

Decrees, orders, circulars

GENERAL TEXTS

MINISTRY OF SOLIDARITY, HEALTH AND THE FAMILY

Decree No 2005-347 dated 14th of April 2005 approving the national reference action system to reduce the risks of drug users and completing the public health code

RULE: SANP0521129D

The Prime Minister,
Having regard to the report from the Minister for solidarity, health and the family, and
considering article L. 3121-5 of the public health code,

Decrees:

Art. 1- Pursuant to article L. 3121-5 of the public health code, the national reference system to reduce the risks of drug users annexed to the present decree is approved.

Art. 2- The 1st chapter, title II of the 1st book part three of the public health code (regulation section) is completed by a section 6 written herein:

<< Section 6

<< Policy of risk reduction for drug users.

<<Art. D. 3121-33. - The national reference system to reduce the risks of drug users referred to in article L. 3121-5 is restated in appendix 31-2 of this code.>>

Art.3.- The public health code is attached hereto entitled:

"ANNEXE 31-2

<<NATIONAL REFERENCE SYSTEM OF THE REDUCTION OF RISKS
OF DRUG USERS REFERRED TO IN ARTICLE D. 3121-33>>

And restating the provisions annexed in this decree.

Preamble

Article L. 3125-1 of the public health code from the law dated August 9th 2004 concerning the public health policy makes provisions for the definition of a reference system of the activities to reduce the risks of drug users. The participants, health professionals, social workers or members of associations, as well as people who are involved with these activities should be protected from the implications of use or from the temptation to use drugs when they are working. The services responsible for the suppression of the trafficking and the use of narcotics must clearly be able to recognize the participants and their risk reduction activities. Associations in charge of the risk reduction operations must identify themselves to the departmental project leader at their registered office. Furthermore, in order to be successful in these operations and reduce the harm and tension created, the inhabitants of the districts concerned as well as the elected officials who represent them must participate in these activities and be informed of their principles, their methods and their results. Risk reduction depends on actions focused directly on the users themselves and on a mobilisation of the services or associations who can support their insertion into the community through dialogue and mediation. This will benefit both the users and all the inhabitants in the residential areas concerned.

I - Objectives of the risk reduction activities

The objectives of the risk reduction activities for users of narcotics are written hereinafter.

1° To prevent severe, acute or chronic infections, in particular those related to sharing the injection material;

- 2° To prevent severe intoxication, in particular fatal overdoses resulting from the consumption of narcotics or mixing them with alcohol or other drugs;
- 3° To prevent and deal with the acute psychiatric disorders associated with this consumption;
- 4° To seek the help of the emergency services, general or specialised care and social services.
- 5° To improve their physical and psychological health as well as their social integration (housing, access to services and in particular social activities).

II – Intervention methods

The intervention methods can include:

- 1° Contacting places frequented by the target public or dedicated buildings;
- 2° Shelter
- 3° The distribution and the diffusion of hygiene and prevention material.
- 4° Information on the associated risks of drug use and their prevention;
- 5° Personal counselling through interviews and information
- 6° Guidance and help in regards to general or specialized care services.
- 7° Guidance and help in regards to social services;
- 8° The provision of rest areas.
- 9° The distribution of food and drink;
- 10° The provision of hygiene services: toilets, showers, washing machines, ironing equipment, etc;
- 11° The organisation of the mutual aid and support by colleagues;
- 12° The provision of emergency accommodation;
- 13° Assistance to know their rights;
- 14° The allocation of care nurses;
- 15° The provision of health education;
- 16° The provision of lockers for homeless peoples' belongings.
- 17° The recuperation of used material and the processing of contaminated waste;
- 18° The installation of prevention material dispensers.

The Analysis of products found on site, which only predicts whether a substance is present or not and which does not identify the composition of substances making up the tablets (especially the Marquis type colorimetric reaction) is not authorized.

III - Distribution of prevention material

This aims to:

- 1°- Prevent the transmission of inter-human infectious agents and contamination risks: alcoholised swabs, sterile water bottles, sterile filters, sterile cups, syringes, smoking or inhaling material for cocaine, crack or heroin, bandages;
- 2°- Prevent sexually transmitted diseases: female and male condoms, lubricating gels;
- 3°- Prevent accidents: in particular from ethylene tests.

IV - Information on the risks associated with drug use and their prevention

Preventive information can be distributed in many ways, written material, the computer, audio-visual data or telephone messages. The use of cultural codes and the language of the target population aims to promote an understanding and an acceptance of preventive methods but it can only be used to describe behaviour, actions, procedures, product risks or what their implications are.

They cannot be used to introduce the products appropriately. The legal framework concerning the use of narcotics must also be mentioned.

The information concerns:

- 1° Pathologies (in particular, infections through HIV, HBV, HCV), how they are transmitted and their prevention.
- 2° Vaccinations, in particular anti-HBV, anti-tetanus;
- 3° The detection of the HIV infection and hepatitis;
- 4° The risks associated with consumption with narcotics, their combined use with alcohol or other medicines, specific consumption habits or the various ways of administering them. In this context, the effects sought for by the users can be described;
- 5° The sensorial, psychological or somatic signs of intoxication put the continuousness or even the life of the user at risk;
- 6° The delays in the appearance of these signs following consumption;
- 7° The first aid carried out in the emergency service operations;
- 8° The complications of the injection;
- 9° The complications in other administering methods of the substances;
- 10° The actions and methods used to prevent the transmission of inter-human infectious agents, in

particular those concerning the preparation and injection of the substances as well as the elimination of potentially dangerous waste;

- 11° The actions and methods intended to prevent the possible complications of the injection;
- 12° The available treatment and methods;
- 13° The specialised care services and how to access them;
- 14° The Social telephone services;
- 15° The emergency numbers;
- 16° The general care or social assistance services available at the operation site area.

V- Diffusion of health warnings

The risk reduction activities are diffused among the users within the operation area by all the suitable means:

- 1° The health warnings on the toxicity of the substances are diffused by the health or police authorities;
- 2° Information is given on the composition of the substances which could imply risks.

VI – Operation areas

To facilitate contact with the users and to improve the effectiveness, the risk reduction activities are held during the day, at night as well as on weekends and public holidays. These activities can be carried out in the buildings allocated, in buses and also in:

- 1° Public places frequented by the drug users (the street, parks, stations, etc.);
- 2° Temporary festive events;
- 3° Commercial or private night spots with the consent of the owners or managers;
- 4° Residential areas, always consulting the residents first;
- 5° Buildings inhabited by homeless people.

VII –Collaborators who take part in the risks reduction activities.

The risks reduction activities are carried out by professionals from the medical, social and educational fields, humane associations, community health or specialised associations. The collaborators can either be paid for their work or are voluntary. When drug users participate in the risk reduction activities as prevention monitors, they are forbidden to consume illicit narcotics.

VIII – Confidentiality

The drug users are received in absolute anonymity. Conversations with the collaborators are confidential. Any individual written or computer data base information collected within this context must be kept under guaranteed confidential conditions, in accordance with the law.

IX. - Participation in the surveillance of psycho-active substance use and the consumption methods

The risk reduction teams can take part in the collection of data aimed at ensuring the surveillance of the nature and toxicity of the products consumed by the users and also that of their consumption behaviour, the prevention and care resources within the research or surveillance system.

X - Participation in the examination of new tools or prevention strategies.

The risk reduction teams can take part in the evaluation of new tools or prevention strategies that contribute to improving the prevention and to adapting it to the evolution of methods, substances consumed, their implications or the users themselves. "

Art. 4. - The Minister for solidarity, health and family is responsible for the execution of this decree, which will be published in the *Official Journal* of the French Republic.

Done in Paris, April 14th 2005.

JEAN-PIERRE RAFFARIN

By the Prime Minister:

The Minister for solidarity,

health and family,
PHILIPPE DOUSTE-BLAZY