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REPORT AND OPINION

DRUG ADDICTION

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DRUG ADDICTION AND AIDS : REPORT AND OPINION
ON HIV INFECTION AMONG DRUG USERS

REPORT

See French version

OPINION

In the light of its Report, the National AIDS Council makes three introductory observations in support of its Opinion.

1. 1) Drug users have as much right to healthcare as other individuals. It is the duty of the authorities to assist them in protecting their health and to afford them access to healthcare without requiring them to abandon their drug use first. Users refusing the proposal of withdrawal of drugs must nonetheless receive all of the medical and welfare assistance they need.

2. 2) The frequency of HIV infection among those using drugs by intravenous injection is a factor that increases the general difficulty of their existence and makes their state of health even more precarious. This practice also increases the risk of the spread of HIV. The conclusion to be drawn from this is that assistance to drug users and AIDS prevention are two issues which must be addressed concurrently.

3. 3) The authorities' policy on drug use is conducted in a dual context : public health and punishment of substance abuse where no "traffic" is involved, i.e. where the drugs are for "personal consumption only", this being considered as a form of delinquency. These two levels of action are not assigned different levels of priority.

On the basis of the above, the National AIDS Council wishes to propose a general measure, to be accompanied by a number of detailed measures.

The authorities must give priority to prevention and protection of public health rather than to the punishment of personal drug consumption. It is absolutely necessary to see the problem in that light and to coordinate legislation, regulations and public practices in this domain. Given that the sale of syringes is not regulated, and official public health directives recommend syringe exchange programmes, even if only on an experimental basis, it seems only logical not to object to the possession of syringes. Indeed, how can it be possible to promote seriously the use of non-infective accessories when the possession of syringes provides adequate grounds for the presumption of illegal drug use ? In addition, penalization of personal drug consumption increases the vulnerability and social marginalization of the individuals involved, which is largely responsible for the health and social problems facing drug users, and is a major impediment to effective preventive action on their behalf.

Once this essential point has been acknowledged and settled in an appropriate manner, the National AIDS Council considers it necessary to define **a new policy approach to drug addiction, based on prevention, reception facilities and provision of healthcare.** Further, there must be more vigorous application of a policy to reduce the harmful consequences of drug use.

AT THE NATIONAL LEVEL :

1) PRIMARY PREVENTION

All action targeting drug users must be undertaken as part of the general effort to combat drug addiction at an early stage : to that effect, the National AIDS Council recommends provision of the intellectual and financial resources for the development of primary prevention in educational, informational and counselling facilities (in central government agencies, non-governmental organizations, health institutions, etc...), as well as conducting a proactive policy on social exclusion and marginalization, especially in city suburbs where poor living standards lead to increased risk of drug addiction.

2) RECEPTION AND HEALTHCARE FACILITIES

In place since 1970, the current system, which specializes in the reception and treatment of drug addicts, was innovative at a time when drug addiction had a low profile and when eradication was thought to be possible. In 1993, in a context where the impossibility of total eradication is recognized, such an approach is quite **inadequate and is probably inappropriate**.

The National AIDS Council recommends an **increase in and diversification** of reception and treatment facilities in order to respond more effectively to the needs of the various categories of drug user, and to the different stages in the development of their problem :

- by setting up new facilities for medical and welfare assistance which do not require abstinence and therapy, night shelters, and daytime drop-in centres ;
- by setting up new specialist centres for treatment and post-treatment protocols ;
- by expanding the possibilities for high-level drug substitution treatments.

In addition, the Council recommends that the national health insurance fund should be involved in this area.

Finally, the National AIDS Council considers it necessary to encourage vigorous innovative efforts at local level, notably on the basis of neighbourhood programmes (see below).

3) ACCESS TO CARE AND POSSIBILITIES OF PREVENTION

The National AIDS Council recommends that access to the means for care and prevention be improved by systematically involving all of those addressing problems of drug addiction in a spirit of active and enlightened cooperation, which in turns means provision of specialist training for the following :

- police and fire-fighters providing emergency services ;
- pharmacists who, given their local presence, must be motivated to encourage prevention-oriented behaviour ;
- general practitioners, who must be mobilized and supported in the prevention and treatment of drug addiction, providing them with liaison to specialist facilities ;
- welfare and health personnel in the main facilities attended by drug users – casualty departments, hospitals generally and prisons. Drug addiction units in such facilities would make improvement of care provision possible, along with organization of medical follow-up for the patients concerned.

Where prisons are concerned, the National AIDS Council has recommended in a previous Opinion that medical care in prisons should be placed under the control of the Ministry of Health in order to ensure continuity in the provision of care inside and outside prison. The Council also recommends that the directives issued by the World Health Organization in March 1993 be followed.

AT A LOCAL LEVEL :

1. The National AIDS Council considers it necessary to encourage, by direct funding, the **initiation of neighbourhood programmes** to reach out to drug addicts leading the most marginal existences, who otherwise are unlikely to receive treatment from the relevant services or to benefit from the existing prevention programmes :

- by actively involving members of these groups, current or former drug addicts, along with individuals close to this milieu ;
- by encouraging the emergence of self-support and listening groups ;
- by providing reception facilities where basic services can be offered (showers, washing area, etc...) along with the possibility of dropping in for a time, to listening and talk with others.

The advantage of such initiatives is that it draws drug addiction out of the shadows in which it usually hides, hindering efforts to protect public and individual health.

2. The National AIDS Council recommends that all actions should be encouraged where these are aimed at providing drug users with **practical facilities and information enabling them to reduce the risks of infection for themselves and others**, and the motivation of local authorities to help implement all available resource programmes: syringe exchange programmes, automatic syringe distributors, distribution of chloride bleach and of condoms, "prevention buses", etc... Proposed programmes must be consonant with the requirements of human dignity, and implemented on the ground in a manner appropriate to drug addicts' individual personalities and the diversity their personal situations.