

The Baldy Center for Law and Social Policy  
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Podcast transcript begins

**[Azalia]:** Hi everyone. Welcome to the season two of the Baldy Center for Law and Social Policy podcast, produced at the University at Buffalo. I'm your host and producer Azalia Muchransyah.

This episode I have Doctor Marie Jauffret-Roustide on the phone with me. She is a research fellow at the French National Institute of Health and Medical Research in Paris, France, and a senior fellow at the Baldy Center for Law and Social Policy. Her research focuses on drug policy and harm reduction paradigm.

Marie, can you explain more about harm reduction and how it is different from other approaches in public health?

**[Marie]:** So, harm reduction is a public health approach, but the specificity of harm reduction is probably that this approach is very embedded in political issues. So, harm reduction emerged in the 90s, during the AIDS pandemic crisis, and it affected stigmatized or vulnerable groups such as men who have sex with men, migrants, people who use drugs, or sex workers. And in response, harm reduction proposed a humanitarian approach of drug use.

Harm reduction is a sanitary approach, but harm reduction tried to have a specific attention to be respectful toward the rights of people. And harm reduction is an approach that tries to propose health and prevention interventions that are adapted to the real needs of people who use drugs including the access to sterile needles, the access to medicines such as opioid substitutive treatment, or also an access to safe consumption rooms.

Safe consumption rooms, or drug consumption rooms, are named overdose prevention sites in the U.S. context, and these drug consumption rooms have the aim to propose safer environments for people who use drugs. And the harm reduction approach is also an approach that addresses the needs of people who use drugs with a sanitary approach, but also a social approach. And with harm reduction, the aim is also to allow people who use drugs to have a real place in society, and harm reduction is also an approach that tries to change the representation, the vision we have about people who use drugs. And harm reduction is an approach that is non-judgmental and that tries to be very respectful towards the needs and the rights of these vulnerable groups.

France, for example, was very late for implementing drug consumption rooms. The first consumption rooms have been implemented in Switzerland in 1986, and after this first implementation in Switzerland a lot of European countries like the Netherlands, Germany, or Spain decided to implement such rooms. And the evaluation of these drug consumption rooms were very positive in different areas. The drug consumption rooms helped people who use drugs to improve their health because they reduced at risk practices when they inject in safer places like drug consumption rooms.

But there is also another positive effect linked to drug consumption rooms. It is the aspect of the environment of the room, because at the local level, or at the national level, when a government decided to implement a drug consumption room, it is because there is a lot of trouble in a specific area with people who use drugs, who are in public spaces, or a lot of dealers, for example. And when the drug consumption room is implemented on these places, the number of injections in public places is reduced. And, also, a lot of troubles that are linked to drug use in public spaces are also reduced due to the fact that the police is more present in the area, or due to the fact that people who are attending the drug consumption rooms are also more respectful to the area because they are welcomed in the drug consumption room. And it's important for people who use drugs to be also respectful of the environment.

And that's why, as the results in Europe were very positive, some other countries like Australia or Canada, especially in Vancouver, decided to implement also such rooms. And in Vancouver, there was a very, very interesting experience because the drug consumption room was very well evaluated by a team, by Thomas Kerr and Evan Wood, two researchers from the British Columbia Centre on Substance Use, and they obtained amazing results about the access to care. Also, they showed with their research that a third of people who were attending drug consumption rooms had a higher access to care, and some of them were also successful with reaching abstinence. And it was a way to convince other governments to implement such rooms.

So, that's why I'm very optimistic that countries like the U.S. will be able to implement drug consumption rooms. Especially because you have a new president and, I'm sure, Joe Biden is more open-minded with harm reduction compared to the previous president you had before. Yeah, so, I'm quite sure that in the U.S. it would be possible to disseminate drug consumption rooms, especially because you have to face this opioid crisis, and with a lot of deaths, and we know that one of the major results of drug consumption rooms is the decrease of overdoses. So, that's why I think that probably you will also have drug consumption rooms or overdose prevention sites in the U.S. that will be implemented soon.

**[Azalia]:** In your research you mentioned that drug consumption room debate happens between different actors and positioned in between different topics. Can you talk a little bit about it?

**[Marie]:** So, it's important to say that drug consumption rooms in France were implemented later compared to other European countries. So, the first drug consumption room was implemented in 1986 in Switzerland, in Bern, and it happened only 20 years after in France, because the first drug consumption room that was – that has been implemented in France was implemented in Paris in 2016.

I'm conducting a research focused on the social acceptability of drug consumption rooms in Paris. The first part of my research is focused on the analysis of the controversy on drug consumption room with a colleague, Isabelle Cailbault. We investigated how public conversations on harm reduction and drug consumption rooms evolve according to the time period from the 90s to the present period of time, and how this public conversation also evolved according to the scale of discourse, local discourse versus national discourses, and also how it evolved between actors – politicians, harm reduction or drug treatment, or addiction treatment professionals, local residents, and people who use drugs.

And for doing this media analysis we reviewed about 2,000 articles that have been published between 1990 and 2016. And the main results of this media analysis showed that there is a huge evolution when we compare the debate that happened in the 90s in France about harm reduction, and when we

compare it with the debate that happened at the beginning of the 2000s about drug consumption rooms in France. Because in the 90s, in France, we had a huge debate in regards to the implementation of the first measures of harm reduction, access to sterile needles, and access to opioid treatments. And what we can see in the debate that is focused on drug consumption rooms today is that the current debate on drug consumption rooms in France draws on constraints and resources already present in the harm reduction debate of the 90s. But it also repositions the debate itself about drug consumption rooms by avoiding moral argumentation, and also by featuring less confrontation in the drug treatment, in the addiction treatment, professional sphere.

So, what we can see today with the drug consumption rooms debate is that the center of this intense debate has now shift from the professional sphere to the political and residential spheres. So, in the professional sphere, contrary to the first debate about sterile needles or opioid substitutive treatment, the debate on drug consumption rooms is not controversial. The first debate about needle access and opioid substitutive treatments was very tense in the 90s during the AIDS pandemic emergence, because at this period of time – so in the 80s – harm reduction was considered as a means to put away abstinence and to favor drug use. And for some opponents, harm reduction in the 80s was also seen as a way to control people who use drugs.

Today in France, among the professional sphere of addiction treatment, there is a global agreement on the benefits of drug consumption room and there is quite no opposition. At the opposite, in the political sphere, there is a strong opposition between politicians from the left – it's not the same but if we want to make a comparison, so the democrats, if we compare with the U.S. – politicians from the left in France have a discourse on drug consumption rooms that is very embedded in a humanitarian approach. And for politicians from the left, the French state is considered as being responsible to protect the most vulnerable people including people who inject drugs. And that's why politicians from the left are very willing to implement drug consumption rooms.

And until now we have two drug consumption rooms – one in Paris, and another in Strasbourg, at the east of France, and the two mayors are politicians from the left. At the opposite, for politicians from the right, they often perceived drug consumption rooms as a way to encourage people to use drugs. Politicians from the right, they also consider that drug consumption rooms are a way to avoid people to choose being abstinent from drugs. So, there is more opposition among politicians from – from the right.

And we have also the residents there, so all the inhabitants that who are living in the area where the Parisian drug consumption room has been implemented. And, for the residents, the opinions are very diverse in regards to the social acceptability of drug consumption room. And what we can learn from the media analysis is that, most often, the residents who express fears against drug consumption room advance concerns that are not directly related to people who use drugs themselves, but that derive from the apprehension of living in a displaced neighborhood. Because, in the area where the government has implemented drug consumption rooms, you have also a lot of people who are begging, for example. People who have no housing. And, for some residents, there are a lot of confusions between the different publics – between people who use drugs, people who are begging, people who are living in the streets. And the concerns they have are more often linked to the feeling that they are living in the area that is totally abandoned from the government.

And the last point that was very interesting for us in this media analysis was that the public conversation leaves very little room for people who use drugs even though they are the primary stakeholders of harm

reduction. And in the press media, people who use drugs were five times less present compared to residents. And probably because the opinions of people who use drugs are considered as less valuable to the stigmatization of drug use. So, that are the main results of our press analysis.

**[Azalia]:** How do you see this finding applies to what happens now with the debate happening surrounding COVID-19?

**[Marie]:** So, what is interesting with COVID-19 is that it is a crisis, and all crisis reveals the strengths and the weaknesses of political models. This approach can also be applied to harm reduction. With COVID-19, in France, as we have a very strong state, COVID-19 was an opportunity to strengthen harm reduction implementation. With the COVID-19 pandemic, our government, pushed by harm reduction advocates, decided to allow people who use drugs to have an easier access to opioid substitutive treatment. So, they offered to people who use drugs to be able to have a prescription of opioid substitutive treatment for a longer period of time when they go in the pharmacy.

France is a country where the coverage of opioid substitutive treatment is the highest, because we have 85 percent of people who inject drugs who are under opioid substitutive treatment. That is the highest level in the world. Even if we have this very high access to opioid substitutive treatment, with the COVID-19 it was improved.

And the COVID-19 pandemic was also a very **political (?)** situation, because during the first lockdown we had between March and May, all people were stuck at home. But people who use drugs, who were very vulnerable, had no stable place to live and they were in the streets. So, they were very visible from the residents in the area of the drug consumption room. And we have a lot of residents who were very worried with the fact that people who use drugs were allowed to be in the streets when they were obliged to be locked down.

The Paris mayor **and (at?)** the regional level of Paris decided to implement 400 stable housing for people who use cocaine crack who were living in the streets, and it was a very, very interesting experience because, for these people who were living in the street, the opportunity they had to have a stable house, stable rooms, gave them the opportunity to reduce their use of drugs. And it was also an opportunity for these people who use drugs to have a stable apartment due to the COVID-19 pandemic, and also the opportunity to have an easier access to health services.

So, with this COVID-19 pandemic, the harm reduction model has been strengthened in France, but probably because we have this strong state, and the French strong state has the objective to protect the most vulnerable, and during the COVID-19 pandemic, and during the lockdown, people who use drugs were considered as people who are very vulnerable and who need to be helped. But it happened because we had a collective action and a lot of advocacy from harm reduction professionals.

If harm reduction professionals didn't advocate for claiming that people who use drugs need to be protected, probably we will have less rapid response from the state.

**[Azalia]:** What is the main takeaway of your research?

**[Marie]:** The most important thing that I learned for my research is that when the government decided to have a repressive approach of drug policy it never worked. A repressive approach of drug policy, for example the war on drugs is a very repressive approach of drug policy, and we know that all around the

world, when the government decided to implement this type of approach, all the health problems that people who use drugs have to face – you will have a lot of overdoses, for example that is what you have to face in the U.S., you will have increase in AIDS – in AIDS cases, that's what the Russians have to face now. You will also have a lot of violence, that was the Philippines have to face, for example.

This repressive approach is based on the idea that if you have a repressive approach people who use drugs will stop, people who were willing to use drugs will avoid to take drugs, and it never worked. For example, in France we have a very repressive policy towards cannabis and we have the highest level of cannabis use among adolescents in Europe. So, that is a perfect example that repressive approach doesn't work.

At the opposite, what I learned from my research is that harm reduction, that is a humanitarian approach, is very effective, because when you pay attention to vulnerable people, when you take care of them, and when you consider them as citizens and not as <pariahs??>, you will have people who use drugs who will be more respectful for themselves and also more respectful for the rest of the society. These drug policies that are embedded in human rights and harm reduction are more effective and more positive for all stakeholders. Not only for people who use drugs but also for their families, for residents, and also for all the sphere of our society.

So, if I have one message to deliver it's that probably is the most effective model of drug policy now is a decriminalization of all drugs, and this model has been adopted by Portugal. That is a country in Europe who decided 20 years ago to decriminalize all drugs, and they have very positive results in regards to the number of AIDS cases among people who inject drugs that have been dramatically reduced. They have also very low levels of cannabis use among adolescents. They have also decreased the number of people who inject drugs, and they have also very positive results in terms of access to care for people who use drugs. So, the decriminalization of all drugs is probably the most effective model in terms of drug policy.

**[Azalia]:** That was Doctor Marie Jauffret-Roustide, and this has been the Baldy Center for Law and Social Policy podcast produced at the University at Buffalo. Please visit our website [buffalo.edu/baldycenter](http://buffalo.edu/baldycenter) for more episodes, and follow us on twitter @baldycenter. Until next time, I'm your host and producer, Azalia Muchransyah.