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"Addictions: Improving Care Pathways (in France)" – Executive Summary

The French addiction care system is based on a structured and broadly coherent organization that aligns with international standards. It is built around a threefold framework comprising primary care, hospital care, and the medico-social sector, and seeks to provide care pathways tailored to the diversity of individual situations rather than a one-size-fits-all model. Addiction is regarded as a chronic, multifactorial disease requiring a comprehensive approach that integrates medical, psychological, and social dimensions, while also promoting the active involvement of service users in designing their own care pathways.

This framework is nevertheless facing the rapid evolution of addictive behaviours. Patterns of use are becoming increasingly diverse and complex, with a rise in polysubstance use (particularly involving alcohol), growing consumption of certain substances such as cocaine, and the development of behavioural addictions. These trends are accompanied by an increase in complex situations, often characterized by comorbidities, especially psychiatric disorders, whose impact is further exacerbated by social inequalities. In this context, addictions represent a major public health challenge, accounting for more than 115,000 preventable deaths each year in France, primarily attributable to tobacco and alcohol use.

The system is currently under significant strain and is encountering growing difficulties in meeting the full range of needs, which themselves remain difficult to assess accurately. The identification of addictive behaviours, which constitutes the first step in the care pathway, remains insufficient and uneven. Screening is still not systematic, particularly for alcohol and cannabis use, and largely depends on users taking the initiative themselves rather than on referrals from healthcare professionals.

Waiting times for access to care, particularly within specialized medico-social services, are substantial, averaging nearly two months between the initial request and effective admission to a Centre for Care, Support and Prevention in Addictology (*Centre de soins, d'accompagnement et de prévention en addictologie* – CSAPA). Caseloads are saturated, service capacity is limited, and some facilities are occasionally required to suspend new admissions temporarily. These difficulties are compounded by high rates of missed appointments, which are characteristic of the populations concerned and contribute to disrupting service delivery and increasing waiting times. Shortages of medical professionals constitute one of the main challenges identified, alongside difficulties in referring stabilized patients back to community-based primary care providers.

At the same time, the organization of the system lacks clarity and coherence. Governance arrangements appear insufficiently structured, with no fully integrated framework enabling an assessment of the match between service provision and needs. Available

data are heterogeneous, insufficiently harmonized, and not yet fully exploited for monitoring and evaluation purposes. There is no shared core set of indicators covering the entire care continuum, particularly regarding access times, interruptions in care pathways, or user profiles, which limits the ability to steer the system effectively.

Furthermore, coordination responsibilities among stakeholders are not always clearly defined, with occasional overlaps in missions and an unclear distribution of responsibilities between the healthcare, medico-social, and social sectors. The absence of shared and interoperable information systems further complicates coordination and care pathway monitoring. In this context, Regional Health Agencies (*Agences régionales de santé* – ARS) have some room for manoeuvre, but not enough to adequately structure service provision and support cooperation. This situation limits the smooth functioning of care pathways, complicates access to care for service users, and prevents the development of a consolidated national overview.

These difficulties are particularly acute for certain groups. Young people remain difficult to engage through existing services; women are insufficiently identified and supported, especially outside the perinatal period; and people experiencing social deprivation face multiple barriers to accessing care. Patients with psychiatric comorbidities, meanwhile, continue to encounter inadequate coordination between addiction services and psychiatry, resulting in disruptions to care pathways. In addition, some forms of addiction, particularly tobacco dependence and alcohol use disorders, are still insufficiently addressed and often identified too late.

Despite these challenges, the report highlights significant strengths on which future improvements can build. Front-line professionals demonstrate strong commitment and a capacity for innovation, developing practices adapted to local constraints. Experimental initiatives, such as addiction-focused medical microstructures and the use of telemedicine, offer promising opportunities to improve access to care. Well-structured territorial coordination mechanisms can also help streamline care pathways and strengthen cooperation among stakeholders. Several examples of good practice illustrate the crucial role played by Regional Health Agencies in this regard.

The report identifies several avenues for improvement. Strengthening primary care is considered a priority for enhancing early detection, supported by professional training and territorial partnerships. Access to care could be improved through shorter waiting times, more diverse service delivery models, expanded outreach approaches, and greater security in the prescribing of opioid agonist treatments. Service provision should also be better tailored to the specific needs of certain population groups through flexible and targeted arrangements.

The report places particular emphasis on strengthening system governance and recommends the adoption of a single circular on addiction care pathways, jointly issued by the Directorate General for Healthcare Provision (*Direction générale de l'offre de soins*

– DGOS) and the Directorate General for Health (*Direction générale de la santé* – DGS), supported by a dedicated project team. Such a circular would provide an opportunity to update and harmonize the overall framework around the concept of care pathways, while clarifying and strengthening the role of healthcare professionals, particularly those in primary care.

This would first require the systematic implementation of comprehensive territorial assessments involving all stakeholders, in order to better identify needs, map existing services, assess their adequacy at the local level, and develop tailored action plans. It would also entail establishing a shared minimum set of indicators, complemented by territorial indicators, enabling consistent monitoring of service activity, waiting times, care pathways, and outcomes, as well as a more effective use of existing data.

Improved governance should also involve clearer definitions of stakeholders' roles and responsibilities, particularly regarding pathway coordination, together with stronger articulation between national and territorial levels. A shift toward a governance model focused on care pathways rather than solely on service provider structures appears necessary. Particular attention should also be paid to ensuring that resources match needs, through improved transparency and stability of funding mechanisms, as well as better monitoring of human resources, especially medical staff, whose availability is a key determinant of access to care.

With regard to complex situations, the mission recommends engaging the relevant scientific societies and professional associations to develop joint recommendations aimed at supporting and securing professional practice. These recommendations should be developed through a collaborative process involving all stakeholders, including service users.

Beyond the organization of the healthcare system itself, the report underlines the need for a more ambitious policy response to the two leading causes of preventable mortality in France, in order to reduce the burden placed on the care system. France continues to display levels of tobacco and alcohol consumption above the OECD average, with very high associated social costs.

In conclusion, the report highlights a central paradox: while the French addiction care system is generally well designed and built upon sound principles, it is now being weakened by rising demand and increasing complexity of situations, while remaining burdened by the two most prevalent addictions, alcohol and tobacco. Improving the system will require stronger detection, better access to care, enhanced coordination across services, and a more ambitious prevention strategy, which is an essential condition for sustainably reducing pressure on the system.