcohol, European and international organisations and bodies provide frameworks for exchanges on the observation of phenomena, the assessment of the consequences of consumption on individuals and society, and public policy measures deemed effective by the scientific literature. In recent years, the World Health Organisation (WHO) and the Organisation for Economic Co-operation and Development (OECD) have thus published in-depth reports on policies to combat risky alcohol consumption. The European framework for action on alcohol 2022-2025 identifies priority areas for action to achieve the global target of a 20% reduction in per capita alcohol consumption by 2030 (from the 2010 baseline), set out in the Global Alcohol Action Plan 2022-2030.

The bodies of the WHO Framework Convention on Tobacco Control, ratified by more than 170 countries and covering more than 90% of the world's population, also make it possible to work

together on measures to reduce the supply and demand for tobacco, based on scientific evidence. At EU level, two directives are currently being revised: Directive 2011/64/EU on the structure and rates of excise duty applied to manufactured tobacco and Article 32 of Directive 2008/118/EC on the quantities of tobacco/alcohol that may be purchased in another Member State.

Finally, cooperation at European level is essential in other sectors covered by EU regulations, such as food products and cosmetics, some of which now include extracts of hemp (cannabis).

FORGING REGIONAL ALLIANCES

In addition to the interministerial orchestration of public authority action, the need for comprehensive action has led the government to encourage alliances of stakeholders at local level, in which local elected representatives play a key role, in order to implement policies to combat drugs and addictive behaviours.

This fundamental, cross-functional principle of action is in line with the guidelines set out over the last five years. Regional prefectures have taken the lead in drawing up regional roadmaps. The ramping up of the Fonds national de lutte contre les addictions [National anti-addiction fund] since 2018 has also helped to coordinate the players involved. The regional health agencies have defined regional addiction prevention strategies that go beyond the scope of the first regional plans to reduce smoking. The prefectures are involved in the governance structures that have been set up; they participate in defining and implementing the priority guidelines and can thus include this aspect in the overall interministerial coordination for which they are responsible. In the fight against drug trafficking, a new country-wide organisation has been in place since 2019: 104 regional operational drug intelligence units (CROSS) and two thematic CROSS units (port and airport) carry out essential work by gathering and sharing information and intelligence.

The Interministerial Mission on drugs and addictive behaviours (MILDECA) also supports the involvement of local authorities. The Guide du Maire face aux conduites addictives [Mayor's Guide to addictive behaviours], a new edition of which was distributed in the summer of 2022, provides an operational description of the issues and levers for action available to local elected representatives. MILDECA has also launched four calls for projects aimed at municipal and inter-municipal authorities. Fifty local authorities are now involved in developing and implementing a local policy project, in the form of specific action, to change the situation at local level in terms of risk behaviour linked to psychoactive substances or addictive behaviours without substances. Three local authorities (Sarcelles, Loos and Lille) have agreed to take part, alongside government departments, in an experimental scheme aimed at preventing young people from becoming involved in drug trafficking. As part of the partnership launched in 2018 with the Association des maires de France, the challenge now is to raise wider awareness of the impact of addictive behaviours on citizens (for example, in terms of domestic violence or safety) and of the capacity for action that local stakeholders may have.

The action plans drawn up by local authorities are part of current regional approaches, and are linked, depending on the local situation, to local health agreements, local security and crime prevention agreements, local integrated security agreements, city agreements and educational hubs. They can also draw on national strategies that are applied at local level, such as the national strategy to prevent and combat poverty, the national strategy for prevention and child protection and the Public Service for Integration and Employment. The TAPAJ scheme, designed for the overall integration of young people in precarious situations, who are socially excluded and suffering from addiction, is emblematic in this respect.

This support for local players will be stepped up, so that they can consolidate and develop these alliances, which are essential for effective action. In particular, it is at the level of an inter-municipal area, a municipality or sometimes a district that action plans can be defined, based on precise and shared diagnoses, targeting objectives that are immediately tangible for citizens, and involving all local authorities, community partners and economic operators, as well as the residents themselves. It is also at this level that people's living environments are structured, which are essential health determinants, also in terms of addictive behaviours.

COMMUNICATING TOGETHER

To be fully understood by public and private partners, as well as by users, the interministerial strategy for mobilisation against addictive behaviours must be backed up by coordinated communication. A message that is jointly constructed and widely relayed amplifies its audience and impact. The public then identifies the transmitters more effectively and is more attentive to the messages. Achieving this objective involves collectively defining the strategic directions, the key audiences, the language and the dissemination channels to be prioritised. The aim is also to build on the work produced and planned by each organisation, in particular by using existing content and identifying the various partners (distribution of press files, publication on social networks, etc.). Local government departments, in particular prefectures and regional health agencies, must be fully involved.



STRATEGIC DIRECTIONS



All public partners have a role to play in the fight against drugs and addictive behaviours. Their action must be part of a common strategic framework, detailed in the form of shared guidelines, to ensure the coherence and therefore the effectiveness of overall public action.

1 ENABLE EVERYONE TO CHOOSE

Consuming psychoactive substances or gambling are often described as recreational practices, a matter of individual freedom. However:

- ▶ since these practices involve risks that are sometimes unknown to the user, this choice must be informed if it is to be free;
- ▶ as soon as the vulnerability of certain individuals is exploited, through the use of massive incentives to consume, these individuals must be given the capacity to resist and be protected by the public authorities;
- ▶ since these practices sometimes have serious consequences for third parties, the exercise of this freedom is legitimately restricted;
- ▶ once an addiction takes hold, it is no longer a freedom but confinement in a practice that is no longer under control and that determines the life of the user and those around them; appropriate care must be put in place, like for any other disease.

Reinforcing life skills to prevent risk behaviour

Among preventive measures, those aimed at strengthening life skills (LS) have proven to be effective in preventing risky use of psychoactive substances. This form of prevention breaks with previous practices, which were often limited to one-off, informative interventions, the effectiveness of which was not proven.

On 19 August 2022, an interministerial instruction was sent to all regional prefects, directors-general of regional health agencies and local education authorities in order to define the objectives and methods for implementing the national multi-sectoral strategy for developing life skills in children and young people³⁰. This decisive political impetus now needs to be translated into sectoral roadmaps and implemented through specific action for children in the regions.

COURSES OF ACTION

- ▶ Determine how to integrate the contributions of LS programmes into teaching and educational practices, from nursery school through to secondary education.
- ▶ Model and roll out a programme to strengthen the LS of young people aged 16 to 18, regardless of their education training: general, vocational, technical or agricultural education, apprenticeships, etc.
- ▶ Model and roll out intervention strategies in other environments where children live, based on regional experiments: agricultural education, and establishments and services for judicial youth protection and child welfare.

³⁰ [Bulletin officiel Santé - Protection sociale - Solidarité no. 2022/18 of 31 August 2022](#) (solidarites-sante.gouv.fr) (pages 83 to 101).

Informing people about the risks, adapting the content and medium of information to the various target audiences

The use of alcohol, tobacco and drugs, as well as gambling, is heavily characterised throughout society by perceptions and preconceived ideas. The production and distribution of these products drive major economic interests, which encourage operators to suggest excessively positive images of the products in their promotional strategies and minimise the risks.

In these circumstances, it is essential to **provide the public with clear and accurate information, based on sound scientific data**, on psychoactive substances. This information should cover not only the risks related to their use and the benefits to expect from stopping them, but also the remedies and means of protecting oneself or reducing the consequences. It must be based on a prior analysis of the literature and evaluations, in order to avoid possible iatrogenic effects (incentives to consume). Prevention campaigns on alcohol, tobacco, cannabis, gambling, designed according to these principles, should be continued and enhanced from year to year, insofar as repetition over time is identified as a factor of effectiveness.

As well as providing information to the general public, **adolescents and young adults are a key target audience**. Information can usefully be passed on in schools as part of more comprehensive programmes to reinforce life skills. However, changing young people's perceptions of psychoactive products and addictive behaviours means identifying at the same time the best channels and vehicles, different from those used for the general population, as well as the messages most likely to change behaviour. In this respect, adolescents show little sensitivity to long-term health risks, particularly the risks of chronic diseases linked to smoking and alcohol consumption. Information campaigns are only effective if they form part of a more global policy, but they are useful for changing existing motivations, expectations and perceptions, by establishing new ones or disseminating the knowledge needed for decision-making. For example, MILDECA has entered into a partnership with Snapchat on nitrous oxide, cannabis and MDMA, as well as with an influencer with a large number of followers on social networks.

Enhancing advocacy is also a way of raising awareness of the risks associated with addictive behaviours. As initiated by anti-tobacco stakeholders under the aegis of the Alliance contre le tabac [Anti-tobacco Alliance], as part of a large-scale project financed by the Fonds national de lutte contre les addictions [National anti-addiction fund] since 2020, new arguments need to be developed. In particular, the environmental issues associated with the production, transportation and distribution of drugs, both legal and illegal, deserve to be highlighted.

The gender aspect can also be usefully highlighted. In its campaigns, the Alliance contre le tabac points out that tobacco manufacturers have succeeded in positively normalising smoking among women by promoting cigarettes as an expression of the self, sometimes a fashion accessory, a slimming ally or a symbol of female emancipation. This false promise of freedom and emancipation acquired through smoking, sold as a personal choice by the industry, has triggered addictions in many women. The marketing strategies of alcohol producers now also target women by invoking a feminine universe (choice of colours, reproduction of fashion accessories, etc.).

Finally, as long as they are not addicted, **drug users** can also be reminded of their **responsibility**. By sourcing illegal products, not only are they committing a crime, but they are also perpetuating a criminal activity with numerous socio-economic repercussions. Taking into account the impact on third parties also concerns smoking (passive smoking, pollution from cigarette butts, etc.) and risky alcohol consumption.

Dans le domaine des prises en charge de l'addiction, en complément d'autres techniques notamment pharmacologiques, des approches comportementales peuvent être utilisées (approches motivationnelles, gestion des contingences pour le tabac ou les psychostimulants).

Encouraging changes in behaviour

Alors que l'initiation à des produits psychoactifs (en particulier l'alcool) ou à certaines pratiques à Providing information does not systematically lead to a change in behaviour. In recent years, the application of behavioural science to policies to combat addictive behaviours has led to the development of tools and interventions that go beyond the simple dissemination of information, based on a precise analysis of the factors that inhibit and encourage behavioural change. These

initiatives need to be stepped up in order to bring about tangible changes in behaviour and achieve the desired benefits.

Social marketing campaigns are inspired by commercial marketing techniques. They seek to minimise the costs of adopting healthier behaviour and to facilitate this through appropriate communication and the involvement of numerous partners considered credible by the target audience. It is on this basis that Santé publique France develops and rolls out social marketing campaigns on tobacco, alcohol, cannabis, gambling, the effectiveness of which also depends on their repetition over time. Collective challenges, such as the 'Moi(s) sans tabac' [tobacco-free month/me] campaign, are a particularly good way of encouraging people to change their behaviour.

The aim of **de-normalisation** is to highlight that the behaviour in question (i.e. the use of psychoactive substances) does not reflect the behaviour of the majority of the population and does not correspond to a social norm that is valued as such. Information campaigns on the risks and prevalence of smoking are part of this, but so is any action that helps to make smoking invisible, such as encouraging adults not to smoke in the presence of children and increasing the number of smoke-free places and spaces. There is also a link between the construction of the social norm and the construction of the legal norm: legal and regulatory provisions aimed at regulating sales and advertising can only fully achieve their objective if they are based on changes in attitudes and the social acceptance of certain behaviours. The ban on sales to minors is emblematic in this respect; this protective ban is not playing its role, irrespective of the product, because it is poorly enforced by retailers and too poorly controlled by the police, but also because sales to minors are still too acceptable in society.

As part of an experiment co-piloted by MILDECA and the Interministerial Directorate for Public Transformation, a **nudge**-type tool³¹, the FamiNum platform, has been set up to promote the proper use of screens in families. It is based on an analysis of the obstacles to a better use of screens, linked for example to the entrenchment of screens in family habits, the incentives generated by the social environment to resort to screens, or the feeling expressed by parents of lacking reference points and practical tools; it also looks at the levers that can be used, such as involving both parents and children in defining and implementing a family strategy.

In the field of treating addiction, behavioural approaches can be used to complement other techniques, particularly pharmacological ones (motivational approaches, contingency management for tobacco or psychostimulants).

COURSES OF ACTION

- Repeat prevention campaigns and social marketing campaigns on alcohol, tobacco, cannabis, gambling, and nitrous oxide every year.
- Communicate with young people about the risks through appropriate media and encourage the production of communication materials involving young people themselves, in order to increase their engagement and the credibility of the messages.
- Develop an analysis of the obstacles to behavioural change and the factors that encourage it.
- Highlight to young people and the general public the exposure of young people to marketing by producers and distributors, as documented by scientific research.
- Improve the relevance and visibility of health warnings, particularly those designed to protect pregnant women and young people.

KEY MEASURE 1



Develop and disseminate information and prevention campaigns on the sometimes unknown risks associated with cocaine use.

³¹ Nudge is defined as a gentle incentive and low-cost method of encouraging people to make the right decision, with the aim of encouraging individuals to make better choices and, by extension, adopting 'virtuous' behaviour in the interests of the public and/or the individual themselves.

2

REINFORCING THE KEY ROLE OF THE FAMILY ENVIRONMENT

While first-time use of psychoactive substances (particularly alcohol) or certain risk practices (gambling, and certain uses of screens) still often takes place within the family circle, parents and the wider family environment have a key role to play with regard to children. They must therefore be given precise information on the risks to which children are exposed through the use of psychoactive substances, gambling, and certain uses of screens. They should be offered simple advice and tools that are accessible to all. Preventing addictive behaviours also requires parents to reflect on their own habits, as these have a decisive influence on their children's future attitudes and habits.

For the period from conception to the child's first two years, which is crucial not only for the child's development but also for the overall health of the adult they will become, the 'first 1,000 days' approach has established, since 2020, the ideal framework for promoting environments conducive to the harmonious development of the foetus and newborn child, including the prevention of parents' use of psychoactive substances.

COURSES OF ACTION

- Disseminate targeted information to parents on the consequences of early experimentation and the risks associated with the use of psychoactive substances or gambling.
- Continue to provide families with simple guidelines and resources to raise awareness of the risks of excessive use of screens and to make it easier to limit use in private settings..
- Develop initiatives to support parenting skills; parents must be helped to adopt a stance that neither dramatizes nor trivialises the use of psychoactive substances or gambling and.
- Encourage the roll-out of successful family support programmes (such as PFSP).

3

ENSURING THAT EVERY USER RECEIVES APPROPRIATE CARE

Today, less than 20% of people with a disorder resulting from substance use receive treatment, whether they are smokers, or have problems with alcohol consumption or illegal drugs³². Only a third of patients diagnosed with alcohol addiction sought help from a doctor. These figures illustrate the difficulty that patients or users encounter in accessing care that is adapted to their level of dependency.

In general practice, 62% of GPs have not received specific training on addictions, and 55% of them find it difficult to talk about alcohol when the matter is not the subject of the consultation³³. There are a number of reasons why GPs find it difficult to systematically ask their patients about their use of alcohol, tobacco and cannabis: apprehension about not having enough time during consultations, the feeling of being alone and helpless to deal with complex situations, and the GP's own use of psychoactive substances, which interferes with the GP's own awareness of the risks involved.

Improving the quality of patient care also requires better coordination between primary care professionals and the specialist sector, whether health or medico-social. Addictive behaviours are part of the same approach as other chronic diseases, with strong links between the health (particularly psychiatric), medico-social and social sectors. In this context, screening and treatment of co-morbidities and/or the consequences of addictive behaviours must be stepped up, in order to offer each user effective overall care. In particular, it must be possible to orientate each user to the appropriate social and health professionals, regardless of the entry point initially used.

The transformations under way in the healthcare system are therefore an opportunity to integrate addiction prevention and treatment into a regional health approach. In particular, this includes the development of multi-professional health-care homes (maisons de santé pluri professionnelles), local

32 WHO Bulletin 2004;82:858-866

33 [e-Santé et addictions : La révolution de l'e-santé pour la prévention, le diagnostic et la prise en charge](#) [e-Health and addictions: the e-health revolution for prevention, diagnosis and treatment] (drogues.gouv.fr)

professional healthcare communities (communautés professionnelles de territoire de santé - CPTS) and the inclusion of this issue in regional mental health projects. Improving care also involves innovative measures such as advanced nurse practitioners (IPA) trained in addictions or assessing the long-term viability of addiction medical microstructures.

As provided for in the Ségur measures, the specialised medical and social care system benefits from an overall reinforcement aimed at strengthening its capacity to fulfil its missions. The development of best practice guidelines and recommendations is designed to promote the harmonisation of professional practices, based on the scientific data available. The use of telemedicine and remote assistance tools was put to the test during the health crisis, with these experiences contributing to a guide on remote care. Santé publique France is also developing remote support tools: the Tobacco information service app (in partnership with the National health Insurance Fund (CNAM)), a digital tool to help people stop or reduce cannabis consumption, and the alcohol meter. As part of the digital health agency's calls for projects, new experiments in digital projects are being carried out to reach out to people who are furthest from healthcare.

Early treatment for young people with risk habits is a factor in their effectiveness, and young users' clinics (YCCs), which are encouraged to work in partnership with secondary schools, must be able to identify and take action before use becomes a problem.

RDRD should be given greater recognition for its ability to 'reach out' to users who are not well integrated, and it should be practised on the basis of specific protocols, including by general practitioners, while at the same time strengthening its links with care, particularly withdrawal, whenever the opportunity arises.

Given the severity of the impact of psychoactive substance use on unborn children, particular attention must be paid to those involved in perinatal care and early childhood. Professionals must be better trained and organised to systematically identify pregnant women's consumption of tobacco, alcohol and cannabis, particularly during the early prenatal appointment. This issue is part of the overall approach to the 'first 1,000 days' project. More specifically, since 2021, the Fonds national de lutte contre les addictions [National anti-addiction fund] has been supporting 25 departmental councils, spread across 11 regions, to develop a strategy for preventing risky consumption and to provide support for people admitted to mother and child protection (PMI) and for minors in the care of child welfare and their parents (ASE).

Furthermore, disorders caused by foetal alcohol syndrome are neurodevelopmental disorders. The national strategy for autism and neurodevelopmental disorders provides the most appropriate framework for identifying and treating these disorders.

COURSES OF ACTION

- Increase the awareness and involvement of primary care health professionals in identifying and treating addictions.
- Provide professionals with best practice guidelines to harmonise professional practices.
- Develop advanced nurse practitioners trained in addictions.
- Sustainably develop remote assistance.
- Strengthen prevention, detection and care during pregnancy.
- Integrate the identification and treatment of FASD into the national autism strategy.

When setting up these regulatory systems, a balance must be struck between:

- ▶ simplicity of the applicable rules to make them easier to understand and apply, at a cost appropriate with the objectives pursued;
- ▶ public health requirements, in particular, the protection of minors and the prevention of risky consumption or problematic habits;
- ▶ freedom of enterprise, without distortion of competition.

Reducing advertising pressure

For risky products, tobacco advertising is banned, and advertising of alcoholic beverages and gambling is restricted. However, the bans are not always observed and the legislative provisions in force are not adapted to the changing promotional strategies of economic operators. The main challenge is to reduce the advertising pressure currently exerted on children and young adults, given their particular vulnerability and the targeting to which they are subjected.

To that end, monitoring mechanisms and public responses must take account of changes in operators' promotional strategies: the use of influencers who rely on the effectiveness of peer-to-peer communication to spread a positive image of psychoactive products; the use of ephemeral and interstitial content; the organisation of competitions that encourage young users to relay the promotional message themselves.

COURSES OF ACTION

- Organise mechanisms for monitoring promotional strategies, particularly those implemented online, in order to identify breaches of the legislation in force and to analyse how operators use gaps in the law to their advantage.
- Strengthen controls on advertising in order to step up enforcement action in the event of breaches of legislation and regulations.
- Consider new legislation to take account of changes in promotional strategies (e.g. product placement, use of influencers, editorial marketing, etc.).

KEY MEASURE 2



Establish advertising-free zones, both physically (around schools) and online (sites or networks frequented by a significant proportion of minors), to protect the very young.

Enforcing the ban on sales to minors

Given the major issue of children's addictive behaviours, the main challenge is to finally make significant progress in enforcing the ban on the sale of tobacco, alcohol, vaping products, gambling to minors. A ban on the sale of nitrous oxide was also introduced in summer 2021.

COURSES OF ACTION

- Overhaul the compulsory training schemes for retailers, to ensure that they are in line with public health issues and the obligations to be met.
- Ensure the adoption of the revised Public Health Code (provisions relating to drinking establishments), with the aim of simplifying regulations, ensuring compliance with public health requirements and better controlling supply across the country.
- Step up the fight against tobacco smuggling and illegal gambling.
- Introduce a framework for the sale of low-THC hemp flowers for smoking, following the French Conseil d'Etat decision of 29 December 2022.

KEY MESURE 3

- Enforce the ban on sales to minors by means of a continuous and dissuasive monitoring system, formalised by an interministerial protocol.

KEY MESURE 4

- Pursuant to the Memorandum of Understanding on support for the tobacconist network 2023-2027, implement measures to promote compliance with public health requirements, in particular the ban on sales to minors.

5 INFLUENCING PRICES

Influencing prices is unanimously recognised as one of the most effective levers for reducing demand. Even for these addictive products, price elasticity is negative. By way of illustration, in the scientific literature, the pure elasticities of alcohol are all negative, at around -0.5. Only the figure for heavy drinkers was around -0.3%. This means that a 1% rise in the price of alcohol leads to a fall in consumption of between 0.3% and 0.5%.

While raising the price of tobacco is clearly identified as one of the essential components of the various national anti-smoking plans, this lever is only partially used for alcohol. In recent years, MILDECA has supported a research project conducted by the Paris School of Economics and INRAE to inform public decision-making³⁴. This shows that the minimum price policy (€0.5/standard glass) is more effective than scenarios involving reforms to specific duties (such as minimum base taxes or a tax on pure alcohol – such as a soda tax): a significant fall in the consumption of pure alcohol (-15%), maintenance of profits in the wine industry, with large operators replaced by independents, maintenance of total tax revenues, with the fall in the revenue from specific duties being offset by the rise in VAT revenue. According to the requirements laid down by the Court of Justice of the European Union in 2015³⁵, this data would make it possible to argue that such a measure is the most likely to achieve the public health objectives pursued (compared in particular with tax measures).

34 Etilé. F., et al. (2022) Effets économiques et épidémiologiques de politiques de prix des boissons alcoolisées. [Economic and epidemiological effects of alcohol pricing policies.] Research report for InCA and MILDECA. Paris School of Economics, INRAE. Unpublished.

35 The full reasoning of the Court of Justice of the European Union can be found at this link: <https://curia.europa.eu/jcms/upload/docs/application/pdf/2015-12/cp150155fr.pdf>

It should be kept in mind that for smokers, quitting smoking translates into a significant gain in purchasing power, in the region of €2,500 a year for the average smoker.

In addition, the practice of offering financial rewards in the online gambling sector, a factor that encourages people to gamble, is closely monitored by the public authorities against a backdrop of growth in this sector and the development of problem gambling. In October 2022, the National Gaming Authority ensured the adoption of guidelines and recommendations on commercial offers involving financial rewards.

COURSES OF ACTION

- Support an initiative to harmonise tobacco taxation at European level in order to limit distortions of competition within the internal market.

KEY MEASURE 5

Use all available levers to move towards a smoke-free generation by 2032.

6 REDUCING THE AVAILABILITY AND ACCESSIBILITY OF NARCOTICS

In view of the threat posed by drug trafficking, the policy on combatting drug trafficking needs to be stepped up. It will take the form of a new plan to combat drug trafficking in 2023.

COURSES OF ACTION

(see forthcoming plan to combat narcotics)

- Obstruct the arrival of narcotics from production, pick-up and transit areas, in particular by stepping up cooperation with the countries concerned.
- Detect and prevent the circulation of products on national territory.
- Combat trafficking within regions.
- Strengthen controls over the flow of chemical precursors, which are essential for drug manufacture.
- Deprive traffickers of their criminal assets.
- Adapt the technological and legal means of fighting organised crime.
- Deconstruct the positive image of the traffickers' counter-model.
- Continue to promote a balanced drugs policy at European and international level, including the prevention of drug use and the fight against drug trafficking, while respecting human rights.

7

LIVING TOGETHER WITHOUT PSYCHOACTIVE SUBSTANCES

France adopted measures to protect the population from tobacco smoke as early as 1976 with the Veil Law, and even more specifically in 1991 with the Evin Law. The regulations were then tightened in 2007 for indoor workplaces, most indoor public places and public transport. Restaurants and bars became non-smoking areas in 2008. The principle adopted is that of completely smoke-free communal environments, with the possibility of creating enclosed smoking rooms with binding air extraction conditions.

The ban on smoking in enclosed public places and enclosed places for communal use has been supplemented in recent years by the development of the smoke-free areas approach. A smoke-free area or place is a public or private outdoor space where smoking is prohibited. These may include: beaches, swimming pools, areas around lakes or ponds; parks, gardens, green spaces; play areas, areas around schools or other public establishments (e.g. stadiums, sports complexes); terraces, etc. As part of the national anti-smoking plan, support has been given to a number of projects to help municipalities and economic stakeholders set up these smoke-free areas, smoke-free towns and smoke-free terraces.

With the same objective of de-normalising substance use, specific time slots can also be set up. While the 'Mois sans tabac' [Tobacco-free month] campaign aims to encourage people to quit smoking (stopping for a month significantly increases the chances of successful withdrawal), the Dry January Challenge, promoted in France by a group of associations, is designed to encourage people to reflect on their individual and collective use of alcohol and its place in relation to social interaction, and to lead to a long-term reduction in alcohol consumption below the benchmarks for lower-risk consumption.

In addition, some municipalities are helping to break the link between alcohol and partying within their area, by organising access to non-alcoholic drinks at party events. For example, during the Béziers FERIA, the Béziers Méditerranée area set up an alcohol-free bodega called 'La POZ', offering a break from alcohol consumption by prioritising non-alcoholic drinks; water is free.

COURSES OF ACTION

- Accelerate the roll-out of smoke-free areas, particularly where children are present, if necessary by introducing new legislation.
- Encourage the organisation of party events that promote low alcohol consumption and the consumption of non-alcoholic drinks.

8

MAKING LIVING ENVIRONMENTS MORE PROTECTIVE

In addition to the family and school environments discussed in the previous guidelines, other living environments deserve special attention: the workplace, higher education and training establishments, social and medico-social institutions and services, and detention facilities.

Involving companies and public services in the prevention of addictive behaviours in the workplace

Moving from a subject considered external to the company, and taboo, to a collective and positive prevention approach in the context of health and quality of life at work is still a challenge for many employers. However, companies and authorities have moved on and are less and less inclined to see addictive behaviours as a purely personal and individual problem that does not concern the employer.

The links between health, employee well-being and organisational performance have also become clearer since the health crisis. Prevention is seen less as a constraint and more as a necessity, a useful investment in the smooth running of organisations and the quality of work. Taking an interest in employees' health, creating a protective working environment that does not cause addictive habits (linked to stress, harassment, loss of the meaning of work, psychosocial risks, etc.) can, on the contrary, improve a company's image and help to overcome recruitment difficulties in certain business sectors.

Preventing addictive behaviours is becoming one of the parameters of company management and an issue of social responsibility, as emphasised in the Occupational Health Plan 4 (2021-2025).

COURSES OF ACTION

- Speed up the process of raising awareness among the heads of public and private organisations so that they commit to comprehensive approaches to preventing addictive behaviour.
- Develop operational tools to support this prevention approach.

Strengthening health promotion in higher education and training establishments

The well-being of young adults is often disrupted when they begin student life with new autonomy, distance from the family home, new rhythms of life, academic pressure and the challenges of orientation and success. Various sources of stress can affect the quality of life of students, apprentices and work-study students and lead to the use of various psychoactive substances.

Consequently, the challenge is not just to provide information on the risks associated with these uses and to offer risk reduction tools, but more generally to offer a framework for study, learning or training that promotes health, in the sense of physical, mental and social well-being. The environment must be understood in the sense of the various places where these young adults live: premises and areas for studying or training, eating, physical activities, accommodation and cultural activities. In this respect, the discourse and attitudes of the professionals who work in these different areas are decisive; this discourse must be clear about the risks associated with the use of psychoactive substances, without dramatizing or stigmatising them, but on the other hand without trivialising or promoting their use as a ritual for integration.

On a campus, most of these living spaces are shared by students from different higher education institutions. As part of a health-promoting university approach, taking action to promote a health-friendly environment is based on a partnership approach, coordinated between different institutions and bringing together those involved in student housing, associations, sport and culture. University health services and student health relays are called on to play a key role in these schemes. A partnership with the municipality or inter-municipality in which the campus is located, as well as with the relevant local authorities, will promote the overall coherence and effectiveness of the project.

In the case of apprenticeships and vocational training, the same approach should be adopted both in the classroom and in the workplace, by making adult supervisors aware of their responsibilities and, where appropriate, by explicitly including these responsibilities in work placement agreements or contracts.

COURSE OF ACTION

- Encourage and support comprehensive projects relating to addictive behaviour, including risk prevention and reduction initiatives, run by higher education and training institutions for the benefit of their students and staff.

Integrating the prevention of addictive behaviours into the projects of social and medico-social institutions and services

Reducing inequalities in health is one of the priorities of the Fonds de lutte contre les addictions [National anti-addiction fund], and several large-scale projects have been financed, targeting a range of vulnerable groups.

In particular, those using the services in the reception, accommodation and integration (AHI) and supported housing sectors will particularly benefit from the call for expressions of interest, co-organised in 2021 with the DIHAL, aimed at managers in these sectors. The aim is to integrate the prevention of addictive behaviours and harm reduction into the projects of institutions and services, as well as into professional practices, for the benefit of the public and professionals in this sector. In

practical terms, this involves adapting the way services are organised (admission procedures, internal organisation methods, including spaces and premises, activities that do not encourage consumption, etc.); structuring partnerships; enhancing the knowledge and skills of professionals and adapting perceptions, practices and attitudes: organising interdisciplinary aspects, attitudes towards users, changing professionals' perceptions of the use of psychoactive substances, risk prevention and reduction approaches.

A similar approach has been put in place for people cared for by mother and child protection services (PMI) and family planning centres, as well as minors in the care of child welfare services and their parents: since 2021, 25 departments in 11 regions have been receiving funding to develop a strategy for preventing risky consumption and providing support. This call for projects has been renewed in 2022 and 2023. Establishments and services under judicial youth protection also receive financial and methodological support.

At the same time, the Haute Autorité de Santé [(HAS) French National Authority for Health] has been working on a set of cross-disciplinary recommendations entitled 'Prévention des conduites addictives et réduction des risques et des dommages en Etablissements et Services Sociaux et Médico-Sociaux' [Prevention of addictive behaviours and reducing risk and harm in social and medico-social establishments and services]. Published in January 2023, these recommendations are aimed at professionals in four sectors: the elderly, people with disabilities, child protection and the most vulnerable³⁶.

COURSE OF ACTION



Based on the HAS recommendations of January 2023, encourage the sustainable integration of addiction prevention and risk reduction initiatives into institutional projects and professional practices, aimed at the relevant public and professionals in both social or medico-social sector (excluding addiction).

KEY MEASURE 6



From 2023, with the support of the Fonds national de lutte contre les addictions [National anti-addiction fund], involve child protection associations in comprehensive projects to prevent addictive behaviour among the children and families they work with.

Reducing risks for people placed under the control of the justice system

People placed under the control of the justice system, whether they are in prison or supervised in open environments as adults or minors (including minors in conflict with the law monitored in establishments and by services carrying out public or voluntary judicial youth protection tasks), are particularly vulnerable to addictive behaviours, especially as this is often compounded by socio-economic difficulties.

In detention, the situation is exacerbated by the living conditions. The available data shows that drug use when entering prison is higher than in the general population, and that drug use continues after imprisonment. In a context of chronic overcrowding, living conditions in prisons can cause or exacerbate certain addiction-related disorders, making it difficult to implement preventive, care and risk reduction measures. Following on from the 2019-2022 roadmap, the new health roadmap for people placed under the control of the justice system is designed to include all the issues surrounding addictive behaviours (with and without substances) and offer a comprehensive approach along a continuum ranging from prevention to care and support, including risk and harm reduction, tailored to the specific characteristics and constraints of the prison environment.

³⁶ https://www.has-sante.fr/jcms/p_3218478/fr/prevention-des-addictions-et-reduction-des-risques-et-des-dommages-rdrd-dans-les-etablissements-et-services-sociaux-et-medico-sociaux-essms

Bringing stakeholders together to manage party events

The smooth running of party events requires effective coordination between organisers, local authorities, police, local elected representatives and associations. Ensuring the safety of the event and implementing measures to reduce risk and harm are essential. In particular, the rules governing the sale of alcohol (specifically the ban on sales to minors or people who are obviously drunk) and road safety must be complied with. These requirements apply regardless of the type of party event in question: regular or occasional, involving a local community ('village fete') or a more specific party environment, in a rural or urban setting. It is the practical arrangements for supervision that need to be determined on a case-by-case basis by the competent local stakeholders. As mentioned above, these events can also be opportunities to encourage other ways of partying.

COURSES OF ACTION

- Develop practices in party environments that involve offering attractive non-alcoholic beverages (at lower prices than alcoholic beverages or as part of specific attractive stands) as well as activities or challenges that are unrelated to alcohol consumption.
- Support organisers of party events in developing risk-reduction practices.

Using sporting events as opportunities to prevent addictive behaviours

The major sporting events over the next three years, and the local dynamics they generate, provide opportunities to promote the importance of physical activity in the prevention and treatment of addictive behaviours. They are also opportunities to use the sporting world as a vehicle for prevention and for changing young people's perceptions of psychoactive substances and gambling (sports betting in particular) via instructors, educators, but also by asking for testimonials from top sportsmen and women who are well-known among young people. They may also be called upon to help prevent the risks associated with sports betting, provided that they have not entered into a contract with a gambling operator.

Limiting advertising exposure and access to alcoholic beverages (if only to limit the risk of violence and disorder, and to increase security) during major sporting events are also issues linked to future sporting events. This vigilance will be exercised subject to France's commitments to the International Olympic Committee and World Rugby.

KEY MEASURE 7



Take advantage of the Rugby World Cup 2023 and the Olympic Games 2024 to promote the prevention of addictive behaviour.

In line with the policy principle of basing public action on sound knowledge, we need to continue to support and guide the production of scientific data that can be easily used by public authorities.

Consolidating observation mechanisms

The first challenge is to consolidate the mechanisms for observing supply and demand for psychoactive products and substance-free addictive behaviours in France (OFDT, Santé publique France, ministerial statistical services, Addictovigilance network, etc.), as well as in Europe (EMCDDA) and internationally (UNODC, WHO, OECD). Public authorities need regular data to be able to adjust public action to changes in use. Even if addictive behaviours stems from multiple factors, this data also provides an indication of the effectiveness of public action.

As drug use is constantly changing, it is vital to monitor new forms of use and know how to react. The opioid crisis in North America illustrates the dramatic impact of a phenomenon that was poorly anticipated and poorly controlled: in the United States, 107,000 people died in 2021 from an overdose, 70% of them from fentanyl. In this respect, the dispensing of opioid medicines in France is particularly regulated and tightly controlled. Support and care programmes for opioid-dependent users have helped to reduce overdose mortality. However, the risk of overdose requires constant vigilance as part of a preventive and anticipatory approach. New signs are emerging concerning the misuse of opioid analgesics and the spread of new, extremely powerful synthetic products. Against this backdrop, the public authorities have had a roadmap in place since 2019 to prevent and act on the risks of opioid overdoses. They are also keeping a close eye on the development of drug use, particularly cathinones, in conjunction with sexual practices (chemsex).

Beyond the case of opioids alone, we need to continue strengthening the vigilance, warning and response system. In the event of an exceptional and serious phenomenon (e.g. a cluster of overdoses), the French warning and response system seems satisfactory, thanks to the Signal Drogues group led by CORRUSS-DGS and participation in the European Early Warning System. However, if new drugs or new behaviours emerge over a period of a few months, the speed and coordination of the response needs to be improved. Recent examples of the growth in the use of nitrous oxide, cocaine and crack cocaine show that it is necessary to establish a special process between authorities for dealing with these 'lukewarm' signs.

Further structuring of research

Since 2018, the structuring of research in the field of addiction has received considerable support, thanks to the creation of the Fonds tabac [Tobacco Fund], which in 2019 became the Fonds national de lutte contre les addictions [National anti-addiction fund]. The extension of the Fund's scope in 2022 to include non-substance addictions, in particular gambling, makes it possible to invest further in this field of research. This large-scale support must be maintained over the long term, as these processes take many years to complete.

In addition, to bolster the fight against narcotics, particular attention is being paid to developing research into the illegal supply of narcotics through the development and management of an interministerial programme on applied research into the fight against drugs (PIRALAD). This programme has led to updated estimates of the French illegal drug markets in terms of volume consumed, value and jobs generated by trafficking, as well as international research into the effects of illegal drug production on the environment, in partnership with the UNODC, and an analysis of the impact of digital technology on drug trafficking.

Finally, the treatment of addictions to certain products is still currently very difficult, due to the absence of a proven treatment that can be prescribed for a large number of users. In particular, there are no drug treatments, including substitution products, for alcohol and cocaine addiction. Ambitious investment in clinical research is therefore needed to develop effective new treatments. Such work will also be encouraged by better coordination between university hospital teams and the medico-social sector, so that certain experimental protocols can be applied to larger active patient files.

Encouraging evaluation

The evaluation of schemes and policies still needs to be improved. It is by referring to the objective measurement of their effectiveness that public authorities can now promote programmes to strengthen life skills. Low-risk consumption rooms have also been rigorously assessed, enabling a new set of specifications to be drawn up for future Haltes soins addictions [addiction treatment stopover centres]. Since their inception, the experimental programmes to prevent young people from becoming involved in drug trafficking (LIMIT'S programme) have been accompanied by an external evaluation that will enable lessons to be learned. The Problem Solving Justice scheme will also be evaluated from the end of 2022.

However, other areas remain insufficiently covered by such evaluations. By way of illustration, the quality, effectiveness and efficiency of health and medico-social care in the field of addiction, as well as criminal justice responses to the use of psychoactive products, must be the subject of ambitious evaluation programmes, so that the public authorities have the data necessary to adapt public action.

**FROM STRATEGIC
DIRECTIONS TO
OPERATIONAL ACTION**



From strategic directions to operational action

The primary purpose of the 2023-2027 interministerial strategy for mobilisation against addictive behaviours is to establish a framework and encourage the organisation of all public authorities involved in this policy. The ten key guidelines, most of which are not specific to the field of any particular authority, are intended to describe the main areas for progress over the next five years, and to inspire and inform action at national, local and international level.

These strategic directions are to be translated into operational actions with a tangible impact for the population. It is in this way that the expected reduction in addictive behaviours will contribute to the Government's key public policies. Throughout the text, a number of courses of action are mentioned, which can be specified in action plans and implemented depending on the context, audience and region. In addition, a number of new high-impact actions have been highlighted for implementation from 2023.

Specific actions can be defined in:

- ▶ forthcoming government plans: national anti-smoking plan, national alcohol risk reduction plan, national drugs control plan, health roadmap for people placed under the control of the justice system, decisions of the next interministerial road safety committee, etc.;
- ▶ partnership projects developed by public authorities in areas not covered by government plans, in particular to create more protective living environments;
- ▶ the annual guidelines of the Fonds national de lutte contre les addictions [National anti-addiction fund], translated into annual action plans, in particular in the form of the annual instruction to the regional health agencies (ARS), the annual work programmes of national operators (SPF, INCA, OFDT, etc.) and the thematic areas of the call for projects to engage civil society;
- ▶ the annual projects financed by the Fonds de concours drogues; decisions to finance equipment or projects must enable the various beneficiary departments to contribute to the guidelines of the interministerial strategy for mobilisation against addictive behaviours;
- ▶ regional roadmaps drawn up under the aegis of regional prefects and MILDECA in the form of annual instructions to departmental prefects, with operational objectives and monitoring indicators;
- ▶ regional health projects, to be drawn up by the regional health agencies in 2023;
- ▶ various ministerial instructions for local authorities: education authorities, regional health agencies, prefectures, inter-regional customs directorates, inter-regional directorates for judicial youth protection, prison and probation services, national police or national gendarmerie units, etc.

Finally, the interministerial strategy provides **a strategic framework to which the various organisations and professionals involved in the fight against drugs and addictive behaviours can refer**. The field concerned is broad, as there are many different sectors impacted by addictive behaviours (health and medico-social, education, accommodation and supported housing, crime prevention/prevention of reoffending, security, etc.) and a wide range of structures (local authorities, associations, companies, social and solidarity economy, etc.) and professionals involved. However, SIMCA intends to determine actions that fall within the remit of the public authorities.

LIST OF ACRONYMS AND ABBREVIATIONS USED IN THE SIMCA 2023-2027

ASE : Aide sociale à l'enfance (Child Welfare Service)

AHI : Accommodation and Integration

ANSES : Agence nationale de sécurité sanitaire de l'alimentation, de l'environnement et du Travail (French National Agency for Food, Environmental and Occupational Health and Safety)

ARS : Agence Régionale de Santé (Regional Health Agency)

CNAM : Caisse Nationale d'Assurance Maladie (National Health Insurance Fund)

COPD : chronic obstructive pulmonary disease

CORUSS-DGS : centre opérationnel de régulation et de réponse aux urgences sanitaires et sociales de la Direction générale de la santé (operational centre for regulation and response to health and social emergencies - General Health Service)

CPTS : communautés professionnelles de territoire de santé (local health professional communities)

CSAPA : Centre de soins, d'accompagnement et de prévention en addictologie (Centre for Treatment, Assistance and Prevention of Addiction)

CROSS : Cellule du renseignement opérationnel sur les stupéfiants (Narcotics Operational Intelligence Cell)

DIHAL : Délégation interministérielle à l'hébergement et à l'accès au logement (Interministerial Delegation for Accommodation and Access to Housing)

EMCDDA : European Monitoring Centre for Drugs and Drug Addiction

GBG : Good Behaviour Game

HAS : Supreme health authority

INRAE : Institut national de recherche pour l'agriculture, l'alimentation et l'environnement (French National Research Institute for Agriculture, Food and the Environment)

Inserm : Institut national de la santé et de la recherche médicale (National Institute of Health and Medical Research)

INCa : Institut national du cancer (National Cancer Institute)

IPA : Advanced nurse practitioners

MILDECA : Mission interministérielle de lutte contre les drogues et les conduites addictives (Interministerial Mission for Combating Drugs and Addictive Behaviours)

OFDT : Observatoire Français des drogues et des tendances addictives (French Monitoring Centre for Drugs and Drug Addiction)

OECD : Organisation for Economic Cooperation and Development

PSFP : Programme de soutien aux familles et à la parentalité (strengthening families program)

SPF : Santé publique France (French health agency)

TAPAJ : Travail alternatif payé à la journée (Alternative Work Paid by the Day)

UNODC : United Nations Office on Drugs and Crime

WHO : World Health Organisation

MILDECA

Mission interministérielle de lutte contre les
drogues et les conduites addictives

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