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MEMORANDUM EQUIVALENT TO OPINION

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PUBLIC POLICY

EN

IMPACT OF ILLICIT DRUG POLICIES ON RISK REDUCTION FOR INFECTIOUS DISEASES

ADOPTED BY THE NATIONAL AIDS COUNCIL ON 20 JANUARY 2011

This Memorandum equivalent to opinion was unanimously adopted by all the National AIDS Council members who were present on 20 January 2011.

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The French National AIDS Council (Conseil national du sida - CNS) is an independent, consultative French agency that was set up in 1989. It comprises 24 members: specialists working in the field of HIV/AIDS, representatives of civil society, and members of associations.

The CNS delivers opinions and recommendations on the full spectrum of issues that society faces as a result of HIV/AIDS. These papers are addressed to the French authorities and to all those involved in or concerned by the epidemic.

It is the intention of the CNS to participate in this manner in the development of public policy, within a framework that promotes respect for fundamental ethical principles and human rights.

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MEMORANDUM EQUIVALENT TO OPINION: IMPACT OF ILLICIT DRUG POLICIES ON RISK REDUCTION FOR INFECTIOUS DISEASES

PREAMBLE

In 2001 the National AIDS Council launched a report on policy regarding the use of drugs, adopting an Opinion Paper with a number of recommendations[1]. The opinion listed a series of obstacles to the deployment of measures to reduce infectious risk, and suggested an evaluation to look at how well risk is taken into account in this context, as well as changes in policy regarding illicit drugs given its impact on risk reduction.

On the occasion of the 40th anniversary of the law of 31 December 1970, regarding health measures to fight drug addiction and the repression of traffic and illicit use of toxic substances, the French National AIDS Council decided to re-examine public policies on risk reduction and, more broadly, French health policies on illicit drug use and addiction. In November 2010 the Council staged a study colloquium and has now adopted the present Memorandum equivalent to opinion.

Recently, a number of distinguished researchers formally alerted governments and public opinion to the risks involved in significant increases of epidemics of viral infections (HIV/AIDS, Hepatitis B, Hepatitis C) among drug-users in many regions of the world (the "Vienna Declaration[2]"). They also emphasized the medical and social limits of repressive policies towards drug use, and issued a series of recommendations.

Since the publication of the Council's 2001 Opinion Paper, there have been a number of positive changes regarding risk reduction that have had an impact on the fight against HIV/AIDS in France. However, despite some progress, the overall picture is extremely unclear.

The value of risk reduction programs has been recognized both in France[3] and abroad[4]. According to the law of 13 August 2004, risk reduction programs for drug users aim to prevent transmission of infectious diseases; mortality by intravenous drug overdose; and the damaging social and psychological effects of addiction to substances classified as narcotics.

Beginning in 1987 the palette of risk-reduction strategies broadened, with the distribution or sale of 15 million syringes per year, most of them via ordinary pharmacies, and the inclusion of risk-reduction infrastructures within 133 Centres for the reception and management of risk reduction for drug users (*Centres d'accueil et d'accompagnement à la réduction de risques pour usagers de drogues*, CAARUD)[5]. Risk reduction programs have also been adopted by some of France's 500 health centres for accompanying and preventing addiction (*Centres de soins d'accompagnement et de prévention en addictologie*, CSAPA)[6], which give medical and social assistance and care to individuals who are dependent on substances, particularly illegal drugs.

Risk reduction strategies, which are based on information, on access to sterile injection material (syringes available for purchase; Stéribox® sterile injection equipment; syringe exchange programs) and on the deployment of opioid substitution therapy (OST), explain to a large extent the slower progression of the epidemic of HIV infection among

[1] National AIDS Council, *Les risques liés aux usages de drogues comme enjeu de santé publique. Propositions pour une reformulation du cadre législatif*, 21 juin 2001.

[2] The Vienna Declaration was made at the International AIDS Conference in July 2010.

[3] Law # 2004-806 of 9 August 2004 regarding public health policy.

[4] WHO, UNODC, UNAIDS, *Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injection drug users*, 2009.

[5] Decree # 2005-1606 of 19 December 2005 regarding the missions of Centres for the reception and accompaniment of risk reduction for drug users (*Centres d'accueil et d'accompagnement à la réduction de risques pour usagers de drogues*) and modifying the Code of Public Health; circular DGS/S6B/DSS/1A/DGAS/5C/2006/0102-01-2006 regarding the structure of mechanisms for risk-reduction, setting up the Centres for the reception and accompaniment of risk reduction for drug users and enabling their financing by the social welfare structure, Assurance Maladie.

[6] Decree # 2007-877 of 14 May 2007 regarding the missions of the Health centers for accompanying and preventing addiction (*Centres de soins d'accompagnement et de prévention en addictologie);* circular DGS/MC2 # 2008-79 of 28 February 2008 regarding setting up the Health centers for accompanying and preventing addiction and regional health and social strategies regarding addiction.

drug users. At the beginning of this century HIV prevalence among intravenous drug users had reached 15%; by 2008 it had fallen to 7%[7] and the number of new HIV infections linked to injecting drug use that year was estimated at 70.[8] This figure remained relatively stable from 2003 to 2008.[9]

This positive observation may however be offset by a number of less optimistic factors. Firstly, the changes in policy regarding illicit drugs have not led to a decline in their use. The consumption of cannabis, which has stabilized at a high level, has declined slightly since 2002-2003[10], principally among young people[11]. First use of illicit drugs continues to occur at a young age[12] and has become commonplace, even within the context of ordinary employment[13]. Moreover, the consumption of several other illicit substances is on the rise. Since 2000, cocaine use has been spreading constantly in France[14] and heroin, which diminished in the late 1990s[15], is now increasingly available[16] and increasingly consumed[17]. The average price of cocaine, heroin and ecstasy also dropped between 2000 and 2009.[18]

In addition, public policy has not enabled the situation of drug users to improve significantly. Overall, they remain a fringe population in situations of significant social and medical vulnerability, which appear to be insufficiently impacted by the supply of risk reduction programs. Transmission of Hepatitis B virus (HBV) and Hepatitis C virus (HCV) remains considerable among intravenous drug users (IDU) despite a drop in the early years of the century[19]. In 2004, it was estimated that the number of persons aged 18 to 80 who were HCV seropositive and had ingested drugs either intravenously or nasally on at least one occasion amounted to 150,000 (40 000 – 154 000)[20].

Co-infection by both HIV and HCV also appears to be worrisome: 9 out of 10 drug-users who are positive to HIV are also positive to HCV,[21] and France's prevalence of this co-infection remains one of the highest in Europe[22].

PERSISTENT SOCIAL AND MEDICAL VULNERABILITY

The number of problematic drug users[23], - who are injecting drug users or long duration or regular users of opioids, cocaine and/or amphetamines – is currently between 210 000 and 250 000, and this figure is said to be on the rise[24]. These users are mostly male and somewhat older; they are poly-consumers and live in situations of social vulnerability. Half of the drug users who frequented organizations involving risk-reduction programs in 2008 were registered for Universal Sickness Coverage (*Couverture maladie universelle*, CMU : health coverage for low income

[7] According to DRESS-UDVI, Recap-UDVI, Prelud UDVI, Ena-CAARUD UDVI, Coquelicot UDVI. Inserm Expertise collective, *Réduction des risques infectieux chez les usagers de drogues*, Editions Inserm, 2010.

[8] Le Vu S., "Estimation de l'incidence de l'infection par le VIH en France, 2003-2008", *BEH*, # 45-46, 30 November 2010.

[9] *Ibid.*

[10] Legleye S., "Les drogues à 17 ans. Résultats de l'enquête ESCAPAD", *Tendances* # 66, June 2009. The experimentation, recent use and regular use of cannabis among 17 year-olds have been declining since 2002-2003. Daily use remains stable.

[11] Beck F. et *al.*, "Les niveaux d'usage de drogues en France", *Tendances*, # 48, May 2006. The experimentation of cannabis rose between 2000 and 2005 among people aged 26-64. Among those aged between 18 and 64, recent use has remained stable, and regular use saw a significant increase in the same period.

[12] Legleye S., "Les drogues à 17 ans. Résultats de l'enquête ESCAPAD", *Tendances*, *op.cit.*

[13] The National Consultative Ethics Committee (*Comité national consultatif d'éthique)* was asked by the MILDT to statute on the ethical questions raised by screening for use of illicit substances in the workplace.

[14] Legleye S.," Les drogues à 17 ans. Résultats de l'enquête ESCAPAD", *Tendances*, *op.cit* The prevalence of experimentation of cocaine by 17 year-olds tripled between 2000 and 2008.

[15] Gandilhon M. et *al.*, "Drogues illicites : les observations du dispositif TREND en 2009", *Tendances*, OFDT, # 73, December 2010.

[16] Central Office for the Repression of Illicit Trade in Narcotics (*Office central pour la répression du trafic illicite des stupéfiants*, OCRTIS), *Les prix des stupéfiants en France en 2009*, December 2009.

[17] Legleye S., "Les drogues à 17 ans. Résultats de l'enquête ESCAPAD", *Tendances*, *op.cit.*

[18] *Ibid.*

[19] Bello P.-Y. et *al.*, "L'état de santé des usagers problématiques". *in* Costes J.-M. (dir.), *Les usages de drogues illicites en France depuis 1999 vus au travers du dispositif TREND*, *op.cit.*

[20] Meffre C. et *al.*, *Prévalence des hépatites B et C en France en 2004*, InVS, 2007.

[21] Larsen C. et *al.*, « Prévalence des co-infections par les virus des hépatites B et C dans la population VIH+ », France, *BEH*, juin 2004. pp. 109-112.

[22] Amin J. et *al.*, « HIV and hepatitis C coinfection within the CAESAR study », *HIV Medicine,* vol. 5, n° 3, mai 2004, pp. 174-179,.

[23] EMCDDA (European monitoring centre for drugs and drug addiction), *EMCDDA recommended draft technical tools and guidelines. Key epidemiological indicator: prevalence of problem drug use*, EMCDDA, 2004.

[24] Costes J.-M., *Prévalence de l'usage problématique de drogues en France. Estimations 2006*, OFDT, 2009.

persons without or insufficient professional activity), received income support, and lived in unstable housing conditions[25].

Other evidence points to an increase, within the overall group, of younger people less cognizant of risk reduction techniques. This group includes, on the one hand, a socially well-adapted population, present notably among participants of Techno and related parties and festivals; and on the other hand, a vulnerable population, either involved in semi-nomadic wanderings or stable in peri-urban or rural zones. This group includes a growing number of girls and women[26].

These groups, who are often in situations of chronic and cumulative distress, are particularly exposed to health risks, and notably the risk of infection.

Despite the decrease in the progression of the epidemic of HIV/AIDS infection among drug users, the prevalence of infectious diseases is still high among these populations. In 2008, the level of new infections of HIV/AIDS among injecting drug users aged between 18 and 69 was 18 times higher than that in the heterosexual population of the same age.

Drug users' exposure to HCV continues to be extremely high. A multi-city study of 1500 drug users who had sniffed or injected at least once in their lives, recruited in services for reception and care of drug users and in the offices of general practitioners, established the prevalence of HCV at 60%[27].

The number of new cases of HCV infection among the drug-using population over the past six years is not known. Between 1994 and 2004, the number of new cases is said to be between 500 and 4,200 per year, thus in decline.[28] The intravenous use of drugs remained, in 2007, the leading source of HCV infection ,and the majority of persons who had recently screened positive to HCV were drug users[29].

Routes of administration of illicit drugs that are likely to significantly increase the risk of transmission of infectious diseases continue to persist. The decline in intravenous injections during the first decade of this century[30] is a relative phenomenon only. The prevalence of injection on at least one occasion, as measured by organizations involved in primary care in the field, has diminished marginally: from 70% in 2002 to 64% in 2008[31]. But in addition an increase in recourse to injection, concentrated at certain types of location and among a very socially marginal population, has been reported[32].

High-risk practices in the context of injection remain disturbing. One out of every four injecting drug users who attended a CAARUD in 2008 had shared at least one element of drug materiel in the course of the previous month (10% had shared a syringe); and this level had increased since 2006.[33] Practises involving a specific risk of HCV transmission remained stable: group injection involving shared minor materiel[34]; injection in unsuitable and unhealthy locations; injection of cocaine, whose compulsive character leads to increased risk exposure.[35] These trends are all the more disturbing given that the numbers of people beginning heroin consumption at 17, and also of cocaine consumers aged 17, tripled between 2000 and 2008.[36]

Several groups seem to be particularly highly exposed to health risks: populations in situations of vulnerability; young people and particular those first using intravenous injection; prisoners and detainees, for whom risk reduction

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[25] Cadet-Tairou A. et *al.*, *Drogues et usages de drogues. État des lieux et tendances récentes 2007-2009 en France - Neuvième édition du rapport national du dispositif TREND*, OFDT, 2010.

[26] *Ibid.*

[27] Jauffret-Roustide M. et *al.*, « A national cross-sectional study among drug-users in France : epidemiology of HCV and highlight on practical and statistical aspects of the design », *BMC Infectious Diseases*, vol. 9, n° 113, juillet 2009 ; Jauffret-Roustide M. et *al.*, « Estimation de la séroprévalence du VIH et du HCV et profils des usagers de drogues en France, étude InVS-ANRS Coquelicot, 2004 », *BEH*, n° 33, pp. 244-247.

[28] Expertise collective Inserm, *Réduction des risques infectieux chez les usagers de drogues*, *op.cit.*

[29] Brouard C. et *al.*, « Evolution du dépistage de l'hépatite C en France à partir des systèmes de surveillance Rena-HCV et des pôles de référence, 2000-2008 », *BEH* n° 20-21, 2009, pp. 199-204.

[30] OFDT, *Drogues et dépendances, données essentielles*, 2005.

[31] Cadet-Tairou A. et *al.*, *Drogues et usages de drogues. État des lieux et tendances récentes 2007-2009 en France - Neuvième édition du rapport national du dispositif TREND*, *op. cit.*

[32] *Ibid.*

[33] Cadet-Taïrou A., "CAARUD : profils et pratiques des usagers en 2008", *Tendances*, # 74, December 2010.

[34] Kamili S et *al.*, "Infectivity of hepatitis C virus in plasma after drying and storing at room temperature", *Infection Control Hospital and Epidemiology*, # 28, pp. 519-52, 2007. Outside the body, the virus remains transmissible for at least 16 hours.

[35] Girard G. et Boscher G., "Les pratiques d'injection en milieu festif. État des lieux en 2008. Données issues du dispositif TREND de l'OFDT", *TREND Tendances récentes et nouvelles drogue*, OFDT, December 2009.

[36] Legleye S. et *al.*, "Les drogues à 17 ans. Résultats de l'enquête ESCAPAD 2008", *Tendances*, *op.cit.*

mechanisms are limited (viz *infra*); and women. The percentage of women among people with AIDS in France is rising[37], and women have reported increasing risk practices in the past ten years[38], notably relationships with a sexual partner who regularly injects drugs; injections by others; and shared injection equipment. Sharing most often occurs within the couple[39], and because these women inject themselves after their partner, the risk is even greater[40].

RISK REDUCTION MECHANISMS ARE LIMITED

Mechanisms for risk reduction have been significantly developed in France, but they are limited in several aspects. Firstly, centres for risk reduction are not present throughout the country. There is no CAARUD in 26 French departments, and two departments have neither a CAARUD nor a CSAPA. Additionally, the range of risk reduction tools is narrow.

In 2007, OST were available to some 130,000 persons, of whom 80% were treated by high dosage buprenorphine and 20% by methadone[41]. Although access to OSTs appears to be relatively satisfactory overall, it should be observed that in real life conditions, misuse (injection of buprenorphine, use outside of medical protocols and use in conjunction with other products) is significant, although it has been reported in decline in the past ten years[42].

Moreover, proposals of OST remain insufficiently diversified. Thus, medicalized heroin– in other words, the prescription of heroin with supervised consumption, reserved for persons characterized by severe addiction to opioids, is not authorized in France. In addition, recourse to morphine sulphates has not been assessed in France, and their authorization for use is based on any regulatory text that could offer a protective framework to both physicians and drug users. Finally, inhaled and injectable buprenorphine are still in the trial stage.

The important consequences of risk reduction targeted to certain groups– notably women, young people, and people in judicial detention– are insufficiently understood. Policy regarding risk reduction for prisoners and detainees is incomplete. Detainees who are drug users do not benefit from the range of risk reduction mechanisms that are available to the general public, in particular syringe exchange programs (SEP)[43]. They have access to bleach, but its distribution is not systematic, not is it accompanied by information useful to risk reduction[44]. Moreover, used in clandestine contexts, bleach is considered a weak solution for decontaminating HIV[45] and very weak regarding HCV[46]. Some detainees can benefit from access to OST, but although 9% of detainees have access to them, several institutions report that they do not initiate OST[47] and some have recourse to practices likely to compromise the effect of treatment, including crushing or dissolving tablets[48].

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[37] Lot F., "Epidémiologie du VIH/Sida et des autres infections sexuellement transmissibles chez les femmes", *Médecine Sciences*, # 24, 2008, pp. 7-19.

[38] Vidal-Trecan G. et *al.*, "Les comportements à risque des usagers de drogues par voie intraveineuse : les femmes prennent-elles plus de risques de transmission des virus VIH et HCV", *Revue Epidémiologique de Sante Publique*, n° 46, 1998, pp. 193-204 ; Jauffret-Roustide M. et *al.*, "Femmes usagères de drogues et pratiques à risque de transmission du VIH et des hépatites. Complémentarité des approches épidémiologique et socioanthropologique, Enquête Coquelicot 2004-2007, France, *BEH* #10-11, 2009, pp. 96-99

[39] Jauffret-Roustide M. et *al.*, "Femmes usagères de drogues et pratiques à risque de transmission du VIH et des hépatites. Complémentarité des approches épidémiologique et socioanthropologique, Enquête Coquelicot 2004-2007, France", *op.cit.*

[40] Frajzngier V. et *al.*, "Gender differences in injection risk behaviors at the first injection episode", *Drug Alcohol Dependence*, # 89, 2007, pp. 145-152.

[41] Canarelli T., Coquelin A., *Données récentes relatives aux traitements de substitution aux opiacés. Analyse de données de remboursement concernant un échantillon représentatif de patients en 2006 et en 2007*, OFDT, 2010.

[42] *Ibid.*

[43] National AIDS Council, *Opinion on Syringe Exchange Programs in Correctional Facilities*, 10 September 2009.

[44] Program Pri2de cited *in* Expertise collective Inserm, *Réduction des risques infectieux chez les usagers de drogues*, *op.cit.*

[45] WHO, *Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users. Evidence for Action Technical Papers*. World Health Organization, 2005.

[46] Hagan H. et *al.* "Does bleach disinfection of syringes help prevent hepatitis C virus transmission?", *Epidemiology*, # 14, 2003, pp. 628-629.

[47] Canarelli T, Obradovic I., *Initialisation de traitements par méthadone en milieu hospitalier et en milieu pénitentiaire. Analyse des pratiques médicales depuis la mise en place de la circulaire du 30 janvier 2002 relative à la primoprescription de méthadone par les médecins exerçant en établissement de santé*. OFDT, 2008 ; Program Pri2de cited *in* Expertise collective Inserm, *Réduction des risques infectieux chez les usagers de drogues*, *op.cit.*

[48] Michel L., Maguet O., *L'organisation des soins en matière de traitements de substitutions en milieu carcéral. Rapport pour la Commission Nationale Consultative des Traitements de Substitution*, 2003; Program Pri2de cited *in* Expertise collective Inserm, *Réduction des risques infectieux chez les usagers de drogues*, *op.cit.*

This limited access is extremely disturbing. A large number of drug users who attend primary-care organizations in the field have experienced periods of detention at some point in their lives[49]. The prevalence of infectious diseases in correctional facilities remains far higher than in the general population: it is over 1% for HIV; close to 3% for VHB; and 7% for HCV[50]. In addition, according to recent data, injection continues to be practised in detention[51] and between 1 and 3 out of every 5 detained or imprisoned drug users share injection materiel[52].

Moreover, in the non-prison context France has not given priority to measures encouraging supervision of injection. Programs to educate people about better management of injection are still experimental, and supervised injection sites (*Centres d'injection supervisés*, CIS), which were intended to be used by injecting drug users in order to facilitate less risky injection, under the supervision of qualified personnel, have not been authorized[53], even experimentally. Since 2009, that risk reduction program has been supported by organizations run by and for drug users drug users organization, as well as associations against infectious diseases and of health professionals.[54] It has been backed by the French Federation of Addictology (*Fédération française d'addictologie)*[55] and opposed by the National Academy of Medicine (*Académie nationale de médecine)*[56]. The French National Institute of Health and Medical Research (Inserm) experts report on risk reduction[57], based on international evaluations of experiments undertaken in a number of countries, stated that supervised injection centres contribute to the likelihood that the authorities can reach high-risk groups, reducing health risks, improving safety and access to care for the users and reducing problems of public order.

REPRESSIVE POLICIES THAT ARE COSTLY AND MEDICALLY INEFFECTIVE

In recent years France has reinforced its repression of simple drug users. By virtue of three international conventions[58], France, like other signatory states, punishes traffic in narcotics (possession, purchase, distribution or sale) by severe legal sanctions and imprisonment. According to several interpretations of the international covenants[59], signatory states can retain the possibility of opting for no criminal sanctions for the acquisition and cultivation of narcotic products for personal use. Several countries of the European Union have retained this option, shifting their legislation in the 1990s and in the past decade[60]. France has however maintained criminal sanctions for simple users, who risk up to one year of imprisonment and a 3750-euro fine. France has also chosen to diversify its range of criminal-law responses in order to avoid cases being dropped, and to intensify enforcement of drug users[61].

The number of sentences laid down for drug law offences doubled between 2002 and 2008, and those for simple use have been multiplied fourfold in the past twenty years. Alternative types of sentencing increasingly employed for simple drug use, with three cases out of four ending with a formal reminder of the law or a warning. However, in 2008 more than 3,000 people were sentenced to imprisonment for simple drug use[62]. This evolution of judicial

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[49] Jauffret-Roustide et *al.* , "Estimation de la séroprévalence du VIH et du HCV et profils des usagers de drogues en France, étude InVS-ANRS Coquelicot 2004", *op.cit.* ; Toufik A., "Profils et pratiques des usagers de drogues ENa-Caarud, enquête nationale des usagers des Centres d'accueil et d'accompagnement à la réduction des risques", OFDT, 2008.

[50] Expertise collective Inserm, *Réduction des risques infectieux chez les usagers de drogues*, *op.cit*

[51] Program Pri2de cited *in* Expertise collective Inserm, *Réduction des risques infectieux chez les usagers de drogues*, *op.cit.*

[52] Rotily M., "Stratégies de réduction des risques de l'infection à VIH et des hépatites en milieu carcéral : prévalences des pratiques : synthèse *in* Stankoff S., Dherot J. (dir.), *Rapport de la mission santé-justice sur la réduction des risques de transmission du VIH et des hépatites en milieu carcéral*, Direction de l'administration pénitentiaire, Direction générale de la santé, 2000 ; Jauffret-Roustide et *al.* , "Estimation de la séroprévalence du VIH et du HCV et profils des usagers de drogues en France, étude InVS-ANRS Coquelicot 2004", *op.cit.*

[53] Prime Ministerial Communiqué, 11 August 2010.

[54] Self support for Drug Users (*Auto-support des usagers de drogues*, ASUD), National Association of Carers in Drug Dependency and Addictology (*Association nationale des intervenants en toxicomanie et addictologie*, ANITeA), SAFE, Act Up - Paris, SOS Hépatites, Gaïa. "Une salle de consommation à moindre risques à Paris ?", Communiqué 19 May 2009.

[55] Fédération française d'addictologie, "Salles de consommation à moindre risque", Communiqué, 15 March 2010.

[56] Académie nationale de médecine, "A propos d'un projet de création en France de "salles d'injections pour toxicomanes"", Communiqué, 11 January 2011.

[57] Expertise collective Inserm, *Réduction des risques infectieux chez les usagers de drogues*, *op.cit.*

[58] United Nations, Single Convention on Narcotic Drugs (1961), Convention on Psychotropic Substances (1971), United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988).

[59] OEDT, *L'usage illicite de stupéfiants dans l'UE : approches juridiques*, 2005.

[60] Spain, Italy, Czech Republic, Portugal, Ireland, Luxemburg, Belgium.

[61] Obradovic I., "La réponse pénale à l'usage de stupéfiants", *Tendances*, # 72, November 2010.

[62] 1,360 sentences laid down for single offenses of simple use, and 1,750 for illicit drug use in association with other offenses.

procedures regarding the use of illicit drugs is the consequence of spectacular increases in the number of arrests related to drug law offenses: this figure has increased by a multiple of 60 since 1970, and has doubled in the past decade. The greatest increase in arrests concerns simple drug users, who represented 86% of all legal proceedings related to drug law offenses in 2009.[63]

This rise is not the consequence of an increase in consumption of illicit drugs[64], but stems from public policy on urban violence and insecurity. This has involved an increase in police interventions on the ground, against users and small-scale street-level drug pushers[65], which target drug offenses that are easy to observe and to nail down, thus contributing to the reputation for efficacy of the police[66].

In 1998, the cost of repressive policies regarding illicit drugs was analyzed, based in particular on financing granted under the 1995 budget law[67]. The budgetary cost of public spending attributable to illicit drugs, including judicial institutions and services, the administration of penitentiaries, customs, the gendarmerie and national police, the services of the Ministries of Foreign Affairs, and involving France's contribution to European Union programs, was 588.84 million euros.[68] Today the cost of repressive policy is likely to have very sharply increased, given the conjoined effect of an increase in arrests (+ 93% since the report was issued); increased sentences for drug law offences; fewer reduced sentences; and more court proceedings against simple drug use[69].

As a matter of observation, the cost of care and risk reduction programs for drug users in 2009 amounted to 291 million euros. This sum included mechanisms that target all drug users, including users of licit and permitted drugs (the latter amount to a sizeable portion of the beneficiaries of government programs). In 2009 the cost of the network of CAARUD bodies, which specifically target users of illicit drugs, was 30.8 million euros.

DISTURBING IMMOBILITY IN THE FACE OF NEW CHALLENGES

Notwithstanding unfavourable legislation regarding narcotic drugs and the tardy establishment of opioid substitution treatments, the policy of risk reduction that was conceived in France in the 1980s meant that, in the face of with massive diffusion of heroin and the multiplication of high-risk practises, the AIDS epidemic was significantly contained in the population of injecting drug users. These results bear witness to the strong collective mobilization of many actors, including the authorities.

There is no comparable mobilization today. Government authorities have consolidated existing mechanisms for risk reduction for drug users, but they are slow to set up syringe exchange programs in correctional facilities, and are reticent to authorize new strategies, even those that have demonstrated their effectiveness in other countries such as supervised injection sites or the medical prescription of heroin. No new measures for risk reduction have been adopted, despite the recommendations of international institutions[70]. Moreover the repression of users has significantly increased, and has been accompanied by no effort to evaluate its real impact on policies for risk reduction.

The Council questions the impact that repressive policies against simple users may have on the consumption of illicit drugs and the optimal functioning of mechanism to reduce risk. The Council notes that the increase of legal charges for drug usage has not led to a significant increase in the price of narcotics, nor to a fall in consumption of the drugs themselves. Repressive policies are, however, likely to reinforce the clandestinity of drug practises and the

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[63] OCRTIS, *Usage et trafic des produits stupéfiants en France en 2009*, 2010.

[64] Simmat-Durand L., "Aspects législatifs et réglementaires de l'usage et du trafic", *in* Jauffret-Roustide M. (dir.), *Les drogues. Approche sociologique, économique et politique*, La Documentation Française, pp. 47-82

[65] Faugeron C., Kokoreff M., *Sociétés avec drogues. Enjeux et limites*, Erès, 2002 ; Kokoreff M., "Le régime prohibitionniste et ses limites face aux transformations des pratiques sociales des drogues", *in* Colson R., *La prohibition des drogues. Regards croisés sur un interdit juridique*, Presses Universitaires de Rennes, 2005.

[66] Bauer A. (dir.), La criminalité en France. Rapport de l'observatoire national de la délinquance, CNRS Editions, 2009 ; Mouhanna C., Matelly J.-H., *Police, des chiffres et des doutes*, Michalon, 2007.

[67] Kopp P., Palle C., *Vers l'analyse du coût des drogues illégales. Un essai de mesure du coût de la politique publique de la drogue et quelques réflexions sur la mesure des autres coûts*, OFDT, 1998 ; Kopp P. Fenoglio P., *Le coût social des drogues licites (alcool et tabac) et illicites en France*, OFDT, 2000 ; Kopp P., Fenoglio P., *Le coût des traitements et de la mise en œuvre de la loi dans le domaine des drogues*, OFDT, 2006.

[68] Only the costs of the services of Legal Protection of Youth (Protection judiciaire de la jeunesse, PJJ) that are attributable to illicit drugs could not be determined and thus taken into account.

[69] Data for the Paris region. Obradovic I., "La réponse pénale à l'usage de stupéfiants", *Tendances*, *op.cit.*

[70] WHO, UNODC, UNAIDS, *Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injection drug users*., 2009.; WHO, *Priority Interventions: HIV/AIDS prevention, treatment and care in the health sector*, 2008 ; UNODC, WHO, ONAIDS, *Interventions to address HIV in prisons needle and syringe programmes and decontamination strategies*, 2007.

vulnerability of the persons involved, particularly problematic drug users, and it may also hamper the evolution of a pragmatic, well-adapted risk reduction program.

The National AIDS Council questions the real efficacy of extremely costly repressive measures against simple users, which bear heavy consequences for the future employment of persons who are registered in police records even if they have never been found guilty, while meanwhile medical and sociological actions to assist problematic users are markedly insufficient.

The French National AIDS Council emphasizes the necessity of reinforcing and diversifying, in the very short term, social-welfare and medical mechanisms which are notably involved in the risk reduction for infectious diseases.

It also recommends that an evaluation should be made place of policies regarding illicit drugs, and particularly the impact on strategies for risk reduction of policies prohibiting usage, detention, distribution and traffic of narcotics. This analysis should be based on shared expertise, and should be conducted by the French Monitoring Centre for Drugs and Drug Addiction (*Observatoire français des drogues et des toxicomanies*, OFDT), a body whose competence is universally acknowledged.

Finally, regarding policy evaluation, the Council invites the authorities to examine the opportunity to reformulate the law regarding narcotics, integrating an analysis of drug law offense approach.