

Les populations négligées par la RdR

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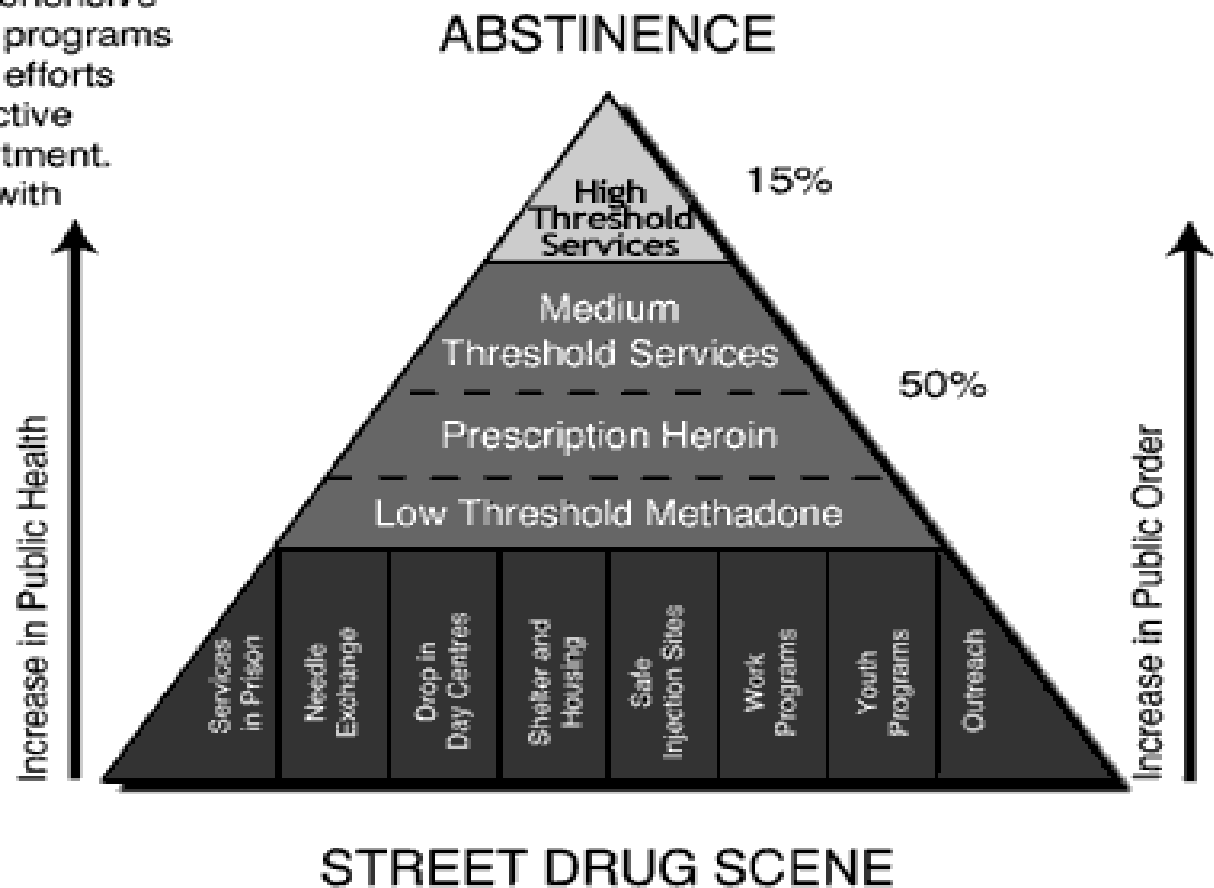
Agence nationale de recherches
sur le sida et les hépatites virales

Populations négligées

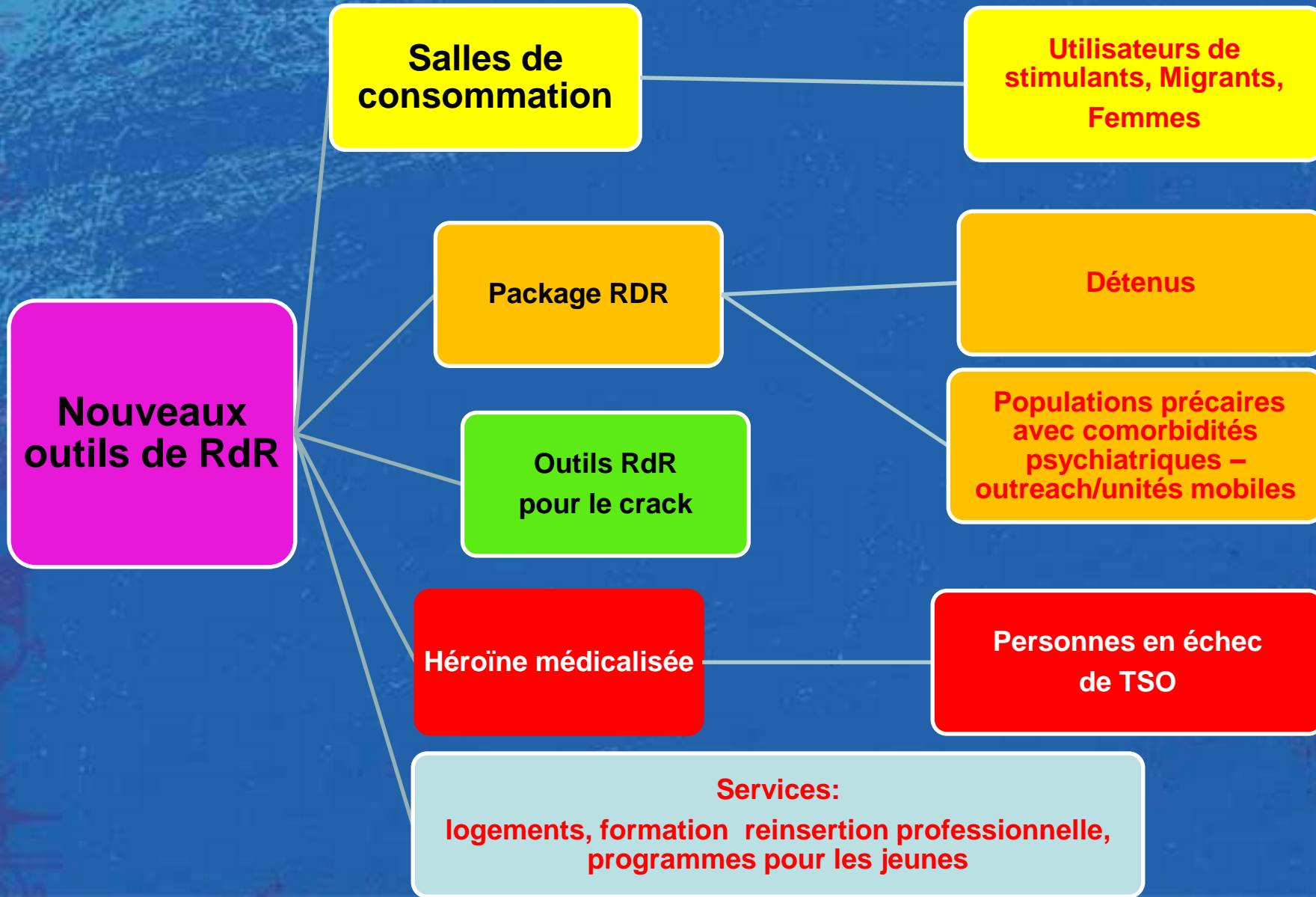
- **Population carcérale**
- **Personnes dépendantes aux stimulants (cocaïne, crack) ou alcool**
- **Populations en échec de TSO**
- **UD migrants**
- **Populations en situation précaire avec comorbidités psychiatriques sévères**
- **Femmes (UD + sex work)**
- **Enfants/ados vivant dans un environnement d'usage de drogues**

Modèle suisse

With implementation of comprehensive harm reduction and treatment programs coordinated with enforcement efforts the Swiss claim that 65% of active users are in some form of treatment. The remainder are in contact with harm reduction programs.



Vers l'équité d'accès à la RdR: les nouveaux outils



Questions

- **Illégalité de certains outils ?**
- **Droit d'accès à la prévention ?**
- **La criminalisation de l'usage : barrière à l'accès ?**
- **Rôle de l'Etat, de la société civile, des soignants, de la police?**
- **Rôle des médias?**
- **Quelles solutions pour une véritable mise à disposition de ces outils?**

Nothing illegal at AIDS clinic: police

Having nurses teach drug users safe injection breaks no law

By GLENN BOHN

A Vancouver police spokeswoman says there's nothing illegal about nurses observing drug addicts inject cocaine and heroin at the Dr. Peter Centre for people with HIV and AIDS.

"Nurses are not injecting these individuals with the drug," Constable Sarah Bloor said Friday.

"They're teaching them about proper usage of intravenous needles. There's no criminal connection, so we wouldn't be seeking any action."

The new counselling service at the West End drop-in clinic was disclosed Thursday at a news conference where AIDS Vancouver and other groups endorsed a report calling for federally-funded "safe injection facilities" in Vancouver and other Canadian cities.

Maxine Davis, executive director of the Dr. Peter Centre, said nurses have observed about 10 patients inject drugs at the centre, some several times, since December.

The centre is funded by the Dr. Peter AIDS Foundation, named after Dr. Peter Jepson-Young, who died of AIDS in 1992. The drop-in centre — which offers everything from art therapy to physiotherapy — is used daily by about 150 people with HIV [human immunodeficiency virus] and AIDS [acquired immune deficiency syndrome].

Mark Virgin, a lawyer who chairs the foundation's board of directors, said Friday that staff

It's not something that is in any way condoning drug use. It's assisting in the health care of people who are already addicted.

MARK VIRGIN
Chairman, Dr. Peter AIDS
Foundation

informed the board last December that nurses were starting to observe drug addicts inject illegal drugs in the centre.

The board agreed that observing drug injections and advising addicts how to inject drugs was something the centre should do, he said, noting the centre's mission is to comfort and aid people who are living with HIV/AIDS.

"It's not something that is in any way condoning drug use," Virgin said. "It's assisting in the health care of people who are already addicted. Safe injection of drugs is part and parcel of their health care. And staff are very involved in counselling clients about the means available for cessation of drug use."

Virgin said the Dr. Peter Centre has no plans to open a safe injection centre for drug users — something advocated this week by the Canadian HIV/AIDS Legal Network, which called for facilities across the country within a year.

Last September, a report pre-

pared for a meeting of federal and provincial health ministers recommended a feasibility study on "establishing a scientific medical research project regarding a supervised injection site in Canada."

The report pointed to estimates that 125,000 Canadians are now using injection drugs. It also warned the direct and indirect costs of HIV and AIDS spread by injection drug use could cost \$8.7 billion over six years, if current trends continue.

Health Canada spokesman Andrew Swift confirmed Friday the federal government has made no commitments to date on "supervised" injection sites — the term he said Ottawa prefers to use because the word "safe" has too much of a positive connotation.

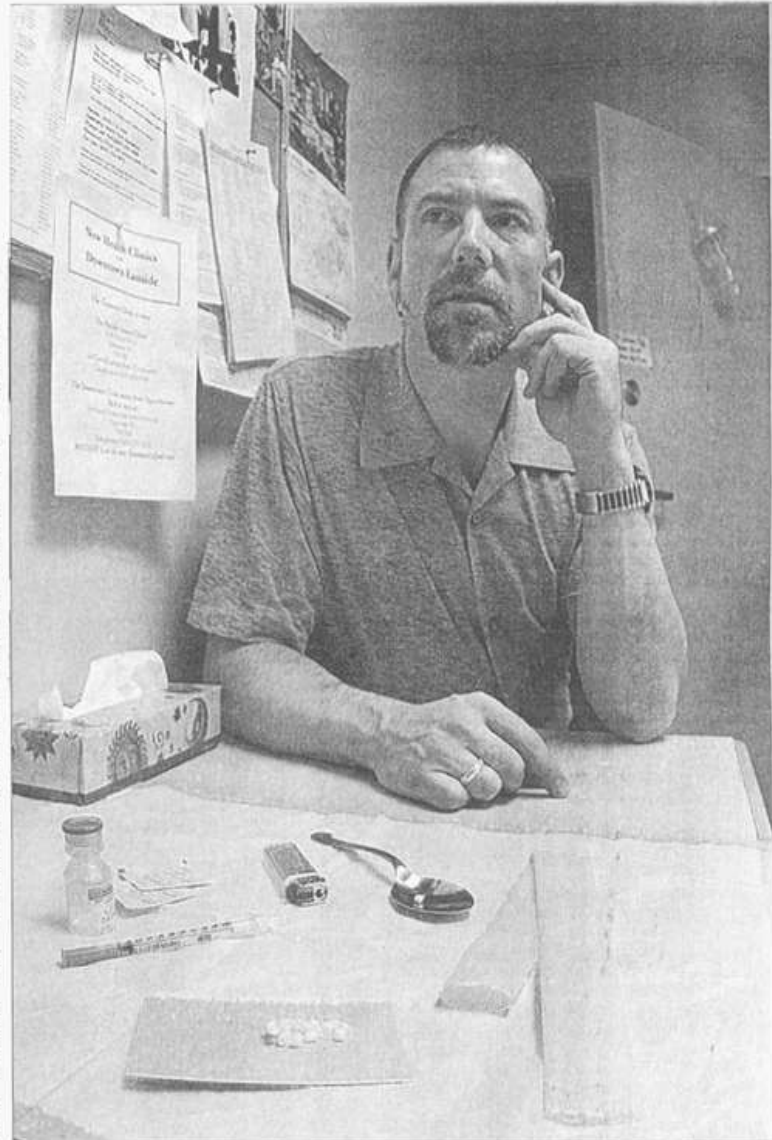
Swift said a federal-provincial committee on injection drug use is still considering the proposal.

"We think it's important to continue the dialogue among the stakeholders," he said, listing the federal, provincial and governments, community health and law enforcement agencies.

Swift refused to comment on developments at the Dr. Peter Centre.

"The question should really be directed to the province of British Columbia," he said, noting that medical practices come under provincial jurisdiction.

Public affairs officials with the B.C. government referred interview requests to B.C. Solicitor General Rich Coleman and B.C. Health Services Minister Colin Hansen, who didn't call back.



STUART DAVIS/VANCOUVER SUN

Alan Wood, director of nursing at Dr. Peter Centre, sits in room where nurses observe addicts injecting drugs. In foreground are filters, a needle, spoon, sterile water, lighter, etc. that an addict might use.



It would be difficult to assert that...drug-injection rooms... *incite* or *induce* the illicit use of drugs, or...or facilitate the *possession* of drugs...it seems clear that in such cases the intention of governments is to provide healthier conditions for IV drug abusers, thereby reducing their risk of injection with grave transmittable diseases and... far from the intent of committing an offence as in the 1988 Convention.²³

Closed to Reason:

The International Narcotics Control Board and HIV/AIDS



Canadian
HIV/AIDS
Legal
Network | Réseau
juridique
canadien
VIH/sida



OPEN SOCIETY INSTITUTE
Public Health Program

Droit d'accès à la prévention

Code de la santé publique.

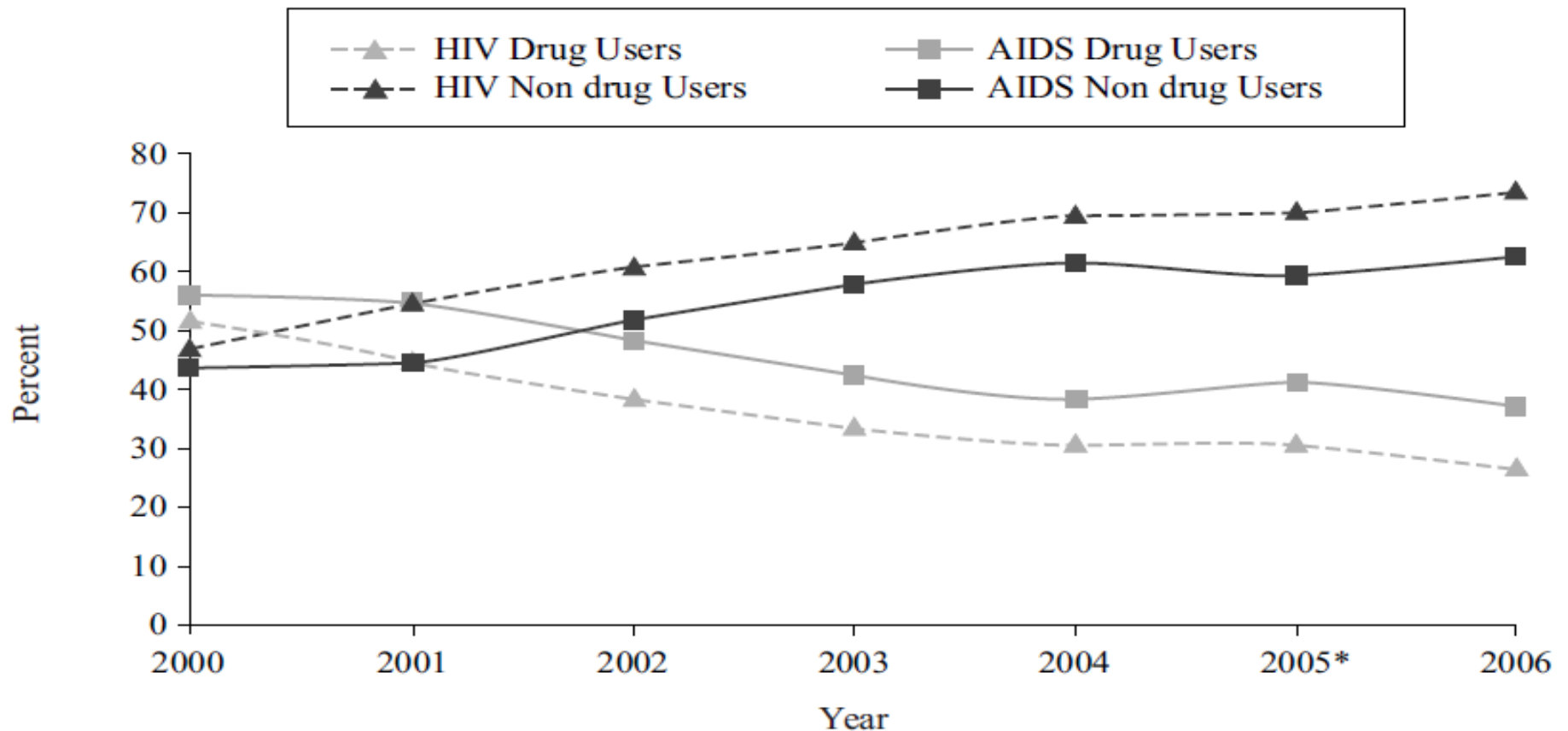
Article L. 1110-3.

Aucune personne ne peut faire l'objet de discriminations dans l'accès à la prévention ou aux soins.

La criminalisation de l'usage : barrière à l'accès ?

■ L'expérience du Portugal : avant et après

HIV/AIDS Notifications, Percent Drug Users and Non drug Users, by Year of Diagnosis



Rôle de l'État, des soignants, de la société civile

Code de la santé publique.

Article L. 1411-1-1.

L'accès à la prévention et aux soins des populations fragilisées constitue un objectif prioritaire de la politique de santé. Les programmes de santé publique mis en œuvre par **l'État** ainsi que par les collectivités territoriales et les organismes d'assurance maladie prennent en compte les difficultés spécifiques des populations fragilisées.

Rôle de la police: possibilité de l'impliquer dans l'accès à la RdR

- **L'exemple de Vancouver**
- **Rio de Janeiro Declaration: need to develop smarter drug policies that leverage the community to reduce drug use, while allowing law enforcement agencies to direct their focus and resources towards combating real crimes**
- **Mission impossible en France?**
- **Problème de la centralisation hiérarchique**

Rôle des médias

- **Quels Risques?**
- **Quelles bénéfices ?**
- **L'expérience du modèle RdR dans les prisons espagnoles**
- **L'expérience suisse sur l'héroïne médicalisée**

**Quelles solutions pour une véritable
mise à disposition de ces outils?**

