Institute Emergence Espace Tolbiac, Paris, France

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An evaluation study on share care methadone treatment between a specialized clinic and a network of General Practitioners

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Summary

This article discusses recent changes in France from what has mainly been a repressively oriented drug policy towards accepting and supporting a variety of harm reduction measures. The introduction of harm reduction in the early nineties proved to be very successful in terms of harm reduction and is already a reality. Most officials, however, are still reluctant to support this implicit policy change openly, or work coherently for a reduction of current inconsistencies or admit the overwhelming success those changes have brought about, so the author is afraid of a serious backlash. The positive effects may be threatened if the public is not adequately informed about the new situation and its positive effects. The government may be unwilling to continue supporting harm reduction in the face of increasing public criticism based on ignorance and an inadequate conception of how to preserve public order in connection with illicit drugs.

Key words: Harm reduction - Methadone treatment - Buprenorphine treatment - General Practitioners

Introduction

For more than twenty years (1970-1992), there had been no public debate on drug policy in France. Faced with increasing public concern, politicians – on both the right and left – formed a united front against liberalisation. The State took on the role of protecting citizens against the peril of drugs. The criminal justice system was considered to be the best way to protect public health, whereas treatment was seen as a gesture of leniency reserved for repentant drug users. Politicians were only concerned with preventing an escalation, which the extreme right attempted to foster.

At the beginning of the nineties, a social movement which united a variety of forces

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(activists from the AIDS support group, humanitarian associations, health professionals and peer-support associations) forced the authorities to introduce harm reduction measures in order to contain the AIDS epidemic.

In 1994, the Minister of Health, Simone Veil, took several emergency measures such as permitting needle exchange and legalizing substitution treatments (which until then had been illegal). At that time those harm reduction measures were not really accepted by, or even known to the majority of politicians.

The results of these measures were, however, immediate; within five years, overdoses of heroin decreased by 80% and arrests of heroin users decreased by 57%.

The most recent government plan, announced in June 1999, was the first to declare public health objectives [1]. Alcohol and tobacco have now been integrated into drug policy, in spite of the opposition of unions, representing producers of alcoholic products.

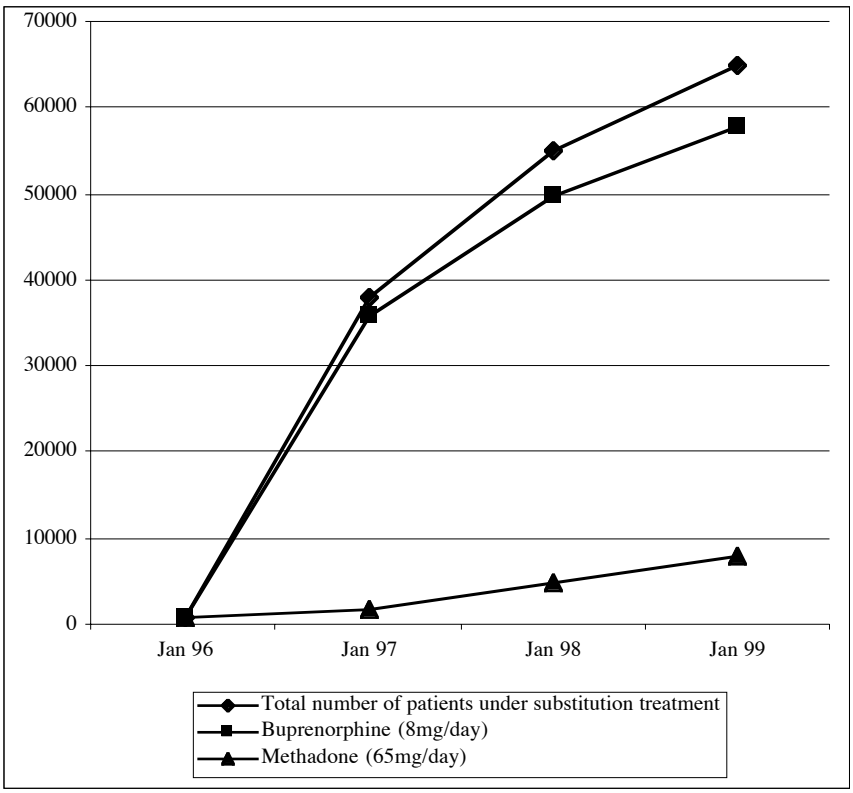

Fig. 1. Estimated number of patients undergoing substitution treatment (Siamese source)

Table 1. Arrests of drug users (OCTRIS Report, 1998)					
	1994	1995	1996	1997	1998
Cannabis	32,686	41,711	51,043	66,577	72,821
Heroin	17,149	17,356	14,618	11,885	7,469
Cocaine	1,278	1,374	1,658	2,075	3,181
Other products	1,405	1,884	1,909	2,188	2,036
Total	52,518	62,325	69,228	82,725	85,507

This new strategy has clarified the contradiction between an approach based on public health aims and an approach based on the criminal justice system: a contradiction between a regular increase in arrests (by 87% for cannabis use) on the one hand and, on the other, the inclusion of alcohol and tobacco abuse in drug policy, alongside harm reduction (e.g. needle exchange), together with the penalisation of use. Politicians, except those who are ecologists, are not willing to face this contradiction; they are afraid that harm reduction may lead to irrationally permissive public policies. In these circumstances, it is hardly conceivable that the contradictions can be resolved.

Empirical Results

Harm reduction projects are now officially recognized in France and treatment centres have to collaborate with low-threshold services which accept that their clients are currently using drugs.

The most striking observation is the dramatic fall of heroin overdoses (505 in 1994, 388 in 1995, 336 in 1996, 164 in 1997, and 92 in 1998. Over five years the decrease has

Table 2. Trafficking arrests (OCTRIS Report, 1998)			
Traffic in	1996	1998	Chances from 1996 to 1998
Heroin	3,451	1,356	-60.2%
Cannabis	3,297	2,920	-11.4%
Cocaine	721	972	+25.8%
Other drugs	233	199	-14.6%
Total	8,412	5,541	-34.1%

been about 80%) (figures compiled by the Office Central pour la Répression du Traffic Illicite des Stupéfiants [2]).

This reduction occurred as the number of patients in substitution treatments increased. Even OCTRIS agrees that the dramatic decrease in overdoses is due to harm reduction measures.

Methadone treatment was legalised in 1995 and buprenorphine in 1996. During the last five years, the number of patients has risen from less than 100 patients officially under treatment in 1992 to about 66,000 at the end of 1998. This rapid expansion is due to the fact that GPs have been authorized to prescribe buprenophine. Only about 7,000 patients are having methadone treatment and most of these are not treated by GPs but by specialized clinics (Fig. 1) (Siamese sources).

The main change is the change in medical practices. Drug users have now better access to hospital and medical treatment. The rapid decrease of fatal overdoses shows that there has been an improvement in the health of heroin users. Unfortunately, we have not succeeded in getting national statistics about this improvement. However, we estimate that about 20% of heroin users are HIV-positive and that most HIV patients are now undergoing treatment. But the official recognition of public health priorities has had no repercussions on the repressive approach towards the drug problem. There was a total 91,048 arrests in 1998. Of this number 74,633 were for drug use. This shows an increase of 24% compared with 1996 (Table 1).

During the last five years, the main trends have been:

* an increase in arrests of drug users
* an increase in arrests of cannabis users (62% in 1994, 85% in 1998)
* a decrease in arrests of heroin users (17,149 arrests in 1995 and only 7,469 in 1998)

Table 3. Drug arrests (OCTRIS Report, 1997)

	1993 %	1994 %	1995 %	1996 %	1997 %
Cannabis	62.6	62.2	66.9	73.7	80.5
Heroin	33.0	32.7	27.9	21.2	14.4
Cocaine	2.3	2.4	2.2	2.4	2.5
Ecstasy	0.5	1.3	1.8	1.7	1.5
LSD	0.4	0.5	0.4	0.4	0.2
Opium/morphine	0.1	0.1	0.0	0.1	0.1
Psychotropes	1.2	0.9	0.8	0.6	0.9
Total	100	100	100	100	100

* a decrease in arrests for drug trafficking (with a fall of 60% between 1996 and 1998) (Table 2).

This evolution must be attributed to the fall in the number of arrests of heroin users. According to the drug police forces [2], this fall is partly due to a decrease in heroin use, but this trend is developing quite slowly. The use of cocaine, crack or ecstasy has supposedly been increasing since the early nineties, but this trend is not reflected in the statistics of the drug police forces. One notable event in the last five years has been the sudden withdrawal of 64,000 heroin users from the black market when substitution treatments were developed (Table 3).

The development of public health strategies has, to a large extent, been in contradiction to the criminal justice system: is drug use a health issue (a prevention or care issue) or a criminal issue? On one hand, alcohol and tobacco have been included in drug policy, but, on the other, the number of arrests of drug users (about 85% of these being cannabis users) has been rising steadily.

Various events have recently made evident the incompatibility of the two approaches, which represent two totally different strategies in drug policy. For example, some low threshold services in danger of being closed, mostly because their approach is not consistent with the broader idea of public safety. It is hardly conceivable that the contradictions will be resolved if the government does not decide to clarify the aims of French drug policy.

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