



EUFAS News: Substance Use Patterns and the Addiction Treatment System in France

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In this EUFAS News section of European Addiction Research, we are introducing a new article format that focuses on a specific European country. The aim is to provide an overview of the country's main national trends, current challenges, and a general description of its addiction and harm reduction system. The inaugural focus in this issue is on France, a country with a unique historical relationship with the wine industry and a distinctive model of opioid agonist treatments (OATs) that has been in place since the mid-1990s.

France has notably high levels of psychoactive substance use compared to other European countries. For instance, despite a consistent decline in alcohol use over the past 30 years, with an annual consumption of nearly 13 liters of pure ethanol per adult, it remains one of the highest in the world [1]. Additionally, with a 22% rate of daily smokers among individuals aged 15 and over, France exceeds the

average level of tobacco use in the EU, which stands at under 20% [2]. Furthermore, France exhibits one of the highest rates of ever recreational cannabis use in the general population (at about 55%), as well as one of the highest rates of past-year use (at 19%) [3]. Notably, there has also been a worrisome rise in cocaine use, with France now being among the leading consumers of cocaine in the EU, with almost 1% of the general population using cocaine annually as of 2017 [4]. There has also been an increase in the use and addiction to pregabalin, initially among young migrants from North Africa, with recent trends showing dissemination into broader groups of people [5]. Additionally, the use of synthetic cannabinoids, cathinones, and amphetamines is on the rise, with recent signals suggesting the emergence of synthetic opioids [6,7].

In France, healthcare professionals involved in addiction treatment and harm reduction are primarily associated with community organizations or the hospital care system. The Fédération Addiction (<https://www.federationaddiction.fr/>) is the primary representative in the community sector, while the Fédération Française d'Addictologie (<https://www.addictologie.org/>) brings together hospital workers and other professionals not affiliated with the Fédération Addiction. Notably, there is no national scientific society dedicated solely to addiction. Addiction Medicine is a subspecialty accessible through general medicine, psychiatry, internal medicine, public health, occupational medicine, hepatology, or pulmonology [8]. Currently, France has 23 full or associate professors of addiction medicine and between 1000 and 2000 officially certified physicians in addiction medicine [8].

The French addiction treatment system is well-structured and widely available nationwide, comprising 385 primary structures called *Centres de Soins, d'Accompagnement, et de Prévention en Addictologie* (CSAPA), which translates to "centers for care, assistance, and prevention of addiction" [9]. These centers, funded by the state through regional health agencies, offer free and anonymous addiction treatment services for various addictive disorders. Most CSAPAs provide opioid agonist treatment (OAT), particularly using methadone, which can be initiated only within these centers or hospitals. France boasts one of the highest rates of access to OAT (87%) and one of the lowest rates of overdose (approximately 450 deaths per year), making the French model successful, although fragile [3,10,11]. Hospital-based addiction centers offer additional

treatment options, including day hospital or inpatient detoxification services. Consultation/liaison addiction teams, known as *Equipes de Liaison et de Soins en Addictologie* (ELSA), are implemented in general or specialized hospitals to screen and treat addictive disorders among non-addictive disorder patients [9].

Harm reduction services are also widely available in France, with 146 *Centres d'Accueil et d'Accompagnement à la Réduction des Risques chez les Usagers de Drogues* (CAARUD), that translates to “centers for harm reduction in drug users”. They provide sterile equipment for injection, snorting, or inhaling practices, as well as screening for infectious diseases, education on overdose prevention, and access to social services. Furthermore, there have been only two drug consumption rooms opened since 2016, which are still in the experimental stage due to complex interactions between harm reduction professionals, political stakeholders at the local and national levels, local residents, and drug users [12]. The benefits of these rooms have been confirmed in France [13,14], and there is a demonstrated willingness among people who use drugs to utilize these facilities [15].

Looking ahead, France faces significant challenges in the field of addiction, including high levels of tobacco smoking and at-risk alcohol use, compounded by interference from the alcohol industry [16], a notable increase in cocaine use at the population level, and the potential emergence of synthetic opioids that could have profound implications for all of Europe after the devastating impact witnessed in North America.

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