12. European Drug Policies: Extended Beyond Illicit Drugs?

Official Endorsement by the National Drug Strategy

Since 1999, the sphere of activity of the MILDT (Interministerial Mission for the Fight Against Drugs and Drug Addiction) — an institution responsible for defining, setting up, and coordinating the French drug-related policy — has been extended to licit substances, such as alcohol, tobacco, psychoactive (hypnotics, neuroleptics, anxiolytics, and antidepressants) and doping substances. The 1999-2000-2001 Triennial Plan for the Fight Against Drugs and Addiction Prevention has indeed revealed a significant break in defining a strategy directed to a "global approach", coherent with broadening the notion of "drugs" to licit substances (MILDT, 2000). The full approach has been based upon a medico-scientific consensus which consider addictive behaviours, their causes and consequences, regardless of their legal status.

Such an approach, although acknowledging the pharmacological and social specificity of each substance, gives precedence to use behaviours over substances. That bias brings about specific effects in the way public policies are organized. For example, prevention has been planned in discriminating several purposes:

- Delaying the encounter and experimentation with a psychoactive substance;
- Preventing the development from use to harmful use or addiction;
- Preventing harm done by certain kinds of uses, and addiction.

Likewise, the social and health system, basically directed to addiction reference, has been adapted in order to account for the notion of "harmful use" and the broadening to licit substances. At that period were laid the basis for organizing a general policy of care for abuses[60], which recommended a connection between CSST's (Specialized Care Centres for Drug Addicts) and CCAA's (Outpatient Alcoholism Treatment Centres), through the creation of new CSAPA's (Centres for Treatment, Assistance, and Prevention of Addiction).

From a repressive point of view, the status of tobacco, alcohol, and psychotropic medicines has not changed, of course: the availability and the use of such substances are licit yet regulated. However the legal and statutory status pertaining to these substances has been gradually strengthened, following a trend that began in the early nineties.

The effective rendition of such conceptual discriminations in public policies orientation was one of the major novelties of that period, although integrating alcohol especially, then tobacco in the framework of drugs was subjected to a strong hostility, because of the cultural and economical import lent to wine, and the weight of economic interest attached to the tobacco industry.

The current Government Plan for the Fight Against Illicit Drugs, Tobacco, and Alcohol, approved in July 2004, reiterates the fact that licit substances are accounted for within the domain of the fight against addictions (MILDT, 2004). Following the Triennial Plan, the 2004-2008 Plan of Action acknowledges *"the results from the research, and the evolutions within the modes of use and the populations concerned"* (p. 5), and suggests *"a pragmatic approach for each substance"* (p. 6), that unfolds in terms of prevention, information, care, and repression. The five-year plan underlines the difficulty to *"express through action the full approach concept"* (p. 5) noticed in the evaluation report on the triennial plan (OFDT, 2003, see also the next section in the article), and asserts a determination to *"take advantage of*

[60] Notion referring to a type of use that can be described as causing damages relating to a recurrent use with no signs of an addiction. Such a category matches the definition of "abuse" in the DSM IV (Diagnostic and Statistical Manual of Mental Disorders – 4th Edition) and the one of "harmful use" in the ICD 10 (International Classification of Diseases – 10th Revision).

such an approach in the areas where it could prove useful, without making it the leading principle of its action" (p. 6).

In other words, the government plan puts forward strategy main lines for each substance and prevention has been granted a major position, while reasserting that "*the early age for uses stands for an additional aggravating factor*" (p.6). Consequently the common prevention purpose is to prevent and delay the experimentation age for all potentially addictive substances, tobacco and alcohol in particular, which have a "*very strong sanitary impact due to the long-lasting characteristic of these uses during a lifetime, their social and cultural dimensions, and the risks of serious pathologies they are connected with*" (p.6). Given that line of attack, the youth population is a particular target of the plan preventive action.

These priority purposes aiming at undergoing a *"resolute fight on all fronts […] against tobacco"* (p.5) and dealing with the *"still too lenient approval of alcohol-related nuisances"* (p.5) operate through thematic parts (with precedence allowed to prevention) and match quantified evaluation indicators (cross-referred to the annex to the plan).

About alcohol-related problematics, such a plan intends to cut down 20% of the average alcohol use per capita, in accordance with the WHO (World Health Organization) standards acknowledged by the August 9th, 2004 Public Health Law (August 11th, 2004, n°185). That goal suggests to develop courses of action aiming at decreasing levels of use in order to follow WHO "moderate uses" thresholds (no more than 2 glasses[61] of alcohol a day for females, 3 for males; no more than 4 glasses for a sporadic use, and refrain from any alcohol use whatsoever at least once a week). It also implies drunkenness reduction, alcohol total abstinence during pregnancy and activities involving accident risks for oneself or other people. As a result, it is a many-sided strategy, coherent with the 2002-2004 alcohol action strategy of the General Health Department (Direction générale de la santé (Ministère de la Santé), 2001):

- Within the realm of prevention, the plan is based upon several courses of action: an intensive public communication issuing markers of a moderate use, and supported by messages matching different categories of drinkers or having various modes of use; actions for preventing accidents; developing health education at school; effective enforcement of statutory measures aiming at creating a context favouring a lower use (enforcing the ban on selling to minors, legal watch) or the implementation of new policies; detecting risk uses in primary care services, motivating and helping drinkers to reduce their alcohol uses;
- In terms of information, training, and communication: training general practitioners to early screening and brief intervention among excessive drinkers;
- About care: improving its accessibility, quality, and efficiency (with a specific consideration for incarcerated users), preventing relapses, and heightening the public awareness of alcohol-related risks during pregnancy;
- As far as law enforcement is concerned: respecting statutory rules pertaining to alcohol, which, according to the terms of the plan, must be developed and more severely respected;
- Concerning knowledge development (research and observation), in order to document use behaviours, screening alcohol abuse or addiction as soon as possible.

The Government Plan echoes the 2003-2007 National Plan for the Fight Against Cancer aiming at reducing tobacco uses (MILC, 2003). Its goals within five years unfold as follows:

- Decreasing experimentation and delaying its age from 14 to 16 years-old;

[61] The term "glass" refers to a "standard glass" or the international alcohol unit, that stands for 10 g of pure alcohol.

- Encouraging an earlier smoking cessation;
- Reducing tobacco use among pregnant women from 29.5% to 20%;
- Cutting down passive smoke exposure.

The action program envisioned to reach such goals consists in combining action with availability (in raising taxes, restricting advertising, operating selling restrictions to minors under 16, and favouring a "smoke free" school, or even in organizing a communication campaign) whose action aims at a better enforcement of regulation restricting tobacco use in public places, in order to protect non-smokers and have a deterrent effect upon smokers.

Therefore the actions relating to the fight against tobacco use are based upon several purposes:

- Prevention (to avoid or delay the first cigarette ever smoked, to encourage and help smokers to quit smoking, to protect non-smokers);
- Information, training, and communication: the help line number of DATIS (Drugs, Alcohol, and Tobacco Information Service) has been replaced by several others according to the substances (e.g.: Tabac info service), in order to provide callers with a specific and personalized information, and a possible orientation. The plan requires future communication campaigns and the improvement of health professionals training about specific problems relating to quitting tobacco smoking;
- Care: lines of operation suggested in the plan consist in supporting care experiences with reimbursement of nicotine substitutes, and the development of consultations to help smokers to quit tobacco;
- Respect of legislation (support the evolution and the enforcement of tobacco-related laws);
- Develop knowledge (research and observation): improve knowledge on patterns of use, inferred social and health damages, as well as prevention and health education methods;
- Fight against smuggling: the government plan aims at strengthening the fight against organized cigarette trafficking and illicit retail sale observed in some French metropolis (Marseilles, Toulouse, Paris), notably since the consecutive rises on cigarettes prices.

The whole orientations and quantified purposes included in the five-year plan have been defined in accordance with the basis of the national public health policy, stated in the August 9th, 2004 Public Health Law, which aims at providing the country with the necessary structures and procedure to set up a bold policy of health protection and promotion for the population (Journal Officiel, August 11th, 2004, n°185). Among the "100 public health goals" selected next to the national consulting, a "quantifiable target" can be found for each one of both substances. More precisely:

- Reducing prevalence of excessive alcohol use, and preventing addiction to settle (by a 20% decrease in the yearly use of alcohol per capita, that is from 10.7 l/year/capita in 1999 to 8.5 l/year/capita by 2008) ;
- reducing passive tobacco smoke exposure in schools, leisure places, at work (with a view to decrease the prevalence of daily smokers' tobacco use from 33% to 25% among males, and from 26% to 20% among females, by 2008).

Psychotropic medicines are not specifically and explicitly referred to: they are nevertheless mentioned several times, following the theory according to which psychotropic medicines are included in the realm of substances whose use and harm are to be fought against, as defined in the courses of action of the previous plan.

Concerning doping prevention, the plan aims at operating within sports environment (among the youth and executives in particular) actions of training, public-awareness campaign, and personalized prevention. The targets attached to such actions are:

- To contribute to the training of health and education professionals, and to operate among the various sports populations;
- To strengthen sports instructors' expertise in prevention, screening, and guidance of young users;
- To help young athletes to be independent in deciding their use behaviours, and likely to ask for support.

Besides, following the benefits from the previous Triennial Plan, the 2004-2008 Government Plan sets several cross-reference goals for the whole substances, referring to the notion of "addiction": improving health system efficiency in screening and treatment, through enabling the creation of addictology reference centres; promoting addictology as a support for education, teaching, and research.

Lastly, although the issue on integrating the "addictions without substances" in the MILDT field of action repeatedly triggers off debates in the press or among addiction experts, that topic is not subjected to a real public policy in France. During the 1998-2002 period, thought has been given to the matter, including in particular pathological play, Internet or video games excessive use, obsessive purchase or diet behavioural disorders as bulimia and anorexia. Such a thought relied on the conclusions of experts, who consider Internet or video games addictions echo patterns similar to those of drugs, and require close therapeutic responses. Such emerging debates do not translate in institutional changes.

Genesis and Rationale

The broadening of national strategy for the fight against drugs to licit substances in 1999 relied on scientific knowledge acquired, in particular on recommendations included in recent reports (Comité consultatif national d'éthique pour les sciences de la vie et de la santé sur les toxicomanies, 1994; Parquet, 1997). It translated in separate strategies through both government plans approved since then. Given the weaknesses known in the French fight against drugs, a number of required evolutions has been outlined, leading to amend the prevention and care policy conducted in France until 1999.

The extension to licit drugs relied upon several major conclusions[62]:

- The modes of use evolution showing a stability (even a decrease) in heroine use, a rise in cannabis use, a more and more important access to synthetic drugs, a gradual frequency of abuses combining licit and illicit substances;
- Meanwhile a dramatic increase in the use of strong alcohol among youngsters with recurrent drunkenness, of psychoactive medicines as in all developed countries, and a trivialization of doping substances;
- The most recent surveys would show a common molecular basis for all addictions;
- The difficulty to match both repression and health care actions.
- The lack of diversification of the drug addicts specialized care system, comparatively developed in its still strong direction towards individuals addicted to opiates;
- The lack of care for individuals having alcohol difficulties and tobacco users, when considering the significance of populations concerned;

[62] According to the assignment of N. Maestracci, then MILDT Chairwoman, setting the goals of the RASCAS working party, instructed to run the thought about the common and specific aspects in the uses of various psychoactive substances.

- The late screening of drug abuse and access to care;
- The multiplicity of financing and the lack of territorial programming in the prevention and care facilities, leading to strong disparities
- The comparatively secretive behaviour in the public care structures (general medicine, hospitals) facing drug users.

The Report on Drug Addictions by the National Committee for the Health and Life Sciences (1994) was the first to meaningfully question the distinction – regarded as pharmacologically biased – between licit and illicit drugs, considering it did not rest on any scientific or practical basis. The report drew attention to the value of prevention, underlining that drug users health, whatever the legal status of the substance, should come first. Following such conclusions, the Parquet Report, labelled "For a Prevention Policy Pertaining to Psychoactive Substances Use Behaviour" (1997), underscored the fact that the evolutions of drug problematic would require more pragmatic solutions than a lecture about abstinence, similar to the one that had been told for nearly three decades. Reasserting the common neurobiological effects of licit and illicit substances on psyche and the psychosocial and environmental influential factors of addictive behaviours, the report concluded that the use behaviour determined the risk, more than the substance itself, and separated harmful use from addiction. It suggested an appropriate preventive message, intended for psychoactive substances, a generic term including illicit drugs, alcohol, tobacco, and psychotropic medicines.

The behavioural approach recommended in that report also claimed a distinction between use, abuse (or harmful use), and addiction, which already appeared in reference international classifications (especially in the 10th version of the International Classification of Diseases – ICD 10 — of 1992, or in the 4th version of the Diagnostic and Statistical Manual of Mental Disorders — DSM IV — of 1994), whose improvement was to integrate a psychopathological dimension breaking off from a usual behaviour of the subject. While supporting the observance of the "traditional" goal of prevention policies — avoid initiating the use of psychoactive substances —, the report would suggest a course of action that was supposed to go beyond that, in preventing also the development from use to harmful use or addiction.

Along that line, Pr. Parquet's thought stands for a significant advance in the preventive approach: it actually suggests to build the prevention strategy on a program logic in order to set up varied purposes, coherent with the populations specific needs. Besides, the development of a common culture — established as a goal in the 1999-2001 triennial plan — is presented as one of the essential modes of the quest for a consistent language between various contributors acting within the realm of prevention (government services, professionals, media, consumers group or other communitarian groups). The conclusions of that report have then been included in the development of a discriminating prevention strategy, which covers the whole substances and separates the levels of use.

Relying upon such elements of scientific knowledge, one of the main features of the triennial plan was to extend the government program to alcohol, tobacco, psychoactive medicines, and doping substances; yet that does not mean that all substances have been considered the same way from the angle of law, care, or prevention. The action strategy has not been split according to various substances: it has built its lines of action in accordance to use behaviours, judging there were more common points between licit and illicit drugs than peculiarities for each substance. Following such reasoning, the reference to the "addiction" concept has been mostly developed. The five-year plan has moderated that bias in favouring one approach for each substance, while borrowing the cognitive patterns from the global approach.

Converting that "global approach" concept into action from 1999 onwards has been remarked and debated in the evaluation report of the triennial plan, conducted by the OFDT (2003). It considers that the notion has proved more complex and difficult to put into practice than it seemed. While the attempts to build a common culture on the whole public responses and

psychoactive substances have born fruit, the report however reveals that prevention, care, and repression have had some difficulties in making the global approach operational:

- In the realm of prevention, as far as social communication and field actions are concerned, global approach directed to users behaviours rather than to substances has not succeeded in specifying its operational purposes. The possibility to express general messages likely to reach specific targets, in terms of populations or substances, has come up against difficulties when being converted into action.
- In the realm of care, the use of global approach, supposed to lead first to defining concrete modes of care accounting for what is common or specific to the different substances, and eventually to administratively harmonizing structures, has shown its limits, failing to adequately put together practices and medical responses.
- In the realm of repression at last, global approach has not been able to free itself from the condition of laws. The plan has not lead to amend legislation: neither generalized prohibition on all drugs, nor exclusive rule of controlled legislation. Alcohol, tobacco, and psychotropic medicines remain substances whose availability and use are not banned. Narcotics being always illicit, global approach translates in the desire to substitute a larger lexicalisation for standard repression, as far as illicit drugs are concerned, in particular for cannabis, and for penal consequences relating to alcohol abuse.

While global approach has opened up the age of the indiscrimination of substances, its implementation immediately perceptible appeared restricted within the period when the triennial plan was enforced. This being said, the evaluation report of the plan asks the following question: how could it be otherwise? The five-year plan (2004-2008), without questioning the rationale of global) approach, a chosen to favour an approach per each substance. The MILDT has therefore centred its goals and sphere of activities back to the most massive uses in general population (alcohol, tobacco, psychotropic medicines, cannabis). Cannabis has been notably targeted in the line of action, following the assumption according to which that substance would be commonplace among youngsters.

Furthermore the principle of extending the notion of drugs to licit substances does not seem unquestionably acquired. Accordingly when the present five-year plan was issued, and in the following period, integrating alcohol in the field of drugs had been debated again, in accordance with the specific status granted to wine. During the Parliament debates on the bill relating to rural territories development in October 2004, senators had brought down the wrath of anti-alcoholic associations, when presenting for the first reading of the bill a set of exceptional arrangements to the Evin Law, allowing in wine advertising references to its “sensorial and organoleptic qualities”. During discussions, some Members of Parliament claimed a “sacred union around wine” and called for a “truce in the unconditional attacks against it”. The question of suppressing the compulsory mention about alcohol dangers to health on alcohol bottles was even asked during session.

On behalf of the significance of wine uses in France, and their cultural dimension, as well as for preserving the economic interests of the wine-producing careers (600 000 professionals), wine has, among alcohols, traditionally be granted a special rule: for example, it is the least taxed alcohol, as its taxation is 32 times lower than the one imposed on strong alcohols.

The jeopardizing of such a status by alcohology experts, claiming an unconditional fight against alcohol addiction, regularly triggers off violent protests from wine producers and retailers, relayed by Members of Parliament elected in rural constituencies subjected to the ascendancy of wine producing areas. Such a controversy was brought to a close when, in January 2005, during the second reading of the bill on rural territories, a compromise amendment was voted, which described the rules relating to wine advertising: the latter can

include references and images featuring the production areas, rewards obtained, original labels and their components, or geographical indications right-protected. It must be restricted to the product description (but not the act of use and its effects), provides objective (but not subjective) indications in order to inform (and not to promote). Such an example nevertheless illustrates the ambiguities of a "global" public policy, cornered between a public health logic and an economic and commercial one, both contradictory.

The doping issue became the focal point of political debates in 1998. Such a context enables its integration in the MILDT line of operation. A collective appraisal labelled "doping and sports practices" had been actually performed by the CNRS (National Centre for Scientific Research) on the sociological, psychological, pharmacological, and toxicological aspects of pathologies associated with doping, whose step report issued in August 1998 conveyed a number of recommendations aiming at prevention (Escande and Roussel, 1998):

- To develop research on the existing connection between doping and drug addiction;
- To initiate on a French and European level the "sports practice" piece of information in the pharmacovigilance inventory systems;
- To ask officially the AFSSAPS (French Health Products Safety Agency) to demand specific surveys among sportspeople, when applying for a MA (marketing authorisation) of new products likely to be used as doping substances;
- To initiate epidemiological surveys whose target is to evaluate the extent of the doping phenomenon and the gravity of its consequences upon the athletes' health in the short, medium or long term;
- To set up compulsory classes on doping for health professionals within the realm of their initial and permanent training.

A number of governmental acts have then been put for answering such an issue (September 10th, 1998 Order; July 2nd, 1998 Order; Journal Officiel, July 21st, 1998; June 10th, 1998 Decree n°98-464, Journal Officiel, June 17th, 1998) in order to adjust the existing legislation arsenal for doping substances prevention and repression in sports competitions and events.

Responsibility and Expertise (Coordination)

Since the approval of the August 1st, 2001 Organic Law Pertaining to Finance Laws[63] (LOLF), a new administrative and budgetary organization has been approved (Journal Officiel, August, 2nd, n°177). According to that reform, the Chairman of the MILDT — attached to the Prime Minister — is responsible for setting up the "Drugs and Drug Addiction" program. For 2005, the MILDT has been granted 38 million euros, distributed around three main lines of action to fight illicit drugs, tobacco, and alcohol: interministerial coordination of the preventive, health care, and repressive areas; experimentation of new partnerships devices in prevention, care, and law enforcement; and lastly, international cooperation. Such a program, belonging to the Government Health[64] Mission fits nevertheless in a strong interministerial context, as the fight against drugs (tobacco, alcohol, and illicit drugs) involves about twenty of ministerial departments. In addition, it must also gather local communities

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[63] The January 2nd, 1959 Decree pertaining to the Organic Law relating to Finance Laws — which has been fully abrogated on January 1st, 2005 — would describe the expertise and powers of Government and Parliament for the State Finances. The thought being engaged in Parliament, during the years 1998-2000, about the efficiency of public expenditure and the role of Assemblies in budget, saw the emergence of a consensual political desire to update budget and accounting rules, decided by the 1959 Organic Decree. Setting up the new financial constitution only lasted four years, from its promulgation in 2001 until the vote for the 2006 Finance Law to the new regulations.

64 Within the framework of the 2005 Finance Bill, and according to the 2001 Budget, the Health Mission includes three other programs: Public Health and Prevention, Care Accessibility and Quality of the Care System, Conception and Management of Health Policies.

and associations around the goals of the government plan, which stands for the reference framework of the program.

The MILDT coordinating role revolves around all initiatives necessary to conduct ministerial actions serving a coherent policy for fighting illicit drugs, alcohol, and tobacco.

- Both the law, as well as and the health and social awareness of harmful behaviours must be reasserted, through cross-category training common to the different contributors to prevention (police, gendarmerie, school and sports club staff).
- The MILDT research program must be relied upon, as its main concerns are described by a scientific committee, and it allows calls for papers among public research centres, having collective expert appraisals enabling all ministries to get the same information about the level of scientific knowledge on the health risks and consequences of use.
- Coordinating communication campaigns funded by the MILDT only depends on the INPES (National Institute for Health Prevention and Education). The alcohol program aforementioned aims at promoting a low use and alerting on the risks in relation to a regular alcoholization. The communication already planned by INPES for the 2004-2006 period relies upon TV campaigns and actions outside the media. Together with the “general public” conducted by the INPES, numerous prevention services develop tools for their actions or suggested to field contributors. The MILDT labelling of such tools certifies the soundness of information and the preventive value of contents.
- As far as care is concerned, the treatment system depends on planning care availability on a regional level, even if its distribution remains imbalanced. The development of care accessibility for individuals with alcohol issues is still “very deficient” (p.31), according to the terms of the five-year plan. The identified deficiencies concern care accessibility in some geographical areas, coordination between structures, notably between general medicine and specialized departments, as well as the treatment of associated psychiatric disorders. One of the lines of improvement suggested by the plan consists in reorganizing the CCAA’s (Outpatient Alcoholism Treatment Centres), and the CSST’s (Specialized Centres for Drug Addicts) within the framework of medico-social institutions called CSAPA’s (Centres for Treatment, Assistance, and Prevention of Addiction). Such centres could offer treatment either simultaneously for several types of addiction, either exclusively for problems with alcohol or tobacco (notably). Activities relating to alcohol, tobacco, and other substances must be defined in the establishment project, within the realm of distinct programs (detailing the therapeutic project, consultation hours, staff appointed to it, etc.). The CSAPA’s can be developed on one unique site or develop various structures through a network. Besides, the present range of connecting teams in addictology (created within the framework of the previous plan) “still meets unsatisfactorily the needs” according the current government plan (p.34). Such teams are supposed to assist hospital nurse staff for the screening and treatment of patients experiencing abuse or addiction problems, and to develop care procedures for the latter during hospitalisations. These teams should be present in all French départements, in order to strengthen the existing staff.
- Protecting non-smokers requires a better enforcement and control of the current legislation restrictions, in reasserting the dissuasive value of the Evin Law. Such a task involves a coordinate action from several ministries, whose guiding is a

priority line of the “Drugs and Drug Addiction” program. In this respect, the Prime Minister had specifically asked the MILDT, through an assignment letter, to pilot the whole banning on smoking in public places, in order to improve the acknowledgment of the Evin Law.

In terms of local supervision and territory network, priorities defined on the national level are relayed on the territorial level by chief coordinators and “drugs and drug addiction project managers” in each French départements. These project managers are being asked to coordinate, under the prefect’s authority, the actions of local services over the whole drug field. Their mission translates into territory programs revolving around:

- Département conventions on purposes, agreed between prosecutors and the DDASS (Direction of Health and Social Affairs at local level - for the Département), in order to provide users in the hand of justice with a health and social care, and offer an alternative to legal action;
- Preventive actions in and around school, for which they will particularly have to see that messages and actions directed to the youth should be validated, coherent, and including all legal, health, and social aspects;
- Local actions relating to the enforcement of the Evin Law in public places;
- All actions included in the main lines of the government plan.

To provide these project managers and coordinators with a technical support, the CIRDD’s (Centres for Information and Resources on Drugs and Drug Addictions) have been created, and their missions of guidance in methodology, observation, and documentation must meet every courses of action of the government policy. This CIRDD Network, acknowledged by the MILDT, is presently incomplete and heterogeneous, and reorganizes itself on a regional and sometimes interregional level, in order to meet local needs and enable a pooling of resources.

As a conclusion, it must be underlined that MILDT has no authority to play a direct part in the organization of various problematics connected with the fight against illicit drugs, alcohol, and tobacco, but to impulse and coordinate the different contributors in providing them with the necessary tools to conduct their courses of action.

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