

# ESPACE GAIA, FIRST DCR IN PARIS SINCE OCTOBER 2016

First results and  
perspectives

## DISCLOSURE

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Presentation : Espace GAIA, first DCR in Paris : first results and perspectives

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Independant consulting on Naloxone/qualitative research on Gaia's hepatitis mobile project in Paris

# OVERVIEW

Thirty years after the opening of the first DCR in Switzerland, France has become **the 10<sup>th</sup> country** to open a drug consumption room, on the 17 of October 2016. The first one has opened in **Paris** and is handled by the health and social structure **Gaïa-Paris**, a second one has opened November 7<sup>th</sup> in **Strasbourg**, handled by **Ithaque** association. Both DCR are located in public hospitals, even though they have a separate entrance and are only administered by the health and social structures in charge.

## CONTEXT AND HARM REDUCTION IN FRANCE

- **Late 80's**: Launch of Harm Reduction services by civil society organizations (Doctors of the world and AIDES)
- **2006**: Gaia Paris took over Doctor of the World programs in Paris to handle Harm Reduction services: NSP, low threshold OST program, hepatitis c screening mobile unit
- **Since 2007** : Development of an open drug scene in the North East of Paris, in particular around the north station and Lariboisiere hospital (2400 PWUD attended NSP services in Gaia's mobile unit each year since 2008). PWUD inject mostly sulphate morphine and smoke crack cocaine in parking lots, building entrances, public restrooms or on sidewalks. In France, **10% of PWUD are infected by HIV and over 44% have contracted Hepatitis C**
- Precarious and poly addicted users, **60% of them are both injecting (morphine sulphate) and smoking (crack)**

## ON-GOING PROJECT SINCE 2009

Diagnosis of the drug scene made with social partners, harm reduction workers and PWUD

**2009:** Project drafted by **a collective action** and submitted to the Ministry of Health and lobbying of deputies and other elected representatives

**August 2010 :** Prime Minister Mr Fillon declares that DCR are “neither useful nor desirable”

**2012:** Proposal submitted by **Gaïa-Paris** and **Doctors of the World France** to Ministry of Health. **Rémi Féraud**, mayor of the 10<sup>th</sup> district, declared himself in favour of opening a DCR in his district. The government agreed to work on the project in **2013** but the Council of State stopped the process when they declared that the current law was not adapted to protect the establishment of the DCR

## ADVOCACY ACTIONS

- Several meetings with **local residents** to present the project and address worries
- Harm Reduction sensitization sessions for **local police officers**
- Ministry of Health, MILDECA, Paris City hall, local city hall
- Awareness raising sessions on Harm Reduction/DCR' issues for **various stakeholders**
- Coordination with **social and health partners**
- Presentations of the project to the staff of **Lariboisière Hospital**

# PROJECT IMPLEMENTATION

- **January 2016**: Adoption of the Modernization of Public Health Law. Article 43 allows the **experimentation for 6 years** of drug consumption rooms, in cities that apply for it.
- Choice of the premises, negotiations with the hospital
- Construction work in the premises and budget negotiations
- On going meetings with local residents, police officers and municipal officers
- Meetings with the Justice Department to establish policing guidelines around the DCR

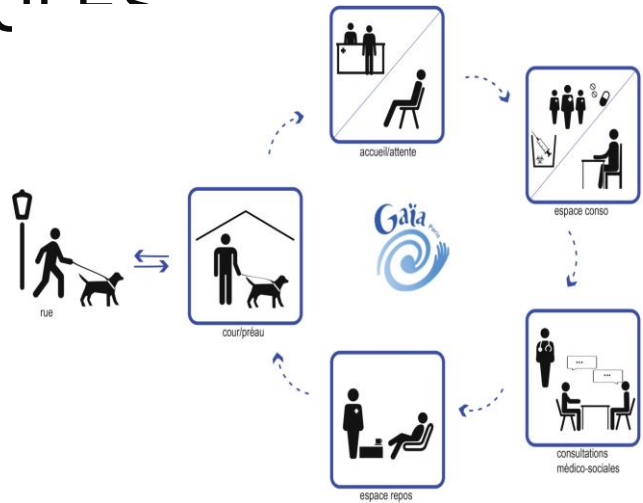
# FUNCTIONING OF THE DCR

- Team composed of **GPs, nurses, social workers, security agents and peer workers**.
- The DCR is opened 7/7, from 1:30 PM to 8:30 PM.
- 1 **injection room** with 12 booths, 1 **inhalation room** with 4 booths



# OPERATING RULES

- Only for **PWID**, over 18 years old
- **Free and anonymous**
- Inclusion interview at the 1st visit, assessment, operating rules linked to the signature of a contract
- **20 minutes** for each consumption
- No restriction on products allowed
- No limited time in the resting area
- **Services** : medical and social consultations, referring to substitution treatments



## CHARACTERISTICS OF THE PUBLIC

- Sex ratio 0.1326
- Average age : 37.8 years old (21-69)
- 40% without income
- 28% with no health coverage
- 52% homeless
- 48.33 % have a medical follow up
- 27% with no social or medical follow up
- 45% VHC+ (40% with no access to care)



## CURRENT ACTIVITY SINCE OPENING OCTOBER 2016

- **669 users included** in the program (most of them in very bad conditions)
- 31 383 visits – 21 897 injections
- Actually about **200 visits/day** (65 the day of the opening)
- 42.6% inject Skenan (morphine sulphate), 43% crack (1 / 3 inject)
- 509 medical/nurses consultations for 220 different users
- 610 social consultations for 188 different users
- Only 4 emergency so far for OD

## SCREENING HCV HBV HIV

- ✓ 50 rapid tests for HIV : 3 HIV +
- ✓ 41 rapid tests for HCV : 5 HCV+
- ✓ 17 DBS : 10 RNA HCV +, 1 HVB+
- ✓ 26 Fibroscan : 6 F0, 10 F0–F1, 4 F1–F2, 4 F2, 2 F3
- ✓ 30 referrals to the district hospitals, a third of them physically accompanied regarding several issues : detoxification, psychiatry, infectious diseases,....
- ✓ 2 patients are achieving HCV treatment

# CHALLENGES AND PROSPECTS

- Difficult to increase the number of visits if no more staff or widening of opening hours and increase of staff
- Being the only centre opened during week-ends: concentration of users at the DCR (groups of users in front of the DCR) which leads to neighborhood conflicts
- Crack users more and more numerous and no specific services for them
- Opening others DCR in Paris region, specially one targeting crack smokers in Paris?
- Keep on the outstanding collaboration with city hall, state services, police...
- Main issue is to reorganize the harm reduction strategy (and service offers) in the region , fight the inequality of harm reduction service offers on the territory, inequality of access for to many PWUD