Evidence from Harm Reduction Programming Outside the United States
The case of France

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The strengths of the French harm reduction model

- France has a **robust health policy** defined at national level. Its **harm reduction** policy has been part of the **national policy** since 1994.

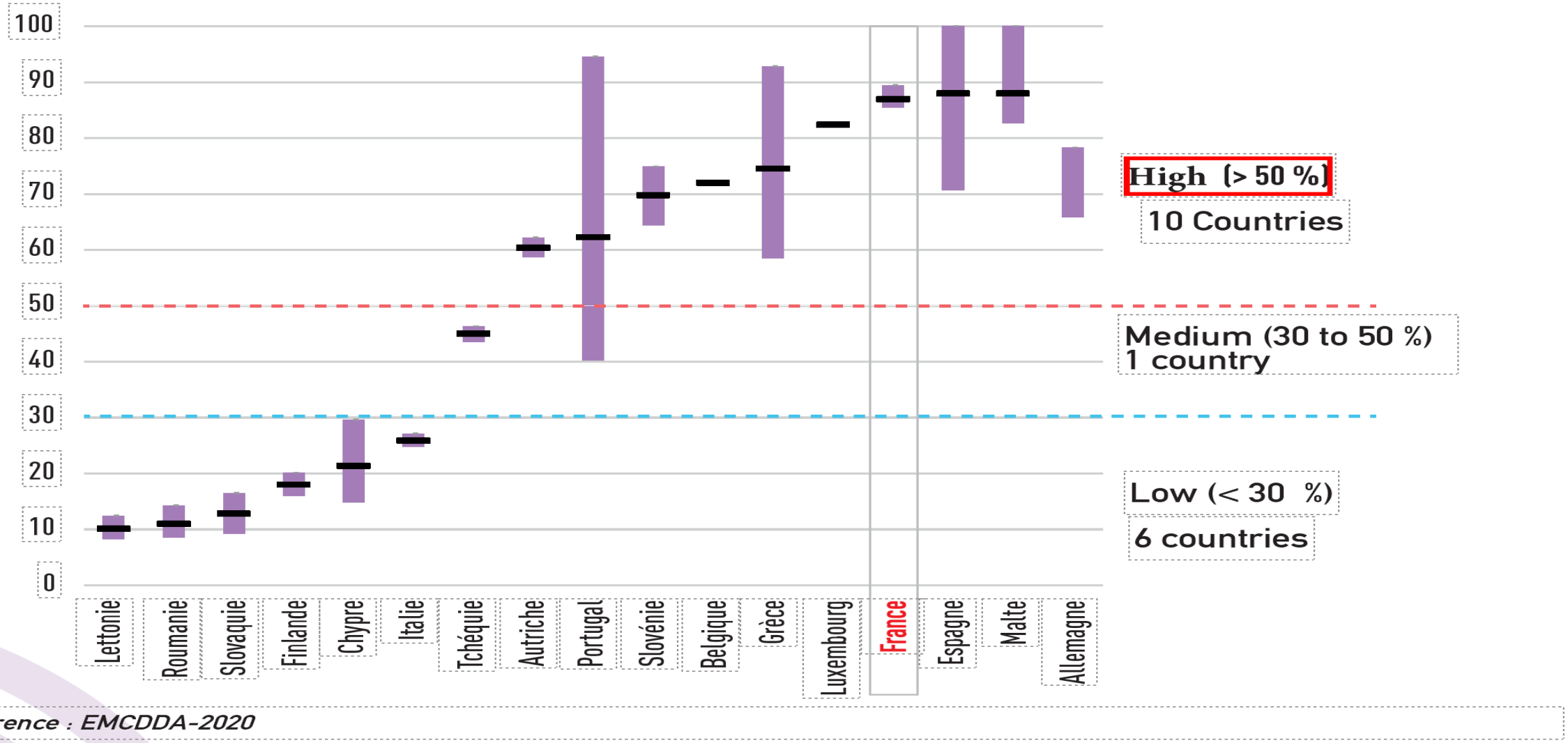
- It is supported by substantial and constant **public funding** which allows **free access to harm reduction services** throughout the country.

- The French harm reduction model comprises both a **public health objective** (that of reducing the transmission of infectious diseases and overdoses) and a **social inclusion objective** (that of promoting social reintegration and access to housing) for people who use drugs.

- The model focuses on **widespread access to opioid agonist treatments** that have been available in France since 1995 (for methadone) and since 1996 (for buprenorphine).

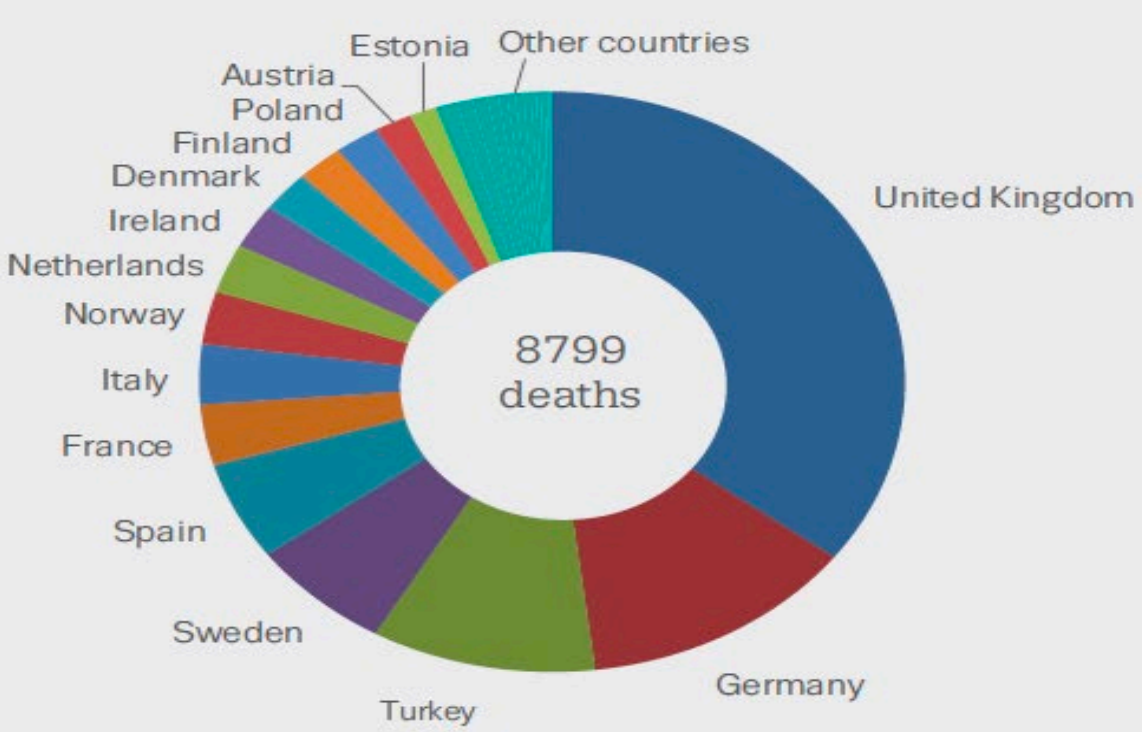
- In 2023, **177,000 people in France were receiving opioid agonist treatment**.

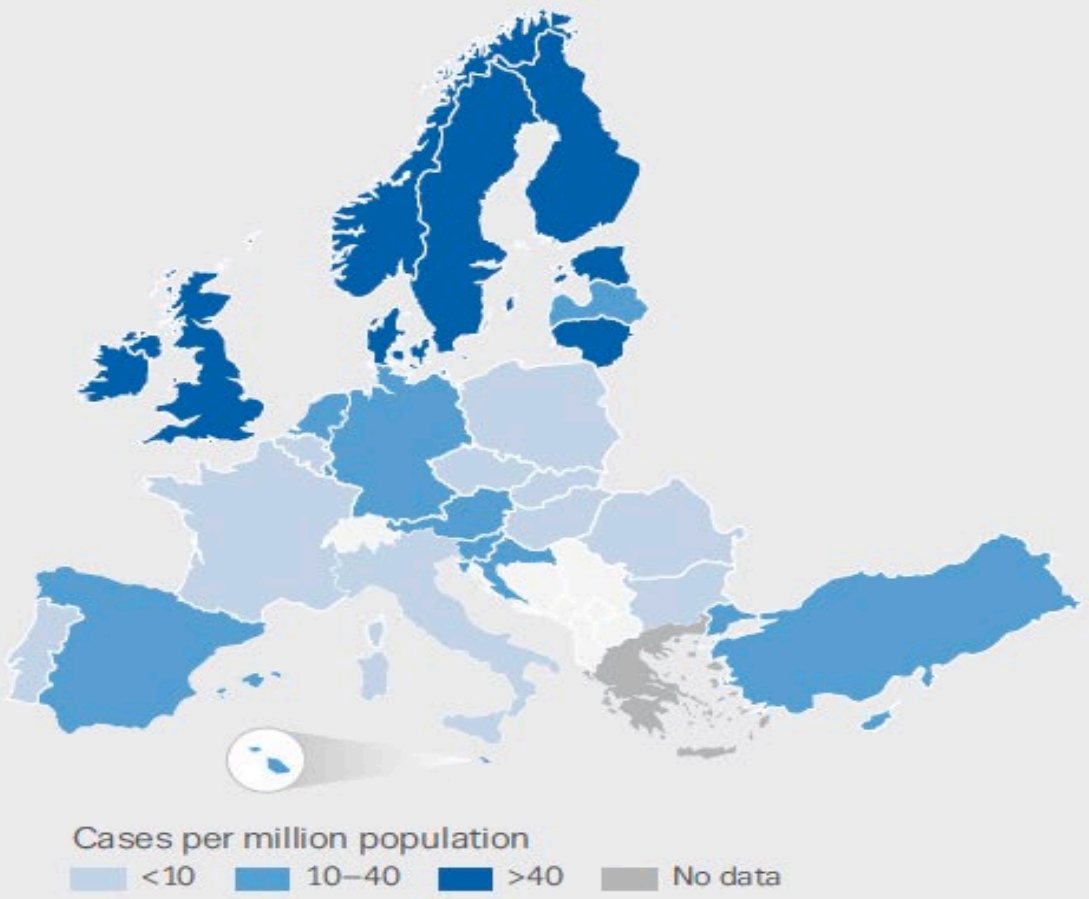
Situation in Europe – opioid agonist treatments



Reference : EMCDDA-2020

Situation in Europe - Overdoses





EMCDDA, Drug related-deaths, 2020

How might we explain the success of the French harm reduction model?

- Harm reduction came into being during a period of **health and emotional crisis**, that of **HIV**-related deaths in the mid-1980s, **leading to widespread action**.
- This action took the form of **community collaborations** between activists, people who use drugs, healthcare and harm reduction professionals, researchers, public agencies and government representatives.
- In France we have a harm reduction policy that is supported by our **welfare State**, which looks after everyone, **whatever their social class and immigrant status**.
- **Access to harm reduction and opioid agonist treatments is free**.
- In this country, **addictology** has been a **recognized medical discipline** since the 1990s.
- We also have an **organizational town doctor model** which has helped with its diffusion. The prescription of opioid agonist treatments does not require doctors to have any prior training.

How to explain the absence of any opioid overdose crises in France?

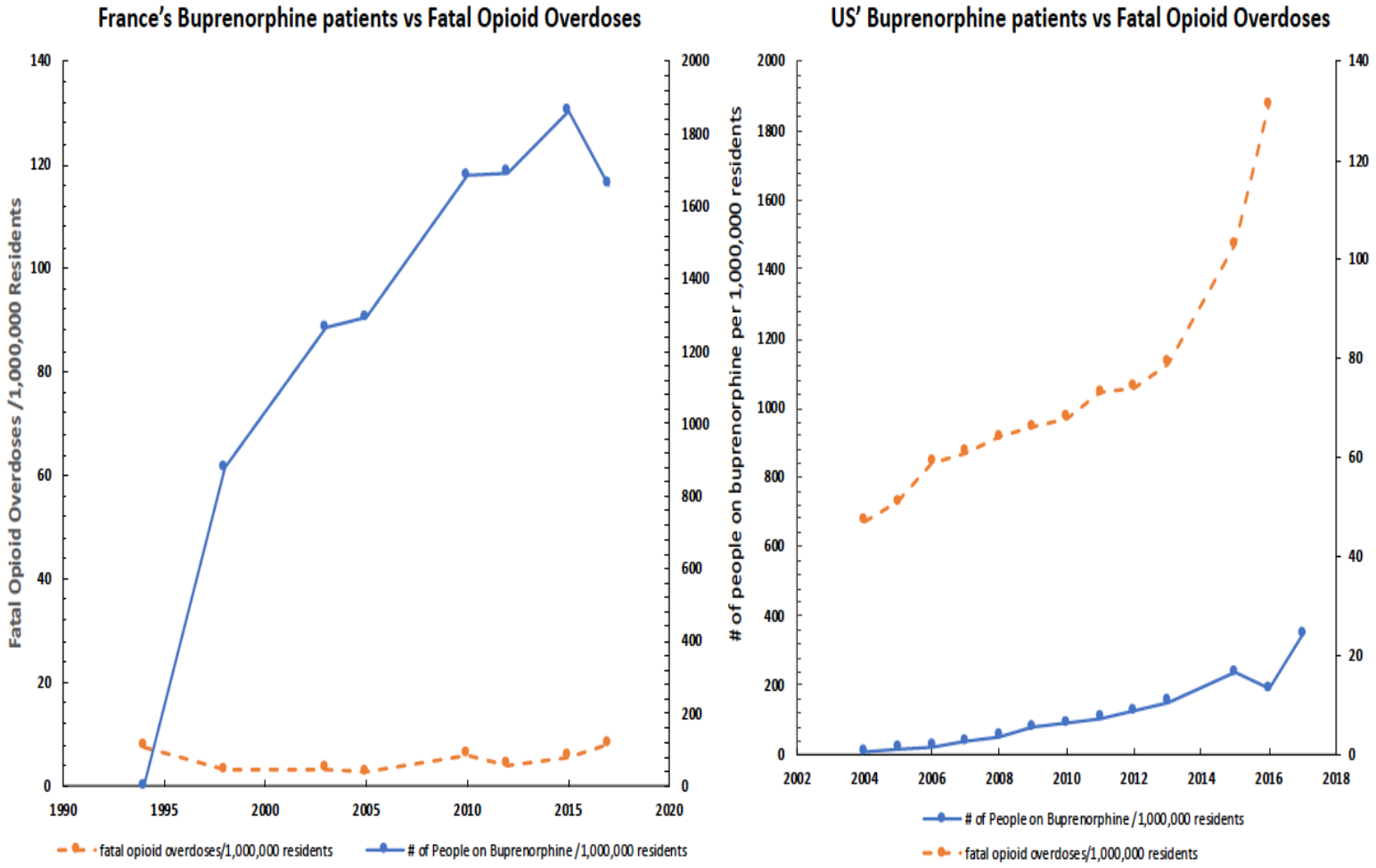
To date, we have not had to face any opioid overdose crises. There are several reasons for this:

- The **drug market is different**: **fentanyl** does not really exist in France.

- **Opioid agonist treatments are widely available**: buprenorphine and methadone can easily be prescribed by a town doctor, are available from addiction treatment and harm reduction centers, and from low-threshold services (such as medical buses); patients are rarely required to take urine tests, and the duration of their prescriptions can be extended to facilitate their social lives.

- These treatments are also subject to **strict safety measures**: methadone cannot be prescribed by a primary care professional to patients who are opioid naive, and France's national drug safety agency (ANSM) closely monitors any risks related to these treatments. It is illegal to advertise drugs, and a close eye is kept on conflicts of interest.

France-United States comparison - Overdoses



US Sources: *Data on Buprenorphine* National survey of Substance Abuse Treatment Services (N-SSATS), 2004-2017
data on fatal opioid overdoses National Vital Statistics System, Center for Disease Control & Prevention (CDC), 2004-2017
French Sources: *Data on Buprenorphine* Observatoire Français des Drogues et des Toxicomanies (OFDT), 2004-2017, Siamois, Institut de Veille Sanitaire (InVS),1998
Data on fatal opioid overdoses OFDT, Centre d'épidemiologie sur les causes Médicales de Décès (CepiDC) & Institut national de la santé et de la recherche médicale (Inserm), 1997-2017

AJPH OPINIONS, IDEAS, & PRACTICE

Drug Overdose Epidemic Colliding With COVID-19: What the United States Can Learn From France

Max Jordan Nguemeni Tiako, MD, MS, Jules Netherland, PhD, Helena Hansen, PhD, and Marie Jauffret-Roustide, PhD

In a recent 2022 publication in the AJPH, we showed that France's success was undoubtedly linked both to its model for access to opioid agonist treatments, and its welfare state model which promotes access to harm reduction for everyone, with a view to **reducing social inequalities in healthcare, and the State's duty to protect the most vulnerable**.

The limits of the French harm reduction model

- There is however a **French paradox**: France combines a very **strong harm reduction model** with a **prohibitionist regime** concerning drug use.

- Indeed, France has one of the **most repressive legislations** in Europe with regard to PWUDs. Drug use is regulated by the Law of the 30st December 1970, which punishes PWUDs by considering them to be **criminals/deviants**.

- In our research we have demonstrated the limits of this model:

  - At the community level, the criminalization of drug use constitutes a real **barrier for implementing innovative harm reduction programs** such as drug consumption rooms (DCRs) or drug testing.

  - At the individual level, this prohibitive regime reinforces the **stigmatization of PWUDs in society, silences their voices, and impedes their access to health and social services**.

International Journal of Drug Policy 24 (2013) 628–630

Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo

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Viewpoint

Supervised consumption rooms: The French Paradox

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the Sociological Review MONOGRAPH SERIES

Article

Pleasure, drugs, materiality and tensions in harm reduction in practice: The case of safer injection programmes

The Sociological Review Monographs
2023, Vol. 71(4) 903–921
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The French Paradox – the example of drug consumption rooms

- DCRs were introduced in 2016, 30 years after Switzerland, in a context of **considerable controversy**, despite scientific evidence driven by the European, Australian and Canadian examples.
- In 2024, **only 2 DCRs (Paris and Strasbourg) exist in France**.
- This blockage is due to France's repressive approach to its drug phenomenon, which gives precedence to the **logic of public safety over those of public health and human rights**.
- Opposition from the Minister of the Interior and local residents' groups, following **NIMBY logic**, has until now prevented any new room from being opened in Lille, Lyon, Bordeaux or Marseille.
- Our research has thus shown that **the press only prints the views of opponents, ignoring those of people who use drugs and local residents in favor of more rooms**.


International Journal of Drug Policy 56 (2018) 208–217

Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo

Drug consumption rooms: Comparing times, spaces and actors in issues of social acceptability in French public debate

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OPINIONS, IDEAS, & PRACTICE AJPH

Different Paths and Potentials to Harm Reduction in Different Welfare States: Drug Consumption Rooms in the United Kingdom, Denmark, and France

Marie Jauffret-Roustide, PhD, Esben Houborg, PhD, Matthew Southwell, BA, Daphné Chronopoulou, Jean-Maxence Granier, Msc, Vibeke Asmussen Frank, PhD, Alex Stevens, PhD, and Tim Rhodes, PhD

a matter of controversy, including in policy environments that historically enable harm reduction approaches, such as the United Kingdom.[9] This tells us that harm reduction interventions like DCRs can be blocked in policy environments that potentially support harm reduction as well as in environments of comparatively repressive drug policies.[10] Moreover, some progressive harm reduction tools can be implemented in the absence of extensive welfare state policies that seek to collectivize or cushion risk, as is done in Denmark and France. Indeed, crises such as the AIDS epidemic and the COVID-19 pandemic have driven change that would not be considered in normal times.

Harm reduction has emerged as a

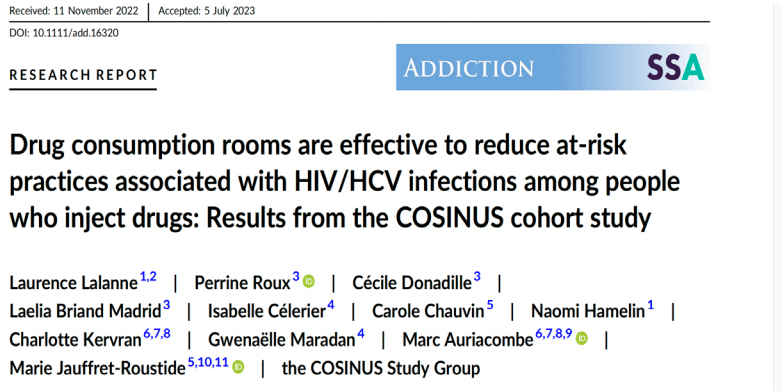
The difficulties in applying an evidence-based approach

- Yet as far back as 2013, the French government had commissioned a scientific evaluation of DCRs from Inserm, promising to use the Institute's recommendations as a basis for its harm reduction policy.

- Our evaluation was published in 2021. Based on a cohort study, it showed for people who attend DCRs:
  - **fewer overdoses**
  - **less sharing of injection paraphernalia**
  - **fewer abscesses**
  - **fewer emergency consultations**
  - **fewer injections in public places**

- A sociological study also revealed the **positive impact of DCRs on public peace**.

- Despite these positive results and the inclusion of DCRs (now referred to as Addiction Care Shelters) in France's 2022 health law, for political reasons the dissemination of this device is now completely blocked.


Received: 11 November 2022 | Accepted: 5 July 2023
DOI: 10.1111/add.16320
RESEARCH REPORT
ADDICTION SSA

Drug consumption rooms are effective to reduce at-risk practices associated with HIV/HCV infections among people who inject drugs: Results from the COSINUS cohort study

Laurence Lalanne[1,2] | Perrine Roux[3] | Cécile Donadille[3] | Laelia Briand Madrid[3] | Isabelle Célerier[4] | Carole Chauvin[5] | Naomi Hamelin[1] | Charlotte Kervran[6,7,8] | Gwenaëlle Maradan[4] | Marc Auriacombe[6,7,8,9] | Marie Jauffret-Roustide[5,10,11] | the COSINUS Study Group


IEA International Epidemiological Association
International Journal of Epidemiology, 2022, 1–15
https://doi.org/10.1093/ije/dyac120
Original article
OXFORD

Original article

Impact of drug consumption rooms on non-fatal overdoses, abscesses and emergency department visits in people who inject drugs in France: results from the COSINUS cohort

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Drug Consumption Rooms: Welfare State and Diversity in Social Acceptance in Denmark and in France

Esben Houborg, PhD, and Marie Jauffret-Roustide, PhD

Conclusion – towards a social justice model of harm reduction

- France can be characterized by its **genuine success regarding access to opioid agonist treatments, and overdose prevention**.

- Certain recent data from our ongoing mixed-methods research nevertheless show that this **model is coming under threat**: an increasing number of PWUDs are reporting that doctors and pharmacists are refusing to prescribe and deliver treatments, due to the stigmatization associated with drugs, fostered by the country's repressive approach.

Conclusion – towards a social justice model of harm reduction

- Moreover, our model focuses too much on a **biomedical approach**, and is subject to **political pressure**: it does not sufficiently take into account the risk environment in which users consume, hence the development of DCRs remains blocked.

- In order to have an effective harm reduction policy, it is vital to continue efforts **to ensure access to treatments**; but we must also **move away from a prohibitive approach that is based not on evidence-based data**, but instead on an ideology that stigmatizes PWUDs, and which restricts their access to rights and care in terms of health and social inclusion.