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Overview of CAARUDs in 2014

Coverage, populations and harm reduction supplies distributed

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Analysis of CAARUD activity reports in 2014

Provided for in the French health act of 9 August 2004, the support centres for the reduction of drug-related harms (CAARUDs) represent a central aspect of the policy on harm reduction (HR) measures in France (law no. 2016-41 of 26 January 2016). These centres are aimed at vulnerable populations exposed to major risk due to their substance use habits: overdose death, intoxication, transmission of infectious disease, various infections, bedsores, etc. The CAARUDs' missions are to prevent and reduce harm related to substance use and to improve the social situation of users. In order to achieve this, professionals inform users on the risks of the various substances and patterns of use, distribute sterile single-use supplies (syringes, crack pipes, snorting paraphernalia, injection and inhalation kits, etc.) and promote access to care and social entitlements (Art. R. 3121-33-1 of the French Public Health Code and Art. 1 of the decree of 19 December 2005). CAARUDs also carry out "social mediation" activities with a view to facilitating integration within their environment. They are able to work alongside local residents and stakeholders, especially town councils, social housing and rehabilitation centres (CHRS), fire brigade, law enforcement services and hospitals.

In order to monitor this scheme and its associated populations, the National Health Directorate and regional health agencies rely on the annual activity reports for the facilities submitted to the OFDT, for analysis (directive of 2 January 2006 and decree of 16 January 2006 laying down the standard activity report). This goes hand in hand with the ENa-CAARUD study, conducted every two years by the OFDT alongside users seen at these facilities [1].

This issue of *Tendances* offers a review of this scheme in 2014. For the first time, ten years after the CAARUDs were created [2], it offers an exhaustive overview of their operations and the populations encountered, since all of the 144 existing facilities have submitted their annual report to the OFDT.

Through its analysis of these reports, this issue of *Tendances* looks into the major challenges facing the CAARUDs. Analysis of the territorial coverage and the resources allocated to the facilities sheds light on the ability of the current scheme to makes itself accessible to users, regardless of their place of abode or substance use (urban or rural setting, personal or makeshift accommodation, use in a private setting, in the public space, or in a recreational setting). Analysis of the populations and services provided evidences the needs encountered and the challenge for an adapted response to often rapidly evolving substance use habits.

■ Geographical distribution, resources and operations

Difficult access in small towns

The geographical coverage of harm reduction facilities in France is incomplete, unequally distributed throughout the country. In 2014, nearly one in ten departments did not have a CAARUD (see map, Figure 1). In the departments benefiting from such facilities, these tend to be highly concentrated in large towns. Hence, slightly over half of CAARUDs (n=76) are located in an urban community with more than 200,000 inhabitants. None of these facilities are located in rural areas and only 3 are established in a small urban community (less than 20,000 inhabitants). Paris, Lille, Marseille and Nîmes comprise a large number of facilities (9, 6, 5 and 3 CAARUDs, respectively) and approximately ten or so other urban centres benefit from 2 facilities (Avignon, Bayonne, Bordeaux, Lyon, Metz, Montpellier, Mulhouse, Nancy, Nice, Rouen and Toulouse). The remaining towns concerned (approximately a hundred) have only one CAARUD. On a departmental scale, Paris and the Nord department have the highest concentration of CAARUDs (approximately ten facilities), followed by Bouches-du-Rhône and Le Gard, with 6 and 4

structures, respectively. Such a strong concentration in the four departments mentioned is directly related to the number of facilities established in their major urban centres (Paris, Lille, Marseille and Nîmes). Although a comprehensive overview of the national distribution of user needs is not available, the concentration of CAARUDs in large cities generates problems in terms of access to HR supplies and services for users living in rural or periurban areas, and who are therefore too far away to benefit from this scheme. These facilities and their branches are sometimes located dozens of miles from their place of abode, even though the availability of substances and the diversity of user profiles in these areas are no different to those observed in urban centres, as shown by the data collected as part of the OFDT TREND scheme [2, 3]. The information collected by the SAFE association, among users benefiting from the postal delivery programme for paraphernalia, also reveals the difficulties in terms of access to HR services [4]. In 2015, approximately a third of users highlighted geographical distance (36%) and the non-existent or inadequate supply of HR supplies (29%) as the main reasons for turning to the postal delivery scheme [5].

Running costs slightly higher than National Health Insurance funding

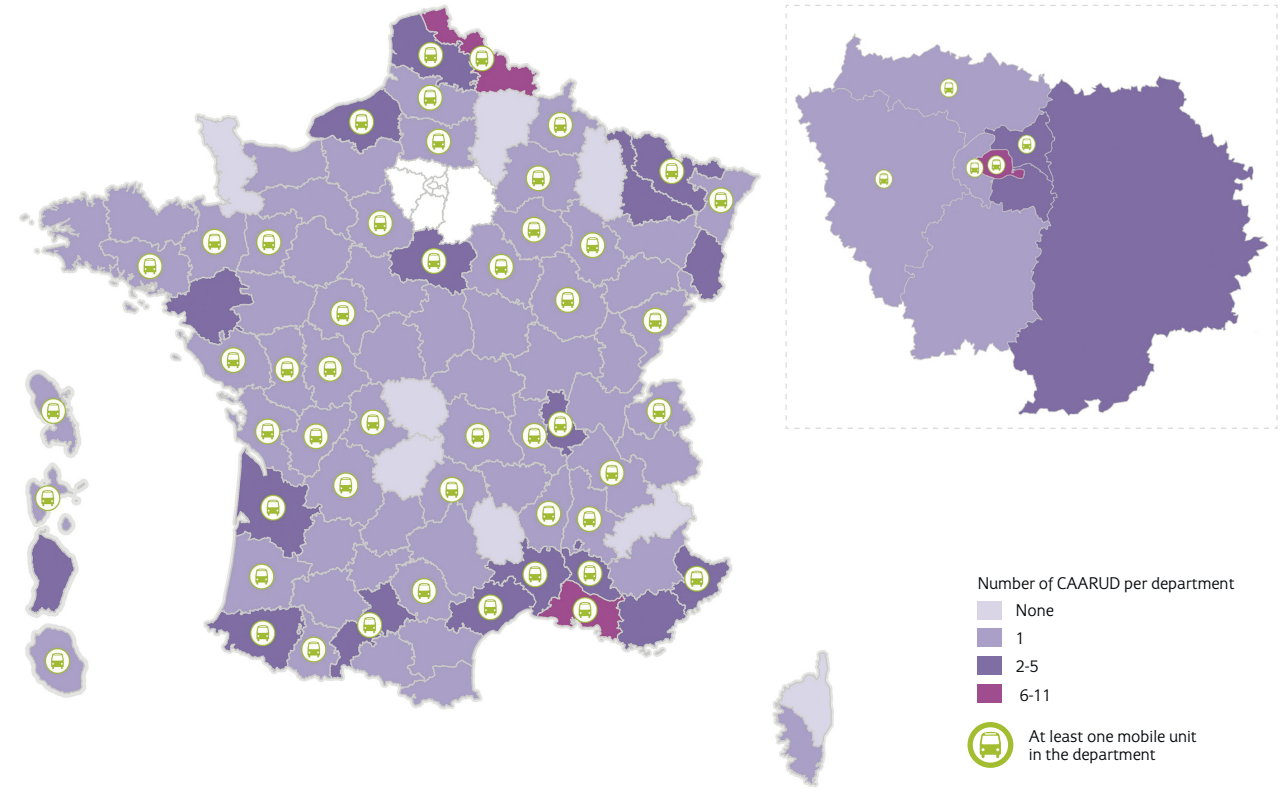
The CAARUDs are predominantly funded by the ONDAM (health insurance), in compliance with the French Social Action and Family Code (Art. L. 314-3-3). The funds paid to the facilities by the ONDAM in 2014 approximately reach 43 million euros (n=137, with 7 facilities not providing details on budget). This budget is less than the costs declared by these 137 facilities (46 million euros), with the difference met by external funding. The resources available to the facilities are mainly used to cover wages for non-voluntary staff, rental of equipment and infrastructure, and the purchase of educational materials and HR supplies distributed to users.

In 2014, half of the centres reported expenditure between €180,000 and €450,000. The other half are equally distributed between facilities with expenditure below €180,000 or greater than €450,000. A relation between facility costs and new outpatient admissions is not observed overall; however, this could be explained by the variability in wage costs, equipment purchases, equipment rental and/or the duration of intervention alongside users. The facilities with the highest budgets are predominantly located in Île-de-France, Hauts-de-France, French Guiana and La Réunion. Conversely, those with the lowest costs are located in Bourgogne-Franche-Comté, Centre-Val-de-Loire, Corsica, Martinique, Normandy, Auvergne-Rhône-Alpes and Pays de la Loire.

Teams which differ in size and structure

Harm reduction measures taken by these support centres mobilized approximately 800 FTE (full-time equivalents) in 2014, including 70 FTE on a voluntary basis. These voluntary workers are spread over 55 facilities. Peers (users or ex-users offering their expertise) account for a third of voluntary FTE. Among all FTE (including voluntary workers), nearly half (45%) corresponded to educators and activity leaders working in prevention. Nurse staff account for a small proportion (10%), and peers (3%), social workers (3%), psychologists (2%) and physicians (1%) even less so. Managerial, secretarial and logistical posts account for 20% of dedicated jobs.

Figure 1 - Number of facilities per department and presence of mobile teams



Source: ASA-CAARUD 2014, OFDT, DGS

The range of professional qualifications among workers within the facilities is shown to be highly diverse. For instance, more than a quarter of facilities do not have any educators, slightly over half have no activity leaders working in prevention, and only one in five facilities offer medical time. Given the characteristics of users seen in CAARUDs, the lack of the above-mentioned qualifications within the team indicates an inadequate response to the needs of the population, especially those under 25 years of age, particularly vulnerable and prone to harmful behaviour [1]. There is also a large difference in team size, with equal responsibilities. Hence, approximately twenty facilities only have 2 FTE or less, while five operate on the basis of 15 FTE or more. Half of facilities operate with an employee workforce between 2.5 FTE and 6.5 FTE (excluding voluntary workers). The other half is split equally above and below this bracket. The facilities recruiting smaller teams (less than 2.5 FTE) tend to be located in Centre-Val de Loire, Corsica, Martinique, Normandy and Pays de la Loire.

Similar services, but disparate opening hours

Aside from 6 facilities which only have mobile units, all CAARUDs have permanent premises to welcome drug users. Nearly half of these (44%) have mixed reception facilities (permanent premises and a mobile unit). Relatively similar services are offered in general. With a few very rare exceptions, all CAARUDs offer users a reception and rest area (n=139), provide food (n=141) and offer telephone and Internet access (n=142). Two-thirds of these also offer sanitation areas to take showers, as well as laundry facilities. In addition to the services on offer at the permanent support premises, the teams carry out HR activities outside the facility. One of their main tasks involves "approaching" drug users who do not attend these support centres. The intervention sites differ: streets, squats, prisons, and in the context of on-call support (in CHRS for example). Professionals dedicate on average 1.3 days a week to outside interventions.

Due to the different opening times of the facilities from Monday to Friday, access to HR services for users differs depending on their location. Hence, although one in four CAARUDs with permanent premises are open from 8 a.m. to 8 p.m. Monday to Friday[1], a quarter are only open for 2.5 days. The opening times for mobile units are even more limited. On average, these are open to the general public two days a week (excluding weekends), once again, varying considerably. A third of mobile units are accessible more than 2.5 days a week, whereas half are only open one day a week or less.

Populations in contact with CAARUDs

Between 100 and 600 users welcomed over the year

In 2014, overall new outpatient admissions for CAARUDs reached nearly 75,000 clients[2], although this figure does not take into account all users encountered during outside interventions.

Nearly 40,000 users visited permanent support premises. The mobile units saw approximately 14,000 clients and the remaining users were seen during outside interventions. The average number of clients varies considerably according to region. The facilities located in Île-de-France generally see the most clients over the year: between 600 users (mobile unit) and 500 (permanent premises) per facility. CAARUDs located in French Guiana, La Réunion, Occitanie and Grand Est also account for the highest levels of new outpatient admissions, ranging from 300 to 400 clients per permanent intervention site over the year. Conversely, Martinique, Guadeloupe, Corsica, Centre-Val de Loire, Bourgogne-Franche-Comté and Normandy see less than 150 users on average per permanent support site over the year. The least frequented mobile units are in Pays de la Loire, Centre-Val de Loire, Brittany and Occitanie, with less than 100 clients over the year on average. The low levels of new outpatient admissions cannot be interpreted as a lack of demand for HR services. This can be due to incompatibilities between the way in which the facilities operate and the lifestyles of certain users (restricted opening times for example) or due to limited user mobility, especially in a rural or semi-rural setting. For some of these users, who rarely have their own transport, constraints in terms of distance or opening hours are insurmountable obstacles.

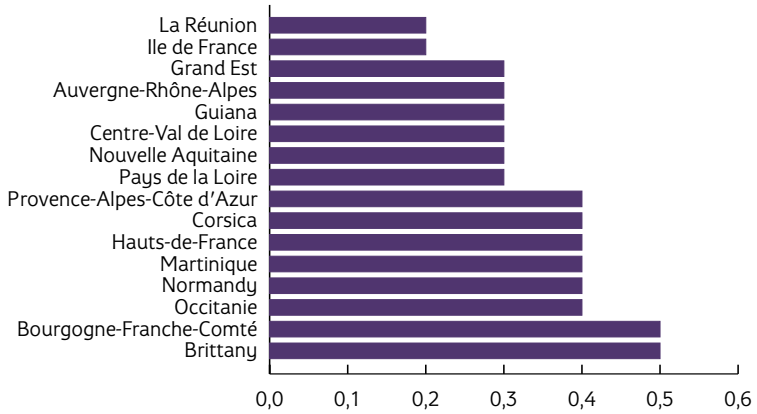
A male population, a third of new clients each year

The proportion of new users, i.e. those seen for the first time by the CAARUD team during the year, represents a third of annual new outpatient admissions. Women are in the minority (19% via permanent support centres versus 23% via mobile units). This distribution varies by region and type of support, both in terms of the proportion of women and new users (see Figure 2).

Nearly 20,000 clients are seen in the context of outside interventions, approximately half of which by outreach teams. The proportion of users seen in more isolated places, such as squats or prisons, remains low (3% and 2% of new outpatient admissions, respectively).

The frequency of contact with users by HR teams varies considerably according to the kind of premises of the facilities. Hence, the median number[3] of visitors is much higher in facilities with permanent support premises (2,000 annual contacts per facility) than in other settings (400 contacts via mobile units, 200 contacts via street work, 50

Figure 2 - Regional distribution of new users seen at the permanent support centre in 2014



Interpretation: 20% of users visiting the CAARUD in La Réunion in 2014 had never been seen previously.
Source: ASA-CAARUD 2014, OFDT, DGS

1. Due to the low reply rate, data on weekend opening times were not analysed.
2. This figure also takes into account possible «duplicates».
3. The median provides a better indication than the mean of the central distribution trend when the collected data are highly dispersed.

contacts via squats and 30 contacts via prisons). Users visit permanent support sites approximately fifteen times a year, with this figure being halved for mobile units. The frequency of contact is the lowest in a prison setting. When the teams operate in a prison setting, users are seen four times during the year on average. The precarious environment together with the current conditions of imprisonment heighten exposure to risks, particularly health and infectious risks [6], insufficiently covered by the contact provided by the teams.

Substance use perceived by professionals

Weight of alcohol and cannabis

In the context of the annual activity report, the CAARUD teams were asked to evaluate the main substances used by each client falling within the scope of new outpatient admissions. Nine out of ten facilities identify the same substances as those mentioned by users as the most problematic drug, with one exception: alcohol is perceived as the primary drug by users, whereas professionals consider this to be cannabis [1].

Alcohol and opioids throughout France, stimulants and hallucinogens in the South

At national level, alcohol and opioids are identified by professionals as the primary drugs throughout France, but to a lesser extent in overseas departments and territories. Cannabis use appears to be problematic particularly in Île-de-France, Provence-Alpes-Côte d'Azur (PACA), Occitanie and La Réunion. The highest problem use of amphetamines, LSD, MDMA/ecstasy, hallucinogenic plants and ketamine is reported by CAARUD professionals located in the Nouvelle Aquitaine and Occitanie regions. Cocaine use appears to be problematic among users seen in the Hauts-de-France and PACA regions, whereas crack use is widely observed in new outpatient admissions at Parisian facilities. Buprenorphine and heroin, widely used in most CAARUDs in France, are observed to a lesser extent in overseas regions.

HR supplies and missions

A central role in distributing injection paraphernalia

The provision of prevention resources and the collection of used supplies are perceived as the key mission of HR facilities (see Table 1). Taking into account all dispensed materials, CAARUDs above all play a key role in distributing injection paraphernalia. In 2014, they supplied approximately 6.8 million syringes, two-thirds of which were then collected by the teams after use. As regards the supplies distribution methods, nearly eight out of ten syringes (79%) were directly supplied by the teams in contact with drug users and 6% via automatic distribution machines. Slightly over 400,000 syringes were distributed to drug users in this way. The contribution by pharmacies partnering with the CAARUDs (1,200 community pharmacies) amounts to 13% of syringes distributed (i.e. approximately 900,000). This provision of equipment is supplemented by the injection paraphernalia dispensed by other HR schemes. By way of comparison, in 2014, nearly 500,000 syringes were distributed via automatic distribution machines outside the CAARUD network [7], approximately 400,000 units were distributed by the CSAPA [8] and nearly 180,000 syringes were sent out by post by the SAFE association [4]. In 2011, the last year for which data are available, Stéribox sales in pharmacies represented

Table 1 - Provision of HR supplies via the CAARUDs in 2014

Injection paraphernalia	(thousand units)
Syringes dispensed by the CAARUD in units	4,500
Syringes dispensed by the CAARUDs in kits*	1,000
Syringes distributed by partner pharmacies in kits*	900
Syringes dispensed via automatic distribution machines provided by the CAARUD in kits*	400
Total no. of syringes distributed via the CAARUD	6,800
No. of syringes collected by the CAARUDs	4,000
Needles	400
Sterile containers	2,400
Sterile filters	1,700
Water (5-ml vials)	2,600
Alcohol pads	2,700
Snorting paraphernalia	**(thousand units)**
Small paper pads	600
Normal saline solution	100
Other snorting equipment	14
Inhalation paraphernalia	**(thousand units)**
Measures	100
Tips	50
Crack filters	30
Aluminium foil pads	250
Blades	20
Grids	1
Kits	10
Prevention material for sexually transmitted infections - STIs	**(thousand units)**
Male condoms	900
Female condoms	40
Lubricant gel	300
Other HR paraphernalia distributed	**(thousand units)**
Creams	250
Wipes	200
Brochures, flyers (CAARUD)	180
Alcohol breath tests	60
Brochures, flyers (partner pharmacies)	40
Ear plugs	20

*Note: the data in the tables have been rounded to the nearest integer. * As number of syringes (each kit contains two syringes)*

Source: ASA-CAARUD 2014, OFDT, DGS

nearly 4.5 million syringes (2011 Siamois (InVS) data)[4].

Creating links and meeting essential needs…

The CAARUDs provide support for drug users who are often socially isolated [1]. One of the major challenges facing workers is the ability to create lasting links with these individuals. Establishing long-term relationships has proved to be particularly difficult among certain populations facing extreme instability related to living conditions and/or specific types of substance use. Examination of responses concerning worker practices shows that nearly half of the activities performed (41%) aim to create a link with users, particularly time-consuming compared to other activities. Measures to meet the most fundamental needs (basic hygiene) represent nearly a quarter of the activities performed (22%) and demonstrate the deterioration in living conditions. Professionals working at these facilities are equally engaged in activities surrounding prevention of infectious diseases, drug use and sexuality-related harm reduction measures (19% of activities performed). However, access to immunization and screening for these diseases plays a very marginal role in these interventions (1.4%).

… ahead of therapeutic support

Some users receive support in their administrative procedures with the aim of restoring or maintaining their social entitlements, looking for housing or creating a professional integration project (looking for training or employment). These social support activities represent 9% of interventions carried out by the facilities, but can be proportionally more time-consuming. These activities have considerably overtaken user support in terms of orientation towards services offering opioid substitution medications (OSM) and treatment for HIV and hepatitis (1.4% of activities). Primary care provision (mainly nursing and dental) accounts for 4.6% of their activities.

The practical intervention processes are fairly similar. Individual interviews have been shown by far to be the most common practice (99%), whereas slightly over a third of facilities combine mutual aid and self-help groups (37%). Nearly nine out of ten CAARUDs (87%) offer workshops (photography, theatre, journal workshops).

In addition to counselling, support and orientation activities, the teams may also be present during music events (teknivals, festivals, concerts) among the party-going population. In 2014, seven out of ten facilities (69%) offered these types of interventions, carrying out nine outings a year on average; however, a third of these facilities (36%) carried out no more than three outings over the year.

Furthermore, the professionals also work to promote the acceptability of these HR centres day to day with the local authorities (85% of facilities), residents (75% of facilities) and the police (65% of facilities). Nearly nine out of ten facilities meet with partners from the health networks to facilitate onward referral to the primary care setting and to encourage pharmacies to commit to needle and syringe exchange programmes.

Conclusion

For the first time since this monitoring instrument was created, analysis of the 2014 CAARUD activity reports offers a comprehensive overview of the geographical coverage of the scheme, the resources used and the intervention capacities of the facilities. The CAARUDs play a central role in distributing prevention material, alone responsible for more than half (55%) of the syringes dispensed to injecting drug users. Although the true needs of drug users are difficult to identify, the difference in the situations is striking: location of CAARUDs restricted to large cities, varying and often fairly restricted opening times, very low representation of the female population. Although all CAARUDs everywhere share the same missions, the small teams in certain facilities, and the lack or inconsistency of professional qualifications at many facilities raise questions as to whether all users can have access to the same level of HR services.

The large number of new users seen each year (a third of new outpatient admissions on average), another striking aspect arising from the 2014 analysis, indicates the scale of needs among

Improving the supply of injection paraphernalia: trialling of new kits in the CAARUDs

The contents of harm reduction kits destined for injecting drug users have not changed since 1998. The scientific knowledge amassed nonetheless reveals the existence of paraphernalia which would be safer and more effective in reducing fungal, bacterial and infectious risks than those currently available [9-16].

Furthermore, the changes in injecting practices (injection of new psychoactive substances in particular) raise questions as to the suitability of the existing kits in terms of HR needs. In this context, the National Health Directorate launched trials of two new prevention kits destined for injecting drug users, the components of which constitute progress in terms of harm reduction measures: 1-ml and 2-ml EXPER' kits. This took place in four CAARUDs – *CEID* in Bordeaux, *Ruptures* in Lyon, *Acothé* in Nantes and *Gaïa* in Paris – and among new users of the mail delivery harm reduction programme run by the SAFE association in Paris. Materials which are effective in terms of harm reduction but conflict with user expectations are not used [17]. Therefore the OFDT evaluated the acceptability of the new materials distributed to users [18].

Semi-structured in-depth interviews were carried out with 52 users having tested the new resources, and informal discussions during ethnographic investigations on site enabled the opinions of 150 additional users to be collected. In view of the results, the wheel filter (0.22-µ membrane filter) is key to the acceptability of the new kits. Included in the kits due to its enhanced performance, the wheel filter was chosen by half of the users questioned. Fans and critics of the filter, equal in number, have similar profiles in terms of age, gender, activity, housing conditions and substance use pathway. Acceptance of the filter by users depends on four key criteria: ease of use, filtration speed, preservation of the substance, and the desire for altered states of mind. Users are aware of the health benefits of the filter; however, these are not sufficient to prompt changes in practices if they have difficulty handling the filter or if they worry about loss of substance or pleasure. To allow use of the new filter to be more readily adopted, users need to be won over, starting from criteria which they perceive as priority, and by offering them training on how to use it. Mobilization of peers in the context of training on use is an important dynamic in changing practices: sharing secular experiences and know-how makes their intervention more convincing, which has greater impact on users than simply advice from professionals working at these facilities [6].

4. Lastly, non-partner pharmacies may also dispense syringes by the unit. However, these figures are not available.

these populations. The time spent by teams to create links, their mobilization to provide essential basic services and access to social entitlements highlight the extent of the difficulties related to the extreme vulnerability faced by part of the population.

The needs of users are evidently not the same throughout France; however, numerous data and qualitative aspects suggest that it would be worth developing access to HR services, particularly in the rural and semi-rural setting, for certain living conditions (squats), in a prison setting, and also targeting women. It should be noted that use of other partners in the national network (local pharmacies, for example) can sometimes be compromised, due to the difficulty in protecting anonymity.

Analysis of the activities reported by the CAARUDs [2], strongly mobilized by constantly changing, socially isolated populations, highlights the validity of these services destined for drug users.

It also reveals the limitations of the support able to be provided by the teams among extremely vulnerable populations [3].

bibliography

1. CADET-TAÏROU A., SAÏD S. and MARTINEZ M., CAARUD client profiles and practices in 2012, Tendances, OFDT, n° 98, 2015, 8 p.

2. OFDT and DGS, Actes de la journée CAARUD 10 ans, Saint-Denis, OFDT, 2015, 50 p.

3. GANDILHON M. and CADET-TAÏROU A., « Les usages de drogues en espace rural. Populations, marchés, réponse publique », Tendances, OFDT, n° 104, 2015, 4 p.

4. DUPLESSY C. and POURCHON F., Bilan de 3 ans d'expérimentation de la réduction des risques à distance (2011-2014), Paris, Association SAFE, 2015, 44 p.

5. Association SAFE, Réduction des risques à distance. Résultats en régions pour l'année 2015, 2016, 4 p.

6. FFA, 1re Audition publique 2.0 « La réduction des risques et des dommages liés aux conduites addictives ». Rapport d'orientation et recommandations de la Commission d'audition, Paris, Fédération Française d'Addictologie (FFA), 2016, 19 p.

7. DUPLESSY C., Rapport d'activité 2014, Paris, Association SAFE, 2015, 61 p.

8. PALLE C. and RATTANATRAY M., Les centres de soins, d'accompagnement et de prévention en addictologie en 2014. Situation en 2014 et évolutions sur la période 2005-2014, Saint-Denis, OFDT, In Press.

9. CAFLISCH C., WANG J. and ZBINDEN R., "The role of syringe filters in harm reduction among injection drug users", American Journal of Public Health, Vol. 89, n° 8, 1999, pp. 1252-1254.

10. JAUFFRET-ROUSTIDE M., BENOIT T. and SANTOS A., Évaluation des outils de réduction des risques liés à l'injection, Cermes3 (Inserm U988) ; InVS, 2013, 238 p.

11. MORISSETTE C., COX J., DE P., TREMBLAY C., ROY E., ALLARD R., STEPHENSON R. and GRAVES L., "Minimal uptake of sterile drug preparation equipment in a predominantly cocaine injecting population: implications for HIV and hepatitis C prevention", International Journal of Drug Policy, Vol. 18, n° 3, 2007, pp. 204-212.

12. NÉFAU T., PÉCHINÉ S., DUPLESSY C. and BARA J.-L., « Efficacité comparée des dispositifs de filtration pour lutter contre les contaminations bactériennes et fongiques chez les usagers de drogues par voie intraveineuse », Le Courrier des Addictions, Vol. 15, n° 4, 2013, pp. 20-21.

13. SCOTT J., Investigation into the effectiveness of filters used to prepare injections made with Subutex tablets, University of Bath, Department of Pharmacy and Pharmacology, 2002, 31 p.

14. SCOTT J., "Laboratory study of the effectiveness of filters used by heroin injectors", Journal of Substance Use, Vol. 10, n° 5, 2005, pp. 293-301.

15. SCOTT J., KENNEDY E.J., WINFIELD A.J. and BOND C., "Investigation into the effectiveness of filters for use by intravenous drug users", International Journal of Drug Policy, Vol. 9, n° 3, 1998, pp. 181-186.

16. ZULE W.A. and DESMOND D.P., "Various types of injection equipment and risk of HIV infection", Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology, Vol. 16, n° 4, 1997, pp. 309.

17. BEN LAKHDAR C., MILHET M. and DIAZ-GOMEZ C., Réduction des risques : transmission du VHC, efficacité des outils et acceptabilité par les usagers - Revues de littérature, Saint-Denis, note OFDT, 2008, 76 p.

18. MILHET M., Évaluation de l'acceptabilité des kits EXPER' par les usagers de drogues, Saint-Denis, OFDT, 2016, 50 p.

19. CHALUMEAU M., STAWINSKI A., TOUFIK A. and CADET-TAÏROU A., Les CAARUD en 2006 et 2007. Analyse nationale des rapports d'activité, Saint-Denis, OFDT, 2009, 21 p.

20. CHALUMEAU M., Les CAARUD en 2008. Analyse nationale des rapports d'activité ASA-CAARUD, Saint-Denis, OFDT, 2010, 21 p.

21. CADET-TAÏROU A. and DAMBÉLÉ S., Les CAARUD en 2010. Analyse des rapports d'activité annuels standardisés ASA-CAARUD, Saint-Denis, OFDT, 2014, 51 p.

22. DIAZ GOMEZ C., Les CAARUD en 2014. Analyse des rapports d'activité annuels standardisés ASA-CAARUD, Saint-Denis, OFDT, In Press.

Methodological reference points

The results presented in this issue of *Tendances* were taken from the analysis of the annual standard CAARUD activity reports set in place by the DGS with a view to monitoring and evaluating the scheme on a national scale. The OFDT has been analysing the collected data each year since 2006 [19-22]. In 2009, the questionnaire was revised so as to improve data collection based on the lessons drawn from the first three years of this analysis. The current module is based on a shared approach, initiated by the *Association française pour la réduction des risques liés à l'usage de drogues* (AFR) in partnership with the OFDT and the health authorities. The responses are collected in electronic format. The analyses are carried out using SPSS 19. Analysis of the 2014 data covers all CAARUDs in France for the very first time. Changes from year to year could not be analysed as comparison of data with previous years is limited.

Legislative references

- Loi n° 2016-41 du 26 janvier 2016 de modernisation de notre système de santé. JORF n° 22 of 27 January 2016 (NOR AFSX1418355L).
- Loi n° 2004-806 du 9 août 2004 relative à la politique de santé publique, JORF n° 185 of 11 August 2004 (NOR SANX0300055L).
- Décret n° 2005-347 du 14 avril 2005 approuvant le référentiel national des actions de réduction des risques en direction des usagers de drogue et complétant le Code de la santé publique, JORF n° 88 of 15 April 2005 (NOR SANP0521129D).
- Décret n° 2005-1606 du 19 décembre 2005 relatif aux missions des centres d'accueil et d'accompagnement à la réduction des risques pour usagers de drogues et modifiant le Code de la santé publique (dispositions réglementaires), JORF n° 297 of 22 December 2005 (NOR SANP0524015D).
- Circulaire n° 2006-01 du 2 janvier 2006 relative à la structuration du dispositif de réduction des risques, à la mise en place des centres d'accueil et d'accompagnement, à la réduction des risques pour usagers de drogues (CAARUD) et à leur financement par l'Assurance-maladie, BO Santé n° 2006/2 of 15 March 2006 (NOR SANP0630016C).
- Arrêté du 16 janvier 2006 fixant le rapport d'activité type des centres d'accueil et d'accompagnement à la réduction des risques pour usagers de drogue, JORF n° 29 of 3 February 2006 (NOR SANP0620349A).

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