

# Drug consumption rooms: the French Paradox

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# Public Health overview

- On an international level, France is characterised by a high Hepatitis C prevalence among People Who Inject Drugs (64%)
- The latest epidemiological data shows an **increase in health risk practices associated with injection** (26% syringe sharing in the last month) and an important part of **injections occurring in public places**.
- There is currently a **very high vulnerability** in the risk exposure for People Who Inject Drugs in France.
- Effectiveness of the French risk reduction model on decreasing HIV transmission has been proven, but there is a still **limited impact regarding Hepatitis C** today in our national context.

# French hesitations

- In order to have an impact on the Hepatitis C epidemic, it is crucial to consider **new risk reduction measures** that have **proved their effectiveness internationally**, such as drug consumption rooms (DCRs).
- Despite this evidence, France has long been very hesitant regarding the implementation of these facilities. The first consumption room has opened in Paris, 30 years after the very first DCR opening in Bern (Switzerland).
- While we might welcome this first DCR inaugurated in Paris on October 17th 2016, which will be followed by another opening in Strasbourg, we may question what are the reasons for this **French delay**.
- In order to understand, we must focus on 3 spheres : the **risk reduction professional sphere**, the **political sphere** and the **local residents' sphere**.

# A « weak » and medicalised risk reduction model

- An obstacle to the implementation of DCRs lies in the risk reduction political model chosen by France.
- Indeed, France has established a “weak” and medicalised risk reduction political model :
  - ➔ maintains the **prohibition** and the penalisation of drugs,
  - ➔ values a medicalised form of risk reduction exclusively focused on the **medical treatment** of drug consumption,
  - ➔ **does not really take into consideration the social context** in which users take drugs,
- On an international level, France is presented as a “model” regarding OST availability (80%) but remains reluctant to introduce innovative risk reduction measures.

# A « weak » risk reduction model

- Despite the inclusion of risk reduction policy in the 2004 Public Health law and the introduction of DCRs in the 2016 Health law, this policy remains fragile and still very often criticised, due to the **moral perception** of drug use in France and the **legal prohibition**, pertaining to the December 31<sup>st</sup> 1970 law.
- This DCR debate reveals the **fragility of the “weak” French risk reduction model**.
- Hesitations from certain provincial cities (Marseille and Bordeaux) having proclaimed the usefulness of DCR implementations in their cities then suspending the projects with elections approaching, shows the **importance granted to political opinion sensibility, at the expense of public health imperatives**.

# The spectrum of laxity

- Fears expressed by the political sphere are the spectrum of laxity : the implementation of DCRs would issue a message on **drug use acceptance and healthcare renunciation**.
- Mobilisation of associative actors and researchers played a major role : claims of the **May 19<sup>th</sup> Collective** in 2009 and recommendations of the **2010 Inserm collective expertise** will make the **debate** emerge in the **public sphere**.
- Long path, since 2010, with the Prime Minister François Fillion's declaration judging that these "*consumption rooms are neither wanted nor useful*", until 2012 with the inscription of these rooms in the future president François Hollande's electoral program. The left-wing has however always been very hesitant with questions relating to drugs, by **fear of being accused of laxity**.

# The spectrum of laxity

- Decision of the **State Council in 2013** at the moment of its implantation, in order to secure the operation, was perceived as a downtime, but it allowed the project to be prepared during 3 years and to heighten awareness of its importance among local actors.
- It's especially the **engagement of local elected officials, the national work of Mildeca, and their alliance with risk reduction professionals** that allowed consumption rooms to be implemented in France.

# The social environment sphere : local residents

- Local residents are the first concerned along with the drug users by the consumption room, which settles in their daily environment, and taking in account their experience and their perceptions is determinant. This research is supported by Mildeca.
- Residents discourses are **often caricatured** in the media.
- Thus, if opposition has been very intense and violent among residents at the beginning of the debate, a major part of the residents seem to be more **undecided and vigilant to what will really happen** after the implementation of DCRs in their neighborhood.
- Residents discourses toward people who inject drugs are **ambivalent** and oscillate between a willing of **taking care** of them (*“It is crucial that drug addicts may benefit from cure”*) and a discourse about **relegation** of this population around them (NIMBY phenomenon) (*“I am in favour of DCRs but not in my backyard”*). **Very few of them clearly express a reject** of people who inject drugs.

# The social environment sphere : local residents

- What is really a cause of daily concern for local residents is not always directly linked to people who inject drugs, but it is more linked to the **feeling that they (local residents) are living in a very relegate area**, that nobody cares about.
- Erected as a symbol of drug policies, it is important to keep in mind that DCRs aim a restricted public, that of very socially distressed drug injectors. It is never presented as a single solution for taking into account drug addiction in general.
- Furthermore, in all cities where DCRs have been implemented, **public health benefits** and **real improvement of social environment** in the area have been observed. That's why we might welcome the opening of DCRs in France and see what will happen now in terms of impact for drug users at first and for local residents in the area of the DCR.

- **Publications related to this oral presentation:**

- Jauffret-Roustide M, Pedrono G, Beltzer N. Supervised Consumption rooms: the French Paradox. *International Journal of Drug Policy* 2013.

[http://www.ijdp.org/article/S0955-3959\(13\)00082-0/pdf](http://www.ijdp.org/article/S0955-3959(13)00082-0/pdf)

- Jauffret-Roustide M. les salles de consommation à moindre risque : de l'épidémiologie à la politique. *La Vie des Idées*, Janvier 2015.

<http://www.laviedesidees.fr/Les-salles-de-consommation-a-moindre- risque.html>

- Jauffret-Roustide M. Les salles de consommation à moindre risque : “apprendre à vivre avec les drogues”. *Revue Esprit*, Novembre 2016.

<http://www.esprit.presse.fr/article/jauffret-roustide-marie/les-salles-de-consommation-a-moindre- risque-apprendre-a-vivre-avec-les-drogues-39012?folder=3#>