

Guiding questions for the discussion on "Prevention and early intervention for alcohol-related harm"

Which national data on the use of alcohol exist (consumption, costs, health damage)?

Alcohol consumption has been associated with human societies since the beginning of recorded history. Worldwide, alcohol is a leading cause of illness and premature mortality, especially in men. In OECD countries, its social costs are estimated in excess of 1% of GDP. Given the heavy health and socio-economic impacts, governments have been trying to curb consumption by implementing socio-economic policies.

According to various studies, alcohol consumption levels in France are among the highest in the OECD, but have been declining in the past 30 years. In 2012, an average of 11.8 litres of pure alcohol per capita was consumed in France, compared with an estimate of 9.1 litres in the OECDⁱ.

In addition, alcohol consumption has been implicated in about 49,000 deaths annually in France (Guérin et al., 2013). Alcohol has been implicated in deaths related to cancer, circulatory disease, digestive system disease, cirrhosis, etc. Alcohol has also been implicated in mental and behavioural disorders, FAS, workplace injuries and absenteeism, addictions (alcohol as a "gateway drug" for other addictions), as well as related to increase suicide riskⁱⁱ, among other conditions. Moreover, alcohol consumption is involved in a large number of avoidable hospital admissions (Paille and Reynaud, 2015), as well as implicated in traffic fatalities and higher domestic violence rates. As such, alcohol consumption (with or without meeting diagnostic criteria of substance use disorders) carries a heavy socio-economic cost.

Consumption rates: National research studiesⁱⁱⁱ in France report that in 2017, 87% of 18-75-year-olds reported consuming alcohol at least once during the past twelve months; 21% reported having been drunk during the past twelve months; 10% reported daily alcohol use; and 5% reported weekly heavy episodic drinking (six drinks or more on one occasion). Men were consistently more likely than women to drink alcohol. Drinking pattern also differed between age groups: frequency of alcohol drinking tended to increase with age. In the age group of 18-24, reported regular daily consumption was rare: 2.3%.

Alcoholic beverages consumed: In the adult population, the most consumed alcoholic beverage was reported to be wine, followed by beer consumption and followed by spirits; whereby for young adults (18-24), the most consumed alcoholic beverage was reported to be beer followed by spirits^{iv}

For a more detailed overview of this subject matter, please use the links provided:

- https://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/fra.pdf?ua=1
- https://read.oecd-ilibrary.org/economics/france-improving-the-efficiency-of-the-health-care-system_09e92b30-en#page1

Are there scientific studies, for instance, on the success of preventive measures concerning alcohol consumption as well as the abuse of alcohol?

Historically and similar to most OECD countries, preventative measures in France followed the *abstinence paradigm*^v. Given the evolution and advancement in research and a better understanding of the issues at hand, a new paradigm has been making grounds, namely *harm and risk reduction models* (an approach that initially was closely related to opioid dependence). In France, prevention measures are headed by ANPA (Association nationale de prevention) and CSAPA (Centres de soins d'ac-compagnement et de prévention en addictologie).

In general, prevention measures focus on individual, family, school and work place dimensions, aiming to address reduction of substance use, reduction of risky behaviour, binge drinking and the reduction of the intention to use^{vi}.

While there are many studies on the issue of prevention^{vii}, and with research showing promise as far as success rates^{viii}, no clear data is available at this time. This lack of data is likely related to a number of different factors such as (among other factors), multi-substance- consumption, the fact that alcohol is a legal substance, and cultural pertinence of alcohol (namely wine – for adults) in France. I have included a number of links for a more detailed discussion on the subject.

- <https://www.federationaddiction.fr/actal-n8-septembre-2010-la-prevention-un-investissement-pour-demain/>
- <https://www.hcsp.fr/explore.cgi/Adsp?clef=101>

Which legal provisions and initiatives to avoid the abuse of alcohol do exist in your country?

French public policies have been targeting prevention, treatment and public education on the subject matter.

Historically, public policies identified alcohol consumption as “dangerous” in 1954; in the 1980’s, public policies distinguished for the first time between alcohol and other drug addictions. In 1991 an important law called the “EVIN law” sought to curtail advertisement related to alcohol and Tabaco consumption.

Since 2007, public policies have become more clearly focused on *prevention* and *treatment* of addictions (including alcohol). Policy development has been headed by an inter-ministry committee called the MILDT (La Mission Interministérielle de lute contre les drogues et les toxicomanies). More specifically, the MILDT have been focusing on three aspects: (1) heading and planning public policies with respect to alcohol consumption, abuse and dependence, (2) coordinating and communicating with policy makers, (3) annual budget considerations.^{ix} More recently, focus has been given to prevention and education initiatives related to minors, pregnant women, as well as to the risks of binge drinking^x.

In addition, French public policy makers have been participating in international public health planning with the WHO. Such initiatives include addressing binge drinking of adolescents and young adults.^{xi}

For a more detailed description of the laws and public policies in the area, please refer to the Ministère des Solidarités et de la Santé’s website: <https://solidarites-sante.gouv.fr/prevention-en-sante/addictions/article/alcool-cadre-legal>.

Please find the included copy of that actual legislation related to alcohol in the annex section.

Are there special protective regulations for children and youths?

The French legal system forbids the sale of alcohol to minors, forbids drinking in school and in public settings. In addition the sale of alcoholic beverages is allowed only to those establishments who obtain a license (further divided into 4 levels according to alcohol %) for this purpose. Please refer to the copy of the legislation in the Annex section for more details. (**Champs de la législation française constitutive d'un cadre de prévention environnementale vis-à-vis des produits du tabac, de la cigarette électronique et de l'alcool (hors dispositions relatives à la fiscalité^{xii})**)

How is the care of alcoholics organised, what do you see as positive and what is problematic?

The French health care of individuals requiring help for alcohol use, abuse and dependence is quite advanced.

The healthcare system is divided into three levels:

1. Treatment in clinic – level setting (without hospitalization).
2. Centres specializing in simple intoxication, withdrawal and emergency (hospital setting specializing in “simple intoxication” treatment)
3. Centres specializing in complex intoxication and withdrawal (hospital setting specializing in more complex cases)

Furthermore, the distribution of service centres also depends on community resources (i.e. larger cities with more resources and people will likely have more services available). Treatment in such centres follows the bio-psycho-social levels, comprised of multi-disciplinary treatment professionals. In addition, research efforts are organized in both national and international levels to address the care of individuals with alcohol use, abuse and dependence problems.^{xiii}

Of which significance are psychotherapeutic interventions within the framework of prevention and early intervention and which role do psychotherapists have in the treatment of alcoholics, both as inpatients and outpatients?

Clearly, the presence of professionals trained specifically in prevention, early and long term psychotherapeutic intervention of addictions is essential in the treatment of individuals presenting with alcohol use, abuse and dependence, both in inpatient and outpatient settings. These interventions are crucial for :

- Early detection of such problems, which in return allows for early intervention.
- A more comprehensive and a more efficient treatment that addresses the multi-faceted complexity of addictions (an approach consistent with the “bio-psycho-social model”)

In addition, given that addiction is often marked by the presence of other comorbid conditions (such as other psychiatric, personality and medical dimensions), the presence of clinicians trained in these domains is vital for treatment.

Furthermore, psychotherapy offers a more positively-focused approach identifying personal, family and community strengths and resources, thereby shifting away focus from the stigma associated with addiction. This approach looks at the multi-generational aspect and aiming at breaking the vicious cycle of addictions (as well as trauma, which is often present multi-generationally).

Of note is the fact that existing treatment options focus on the individual, but often neglect the family aspect. Given that, we at the addiction centre in the ROANNE hospital have undertaken to offer a multi-family therapy to our patients and to their families. This new initiative is also the subject of our latest research proposal.

What would in your opinion be a good environment for a moderate consumption of alcohol?

This is a question that has been a matter of debate and discussion for many years, both for users as for the professional helping community.

Given that most alcohol users are not dependent, clearly a good environment for a moderate consumption of alcohol approach is appropriate. This however, can largely be aided by the engagement of different partners on individual, family, community, policy and legal levels. Their engagement allows overcoming different barriers related to finding a place to run group meetings such as AA, access to appropriate treatment (inpatient, outpatient), access to help within the community, public education, encouragement, etc. Of note is the fact that in France, much like in the rest of Europe and North America, self-help groups such as the “AA” and “vie libre” have been helping individuals overcome their alcohol use problems, by offering them a place to talk with others who share similar experiences. The success of such groups is well documented in the literature.

Moreover, a good environment for a moderate consumption approach can take into account and address the three vectors related to the attractiveness of addiction (namely, social, euphoric and other potential positive aspects).

How should existing services for the treatment of alcoholics be developed further?

- More focus on prevention
- More focus on addressing the family aspect (for example, offering multi-family therapy to family members of patients)
- Psychotherapy based on more positively-focused approaches , taking into account personal, family and community strengths and resources, thereby shifting away focus from the stigma associated with addiction, and aiming at addressing the suffering and trauma often present multi-generationally.

What needs to change in your country in order to warrant this development?

France has a well-developed health care system that offers a wide range of treatment options for individuals with alcohol use problems. Future initiatives, in our opinion, should focus more on *prevention*, addressing the *family* and *intergenerational* aspects.

ANNEX

Champs de la législation française constitutive d'un cadre de prévention environnementale vis-à-vis des produits du tabac, de la cigarette électronique et de l'alcool (hors dispositions relatives à la fiscalité)^{xiv}

Concernant les lieux et contextes de consommation et la protection des non-usagers, la loi... Alcool. Interdit l'ivresse publique et manifeste, passible d'une contravention de 2e classe ou d'emprisonnement, si elle est constatée dans une enceinte sportive, notamment en cas de violences ; n Autorise les employeurs à réglementer voire à interdire la consommation de boissons alcoolisées dans les locaux professionnels (art. R. 4228-20 du code du travail) ; n Limite l'alcoolémie lors de la conduite d'un véhicule à 0,5 g/l, abaissée à 0,2 g/l pour les conducteurs en situation d'apprentissage ou détenteurs d'un permis probatoire (art. R. 234-1 du code de la route).

Concernant la vente et la protection des mineurs, la loi... Alcool. Interdit la vente ou la distribution gratuite à des mineurs de boissons alcoolisées ; Interdit la vente ou la distribution gratuite à volonté de boissons alcoolisées dans un but commercial (« open bar ») (art. L. 3322-9 du CSP), sauf lors de fêtes traditionnelles ou de dégustations autorisées ; n Interdit d'inciter des mineurs à la consommation habituelle ou excessive d'alcool ou à l'ivresse ; n Interdit de proposer des boissons alcoolisées à prix réduit temporairement (happy hour) sans proposer également sur la même période des boissons non alcoolisées à prix réduit (art. L. 3323-1 du CSP).

Concernant la publicité et la promotion, la loi...Alcool. Limite les supports et les contenus des publicités pour l'alcool (interdit par exemple la publicité au cinéma et à la télévision) et spécifie les supports ou médias autorisés (interdisant de fait tous ceux qui ne sont pas stipulés) ; n Autorise la promotion des produits alcoolisés disposant d'une appellation de qualité ou liés au patrimoine culturel (loi de 2016 de modernisation de notre système de santé) ; n Autorise, depuis 2009, la publicité en ligne pour l'alcool par le biais de formats internet classiques (bannières, par exemple) sur les sites web visant un public adulte, à condition que la publicité ne soit « ni intrusive, ni interstitielle ».

Concernant la fabrication et le conditionnement, la loi...Alcool. Impose l'apposition d'un avertissement sanitaire « l'abus d'alcool est dangereux pour la santé » sur les unités de conditionnement de boissons alcoolisées ; n Impose l'apposition d'un pictogramme « zéro alcool pendant la grossesse » sur les unités de conditionnement de boissons alcoolisées.

References

- ⁱ Sassi, F. (dir. pub.) (2015), *Tackling Harmful Alcohol Use : Economics and Public Health Policy*, Éditions OCDE, Paris, <https://doi.org/10.1787/9789264181069-en>. Published on May 12, 2015
- ⁱⁱ Brousse, G., Bendimerad, P., de Chazeron, I., Llorca, P. M., Perney, P., & Dematteis, M. (2014). Alcoholism risk reduction in France: a modernised approach related to alcohol misuse disorders. *International journal of environmental research and public health*, 11(11), 11664-75. doi:10.3390/ijerph111111664
- ⁱⁱⁱ La consommation d'alcool chez les adultes en France en 2017. Jean-Baptiste Richard, Raphaël Andler¹, Chloé Cogordan¹, Stanislas Spilka^{2,3}, Viêt Nguyen-Thanh¹, & le groupe Baromètre de Santé publique France 2017
- ^{iv} World Health Organization 2014 : alcohol consumption : levels and patterns
- ^v Brousse, G., Bendimerad, P., de Chazeron, I., Llorca, P. M., Perney, P., & Dematteis, M. (2014). Alcoholism risk reduction in France: a modernised approach related to alcohol misuse disorders. *International journal of environmental research and public health*, 11(11), 11664-75. doi:10.3390/ijerph111111664
- ^{vi} Prevention interventions for school students. <http://www.emcdda.europa.eu/best-practice/prevention/school-children>
- ^{vii} Serrano S (2007), «Prévention des conduites à risques et question sociale», ADSP n° 60, sep-tembre 2007, 61-64, La Documentation Française.
- ^{viii} Foxcroft DR, Tsertsvadze A. (2011b) 'Universal multi-component prevention programs for alcohol misuse in young people', Cochrane Database of Systematic Reviews 2011, Issue 9. Art. No.: CD009307. DOI: 10.1002/14651858.CD009307.
- ^{ix} Dr. STRAUB Dominique, *Psychiatre*
- ^x <https://solidarites-sante.gouv.fr/prevention-en-sante/addictions/article/alcool-cadre-legal> Ministère des Solidarités et de la Santé. Publié le 25.11.2015.
- ^{xi} <https://solidarites-sante.gouv.fr/prevention-en-sante/addictions/article/alcool-cadre-legal> Ministère des Solidarités et de la Santé. Publié le 25.11.2015.
- ^{xii} FORMES ET ORGANISATION DE LA PRÉVENTION DES ADDICTIONS EN FRANCE. Note N° 2018-05 Paris, le 27 décembre 2018. Downloaded the 31 march 2019 at: <https://www.ofdt.fr/BDD/publications/docs/eisxcmvc.pdf>
- ^{xiii} Dr. D. Schmuck, 2019.
- ^{xiv} FORMES ET ORGANISATION DE LA PRÉVENTION DES ADDICTIONS EN FRANCE. Note N° 2018-05 Paris, le 27 décembre 2018. Downloaded the 31 march 2019 at: <https://www.ofdt.fr/BDD/publications/docs/eisxcmvc.pdf>