Efforts to reduce drug problems

National Programme to Reduce Drug Problems 1991-2000. Switzerland’s Federal Government has been engaged for ten years in efforts to reduce drug problems. A review.

The images went round the world – wretched addicts injecting drugs in parks and other public spaces right in the heart of Switzerland, a byword for cleanliness and order. The open drug scene which flourished in a number of Swiss cities from the mid-1980s onwards made the drug problem a widely debated topic. Private and public-sector social services set up contact and drop-in facilities to provide urgently needed assistance for the addicts and distributed clean needles to stem the dramatic spread of hepatitis and HIV/AIDS among intravenous drug users. The Swiss Federal Office of Public Health (SFOPH) gave its backing to many of these support services. In 1990 and 1991, Basel, Berne and Zurich developed the «fourfold model» in response to the drugs problem. This strategy was based on the four pillars of prevention, treatment, harm reduction and law enforcement, and was later adopted as a guideline by the Federal Government. In the early 1990s, the police dispersed the open drug scenes in Berne, Basel, Zurich and St. Gallen.

The National Programme to Reduce Drug Problems. Faced with the misery of the drugs scene, on 20 February 1991, the Swiss Government decided to draw up a package of measures aimed at reducing drug-related problems. The SFOPH entrusted with the management of this programme (known by the acronym MaPaDro). It was based on a number of expert opinions and comprises three keystone objectives:

1. to prevent people from becoming drug dependent
2. to make it easier for people to shed their dependence
3. to improve the living conditions of drug dependents, reduce the risks to which they are exposed and promote their reintegration.

The National Programme comprises three main areas of activity: prevention, therapy and harm reduction, including survival aid.

Active at all levels

Over 300 programmes and projects have been developed and put into practice in all the above areas since 1991. They range in content from prevention work in schools, youth associations and sports clubs, to training models for professionals in all related fields, «low-threshold» and residential therapy facilities, and large-scale substitution programmes with methadone and heroin. Heroin-assisted treatment, whose feasibility had been demonstrated in scientifically conducted trials between 1994 and 1996, became an integral component of the spectrum of available treatment options at the end of 1998.

In the late 1990s, the electorate voted twice on the fundamental shape of Switzerland’s drugs policy. In September 1997, more than 70% of voters roundly rejected the people’s initiative to adopt a policy based largely on law enforcement («Youth Without Drugs»). In November 1998, almost three quarters of the electorate voted against the «Droleg» initiative, a proposal calling for a large degree of liberalization. Both outcomes underline the popular support for the pragmatic middle-of-the-road course steered by the Government in the «fourfold» strategy.

The Federal Government invested some 200 million Swiss francs in the National Programme between 1991 and 2000. The overall cost, which is borne jointly by the Federal Government, cantons, municipalities, state insurance funds and social welfare bodies, runs to an estimated one billion Swiss francs a year. The SFOPH promotes the National Programme in tandem with all cantons, cities and the larger communes and with about one hundred partner organizations and specialists from all relevant fields. Over the past ten years, close to 80 people at the SFOPH have worked on behalf of the National Programme; the picture above shows some of the current staff.

Efforts are bearing fruit

The measures implemented over the past ten years are paying off. The number of drug dependents has no longer increased, the number of drug-related deaths has halved and the spread of hepatitis and HIV infection through the sharing of contaminated needles has declined significantly. Specific services (e.g. heroin-assisted therapy) have been developed for groups of addicts who are particularly difficult to reach. The prevention work being carried out and the treatment facilities on offer cover a broad spectrum. In 1998, the Federal Government extended the National Programme to 2002. The focus during this period has been on consolidation and quality assurance.

MaPaDro ten years on

A Federal Government commitment. Ten years ago, the Swiss Federal Government committed itself to implementing a National Programme to Reduce Drug Problems. This «spectra» reviews a decade of constructive activities and features two of the players involved: Government Minister Ruth Dreifuss in «At first hand» and Berne’s Health & Social Security Director, Ursula Begert, in «Forum».

Personal view

An interview with Philippe Lehmann. One of the architects of the national drug policy, Philippe Lehmann has worked at the SFOPH since 1988, first heading the Prevention Section and then the Drug Interventions Section. An in-depth discussion of programmes – its beginnings, challenges, outcomes and visions for the future. Page 2 - 3

Women’s health

Specifically female needs. Women have different health needs from men. A new publication addresses this subject. Besides health apps, it contains information on sexuality, love and partnership. It encourages women to follow their chosen path confidentially, listen to their inner voice and live their sexuality as they themselves see fit. Page 4
Interview. Philippe Lehmann has been working for twelve years at the Swiss Federal Office of Public Health, first as head of Preventive Drugs, and then as Director General of the Programme to Reduce Drug Problems. You did the professional groundwork for the political decisions. Did you have any idea at the time how far we would come in ten years?

We were very optimistic. I believe right from the outset that we would succeed in defining a national strategy and in launching a national programme. Given the professionalism at grass-roots level and the situation in the cantons and municipalities, the project looked very feasible indeed, because we had the evidence that it did work. We could also point to other countries, for instance the Netherlands, UK and Germany.

Our optimism was also fed by the conviction that drug dependents were not crazy – they too would prefer to live with less risk. We’ve taken them seriously. We’ve always tried to involve in the process the people who are directly affected and the professionals who work with them. This participative approach has been one of the Programme’s success factors.

I didn’t originally think that things would develop so fast and that there would be such widespread political acceptance. But I had no doubts about the work being done at grass-roots level.

So political acceptance was a greater challenge than the practical implementation at grass-roots level?

We were lucky enough to be able to deploy all the resources of the state: the force and legitimacy of the decisions taken, politically-informed awareness, media work, financial resources and manpower, international relationships, networking with cantons and professionals, and respect for the different tasks. Legislation where we could, we made full use of the administrative discretion allowed by the law. But it was also obvious that the existing law was failing to meet the requirements of the situation and would have to be revised. This is now being done.

The Swiss population’s attitude has changed greatly over the last ten years. How has this been possible?

The public had to be sensitized to the topic, and this proved to be an opportunity as well as a challenge. The two popular votes on the issue meant that we were able to conduct broadly based information and awareness campaigns at all levels. The process took some time. First we had to persuade the seven Federal Government ministers, then the Parliament and finally the electorate, that we were on the right path.

So now similar work needs to be done on changing people’s attitudes to legal drugs?

There the resistance is much greater. Though we understand the methods of political persuasion, it’s not going to be easy. We’re likely to be opposed by the industry and trade lobbies. There were no such lobbies for Aids or drugs.

For your work to be successful, it needs acceptance. But it also needs money. Financially, what resources were available to the SFOPH for MaPaDro and how do things stand today?

The total costs of drug problems in Switzerland are about one billion Swiss francs each year. Compare this with the annual average of 17 million Swiss francs at our disposal and you can see that the SFOPH can do no more than provide ideas. Crucially, we’ll also have money in the future to implement the National Programme. This will enable us to pursue the drugs policy on an ongoing basis and, above all, to mobilize the resources of other partners. And it’s high time similar sums were made available for a coherent strategy on alcohol and tobacco – though not at the cost of cutting the budget for drug-related work.

Does the Swiss state tend to take action only when a problem has become so acute that the public starts clamouring for solutions?

You could look at it differently. Many people were prepared to do something about drugs-and Aids-related problems because these were others’ problems, not theirs. Drugs concern other people, they don’t oblige me to modify my behaviour. The state, too, finds it hard to take action in areas in which it would have to change everyone’s behaviour.

We also have to consider that drug addicts are people who do not accept social norms. So the state has to intervene, in a role which combines policeman and guardian angel. It’s been our good fortune that, in Switzerland, the guardian angel function has outweighed that of policeman.

Just how effective is prevention?

10 years of drug policy reviewed by the City of Berne’s Director of Social Security

In May 1991, Berne City Council issued drug-policy guidelines and measures shaped by what is known as the «fourfold model». Ten years on, we still need to provide young people with apottheke over on fire so that they do not become marginalized in society through the abuse of illicit drugs. At the same time, we wish to make professional treatment facilities available to individuals who have become drug-dependent. But we need to be able to reach those people whose present situation prevents them (as yet) from actively seeking a way out of their misery.

In Berne itself, the drop-in centre for drug users with injection room on Nägelagasse last year celebrated its tenth anniversary. This facility has become an absolutely intrinsic part of the city’s present network of harm reduction. The specialist centre for heroin-assisted treatment of drug dependents, KODA-3, for instance, after 145 patients, while the methadone centre (MeZ) looks after 145 patients, while the methadone centre (MeZ) looks after 170. Given access to services of this kind, drug-dependent individuals are more likely to succeed in getting off the street and are more easily reintegrated into occupational and social structures. By adopting these measures, we have been able to substantially improve the situation in Berne. Besides helping the drug users, they also play a crucial role in avoiding the establishment of «open drug scenes».

Grafting progress has been made in the cooperation between the police and the care sector. A coordination group addresses all outstanding problems jointly and frontline staff meet regularly, which has helped engender understanding and respect for the different tasks.

In tackling the drug problem, it is absolutely vital that we pool our efforts in the main areas of activity of the «fourfold model», and also between the federal, cantonal and municipal levels. Various committees have been created in recent years for the purpose of exchanging information. However they have also served as a platform for the formulation of common goals and strategies, especially following the dispersal of open drug scenes in various Swiss cities in the early 1990s. In particular, I would like to mention the National Drugs Committee (NDA) – comprising politicians and specialists in the fields of education, health, care, justice and policing at municipal, cantonal and federal levels – and also the Conference of Municipal Drug Control Officers (SKBS) and the Cantonal Committee for the Control of Drug Abuse (SUKO).

This strategic cooperation is an absolute prerequisite for a successful and credible drug policy. A valuable role has also been played by the Swiss Federal Office of Public Health’s information and educational campaigns. Coordinated, overlapping programmes of prevention and treatment, the establishment of standards, quality controls and the securing of funding are all urgently needed so that we can utilize the available resources economically and selectively. Besides consolidating what has already been achieved, we need to be able to respond to changing circumstances with a sense of due proportion and with the requisite flexibility.

Ursula Begert
Director of Social Security for the City of Berne
Drug prevention work really is effective. More than 95 percent of people never touch hard drugs. Even in the worst phase of the “drug waves,” very few people did so. It’s actually astonishing how much energy has been expended to resolve a problem that concerns only a tiny minority. With Aids too, a clear decision was taken that the state would act as a protective, preventive force rather than as a policeman. It was accepted that some people simply have different sexual preferences and practices. The same principle applies to drugs: we have to accept that some people use drugs, even if they are harmed by doing so.

The Aids problem prepared much of the ground for drug prevention.

Aids prevention had to start from scratch. Entirely new strategies had to be developed, and this was done at the Federal level in drug prevention, on the other hand, the cantons had already developed strategies of varying degrees of coherence. Many of them had adopted the threefold model of prevention, therapy and law enforcement. In addition, harm reduction projects had been ongoing at the local level since the early 1980s. So we didn’t have to start from nothing, but were able to build on the existing knowledge and skills of some 3,000 specialists in the field.

The last ten years have seen an enormous change in Switzerland with regard to drugs policy. How has this been possible?

This change has been possible because we’ve had large numbers of people at the grass-roots level whose skills we’ve been able to build on. And many of them were glad that things were changing. We didn’t have to build up a grass-roots organization from scratch. Perhaps tobacco prevention is doing so badly because of the lack of workers at the front – in fact there are hardly any.

What developments are the next ten years going to bring us?

For one thing, the tendency to take drugs on a dangerous, self-destructive manner will decline. On the other hand, there’ll always be people who take drugs – whether for fun or to make life more bearable. I don’t think we can put a stop to that, but we can reduce the harm done by such behaviour – and that’s our aim. If society additionally makes it possible for people to use drugs without being criminalized, this would also certainly help reduce the harm done. I don’t believe in a drug-free society, but in a society in which the consequences of drug use are less harmful.

By decriminalizing drug consumption, the new Federal Narcotics Law reflects this insight… and also the reverse side of the coin, i.e. the danger that nobody would anticipate and coordinate, partners.»
Striking a balance between health and sexuality

Women's Health. A new brochure – published by the SFOPH in collaboration with the Swiss Aids Foundation and Switzerland’s Aids documentation centre – focuses exclusively on women’s health and sexuality.

Health does not only mean not suffering from any illness; it also means feeling physically and mentally well within a harmonious social environment. Health is important for everyone, but tends to be perceived differently by women and men. Health-related principles are often applied to the population as a whole regardless of gender, according to the maxim: “what’s good for men is also good for women”. But women have to cope with major physical and emotional changes throughout their lives. The physical changes that take place within the female life cycle demand major psychological adjustments from women because each time they need to adapt to their new role and meet very different requirements. Moreover, women generally have a different way of dealing with their health than men. They devote more attention to their bodies and their health and are more aware of the connections between body and mind. And it is still primarily women who feel themselves responsible for the health of the family, caring for their children and partners and looking after relatives.

Every woman must find out for herself what is good for her.

The new brochure G’sundheit – Frauengesundheit (literally: «Bless You! – Women’s Health») contains information on sexuality, love and partnership, plus health tips for women. But every woman needs to find out for herself what is good for her. The brochure does not set out to show women what they should not do; rather, it encourages them to follow their chosen path confidence is to listen to their inner voice and live their sexuality as they themselves see fit.

Understanding health and illness

Women have very different ways of dealing with health and illness. Some are very health conscious, while others definitely are not. Not all women become equally ill when they are exposed to the same risks. Certain internal and external factors (such as personal situation and environment) determine whether illnesses develop, and if they do, to what extent. Whereas some environmental influences are either virtual or completely uncontrollable (e.g. environmental pollutants, workplace stressors, influenza viruses, etc.), internal factors such as self-esteem and self-satisfaction also play a role. Feeling well and being ill, relaxation and stress, living a hectic life and taking it easy; faced with these extremes, women have learned how to sense when they are under stress and what is harmful. But not everyone can take these factors into consideration all of the time. This is because many of the characteris-