

Legislative Background

A 40 years old criminal prohibition.

➔ 1970 Law (Criminal code)

➤ One of the most repressive and severe law in western Europe.

➤ Maximum penalty in French legislation for use and traffic

	prison term	criminal fine	Therapeutic injunction
Use	1 year	3750 €	Yes
Use and traffic	10 years	150 000€	No
Trafficking, possession and use	10 years	750 000€	No

A recent legislation on Harm Reduction (HR)
 → 2004 Health Law (Code of Public Health)

- Right to **anonymity and free access** to HR intervention and tools
- Taking into account the active and current use of substances

	Creation	Missions	Specificities
C.A.A.R.U.D	2006	HR centres : HR tools Health and Social approach (nursing care, access to social rights) Outreach	Unconditional (for active users)
C.S.A.P.A	2007	Care, prevention and HR. Opioid substitution therapies Biopsychosocial approach	Multidisciplinary and individual care

Our organisation

➤ A partnership between two networks:



The Fédération Addiction

Réseau national de professionnels regroupant près de 900 adhérents (centres, établissements, professionnels libéraux)



The French Network of Harm Reduction

Think tank on HR gathering civil society and field stakeholders, researchers, policymakers, activists...

➤ An operational partners-group gathering 12 associations

Aides, AFR, CEID, Charonne, Espace du possible, First, Gaïa, Médecins du Monde, Oppelia, PSA, Safe, SOS Hépatites

Our action (2013)

Supervised Drug Consumption in centres

Seminar 1

Foreign expertise
French research
(AERLI)

Seminar 2

Ethical and clinical
approach
DCR in Paris

Seminar 3

Legal and political
point of view
The stop of the DCR
project

Total = 354 participants (professionnals)

18 workshops – 27h debate

Observations on the field

1. Consumption happens inside or/and in the surrounding of our centres
(63 % of french CAARUD are aware of such practices)
2. These practices as others happen in an unsafe environment
(WC, showers, street, parkings..)
3. This results in paradoxical and unsatisfactory responses
(recuperation boxes and notes in WC, explications of the institutionnal risk to the persons...)
4. Professionals face difficult paradoxes between ethical mandate and legal responsibility...
5. We share a common will **to build ajusted responses** and to **go further** in a **coherent** HR intervention.

Questions on the field

1. Position to adopt between HR mission and legal prohibition
How far can we go in our HR interventions ?
2. Uneasiness for some professionals regarding the consumption gesture
How can we take into account the limits of the professionals themselves ?
3. Reluctance from a large part of PWUD
How can we take into account the will for some to « stay away » from the consumption/substances inside the HR centres ?

1. A summary report of the seminar for
frontline workers
Board of Directors
Elected politicians.
2. A partnership lobbying action in the perspective of the
Strategic National Health Plan (future Health Law 2014).
 - An official meeting and paper contribution with the Health Ministry officials
 - A modelization of the different tools to supervise consumption
3. Innovative experiments and a focus group to be put in place this year on **the feasibility and conditions for implementing** Drug Consumption spaces inside HR centres

Our recommendations



Legally :

- An inscription of Harm Reduction at the same level as Care in our Public Health code (Strategic Health Plan 2014)
- A modification in the 2006 and 2008 decrees to allow the opening a drug consumption space inside their centres



Politically

- We want the **decriminalisation of all the drug uses** as it is a national health issue with persistent and dramatic consequences
- We want to share with you our questioning **to benefit from your experiences and knowledge.**



Brief History of Harm Reduction (HR) in France



- ✓ **1985** : Discovery of the **HIV prevalence** among PWUD
- ✓ **1987** : Decree providing **open access to syringes** in pharmacies
- ✓ **1989/1995** : Development of **innovative and militant actions** (needle exchange programs; first HR unformal centres)
- ✓ **1995** : Open access and distribution of **opioid substitution treatment**
- ✓ **2004** : Inscription of HR in **the National Health Law** (Code of Public Health)
- ✓ **2006** : Institutionalisation of the militant centres through **the creation of the HR official Centres** (C.A.A.R.U.D) on public funding.
- ✓ **2008** : Inscription of an **obligatory HR mission** for care and prevention centres
- ✓ **Since 2009** : Opening of a **national debate** on Supervised Drug Consumption Rooms (**SDCR**) (19th may collective).