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What lessons from France's experience could be applied in the US in response to the addiction and overdose crisis?

Henri Bergeron¹ et Renaud Colson²

From the French point of view, the opioid crisis is an American disaster. Next to the 8,300 drug-related deaths in the European Union in 2018, the 100,000 fatal overdoses attributed to opioids in the United States in the last 12 months illustrate the grim severity of the American situation. In contrast, drug-related deaths in Europe have remained stable over the last decade, mainly affecting an ageing cohort of heroin users, with little evidence of an increase in initiation (Seyler & al., 2021). The situation in France is in line with this evolution. The range of drugs used today are becoming more diverse but the number of fatal overdoses from acute intoxications – which peaked in the 1990s then quickly decreased – is now considered stable. The figures even tend to decrease among people under 49 (OFDT, 2019, 56).

This is no reason to be complacent. French drug policy can hardly be considered a success story. Compared to its European counterparts (Colson & Bergeron, 2020), France still stands out for its high levels of cannabis use, particularly among young people, as well as its high prevalence rates of cocaine use. However, in the light of the American crisis, the French nexus between a strongly institutionalized harm-reduction model and an enduring repressive legal framework may well prove inspiring.

Harm-reduction measures emerged in France at the margins of legality in the 1980s. As the AIDS epidemic was raging, drug use began to be viewed as a public health issue rather than a criminal problem. Under the pressure of social movements and in the light of its neighbours' experience, the French government was forced to adapt its enforcement strategies to prioritise treatment of drug-related harms over punishment (Bergeron, 1999). Needle and syringe exchange programmes in low-threshold services, opioid substitution treatments and flexible prescribing of methadone were progressively introduced and quickly ramped up. This shift in policy was followed by a substantial reduction in HIV prevalence and deaths from overdoses among injecting drug users. Eventually, harm reduction policies convinced even the most reticent members of parliament and the prevention of "the social and psychological damages associated with addiction" was incorporated in the law in 2004. This legal recognition of the health and mental risks associated with addiction was a paradigm shift in French drug policy as it privileged safe practices for drug use at the expense of abstinence by way of detoxification (Obradovic, 2017). This legal evolution was later consolidated and paved the way for experimenting with drug consumption rooms without, however, renouncing the

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criminalization of drug use. This overall policy approach assumes that drug use is not, as was thought in the 1970s and 1980s, some sudden fever that could be “knocked out” of the “patient” but indeed a lasting anthropological fact in Western societies, and that not only its causes, but also its risk-heavy consequences, should be dealt with.

Can the French experience have lessons applicable to the US context? There is little doubt that much can be learned from the diversity of drug policies and from the best (and worst) practices implemented around the world. Comparative studies expand the agenda of “thinkable” possibilities. But it is unclear how much of this comparative knowledge can be of direct use. In matters of drug policy, there may be much to learn from elsewhere but not so much to transfer, especially when historical, institutional and cultural legacies determine the extent of the drug problem more than any public policy (Colson, 2019).

That the opioid crisis is confined to the US and has not (yet?) reached France provides a telling example. One could have expected both countries to be engulfed in a similar crisis as they went through parallel pain-management histories. In the 1990s, French politicians pointed to France’s poor ranking in international statistics on opioid consumption as evidence of the health system’s failure to deliver relief from suffering and pain management was set as a priority of new health policy. Just as in the US, opioids were destigmatized and became the symbol of pain management. Contracts were signed between the French government and global pharmaceutical companies in order to increase the healthcare system’s capacity to provide opioids. Yet no disaster followed (ANSM, 2019). Where American pain specialists were convinced by insurance companies and hospital administrators to champion opioids as a means of cutting costs, French doctors were able to resist the pressure thanks to more favourable institutional conditions which allowed them to mute the effects of neoliberal healthcare reform and to maintain a multi-modal approach to pain treatment (Pryma, 2022).

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