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Sensible Solutions to the Urban Drug Problem

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Swiss Drug Policy

Harm Reduction and Heroin-Supported Therapy

Martin Buechi and Ueli Minder

National co-operation / 2

Brief historical review of the political discussion / 3

Epidemiological data / 4

The federal law on narcotics and psychotropic substances / 6

International commitments / 7

The drug policy of the Federal Government / 7

The "Fourfold Approach" / 8

Conclusions / 11

References / 13

About the authors / 14

About The Fraser Institute / 15

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Harm reduction and heroin-supported therapy

Unlike other countries of the OECD, Switzerland does not have a government and an opposition. In the executive—the *Bundesrat*—the four largest parties (from the political Left and Right) are represented. It is a rather conservative country with a political system characterized by a referendum democracy that requires a considerable degree of citizen participation. Thus, introducing novel approaches to handling sensitive problems such as those posed by psychoactive drugs means that the public at large, the voters, need to be well informed and educated about the issues involved. This, in turn, asks for a well-organized information strategy based on both scientific evidence and a common political approach.

In order to introduce a new policy, therefore, a lengthy consensus-forming process is needed and, at the end of this political process, the people are entitled to pronounce on Parliamentary decisions. Generally binding decisions or a change in a federal law such as law on narcotics and psychotropic substances are subject to a optional referendum: a popular ballot is held if 50,000 citizens request it. Citizens also may seek a decision on an amendment they want to make in the Constitution. For such an initiative to be organized, the signature of 100,000 voters must be collected within 18 months.

National co-operation

Under the Constitution of Switzerland, public health is a general responsibility of the cantons (the 22 states of the Swiss Confederation). The Confederation, on the other hand, supports efforts made by the cantons, municipalities, and private organizations. This principle of Federal interventions to support measures by the cantons is called “principle of complementarity” and is one of the central aspects of Swiss drug policy. The cantons are responsible for health services, preventive measures and public-health regulations. Introducing new policies, therefore, calls for good co-operation among cantons, municipalities, and NGOs. The same is true for the different players in politics (i.e., legislature and executive), in the science community, and in both federal and state administrations as a prerequisite for success.

In defining and implementing its drug policy, the Federal Government together with the Swiss Federal Office of Public Health (FOPH) are supported by two bodies: the Swiss Federal Commission for Drug Matters and the National Drug Committee. The Swiss Federal Commission for Drug Matters advises the Federal Government, the Swiss Federal Department of Home Affairs, and the FOPH in drug matters. The commission has 14 members, elected as individuals by the Federal Government. The National Drug

Committee has 18 members, who are representatives of cities, cantons, and the Federal Government. The body was founded at the request of the cities most affected by the drug problem. The National Drug Committee is an important body for the co-ordination of drug policy in Switzerland and has the task of developing and harmonizing drug-policy strategies.

Brief historical review of the political discussion on drug issues in Switzerland

In 1993 and 1994, two popular initiatives were presented, with opposite objectives. The initiative entitled “Youth without Drugs” calls for a strict, abstinence-oriented drug policy that contains elements of repression, prevention, and therapy. It seeks to prohibit medical prescription of narcotics (heroin, opium, cocaine, cannabis, and hallucinogens) as well as of similar substances.

The initiative presented in 1994, entitled “For a Reasonable Drug Policy” (“Droleg”), proposes the opposite, namely, the decriminalization of drug use, cultivation of plants used to produce drugs, and legal possession and purchase of drugs for personal use. Further, it suggested that the state supervise cultivation, import, and production of narcotics and, thereby, make trade in narcotics for non-medical purposes possible within a defined legal framework providing protection of youths and a ban on advertising.

The Federal Government and Parliament found both initiatives too extreme and recommended rejecting them. On September 28, 1997, Swiss voters rejected the initiative “Youth without Drugs” with a majority of more than 70 percent, following the advice of the Federal Government and Parliament and the recommendation of most of the parties, mainstream church groups, trade unions, police representatives, and the vast majority of NGOs working for young people and persons dependent on illegal narcotics. The same happened to the initiative “For a Reasonable Drug Policy” (“Droleg”), which the voters rejected by a majority of more than 74 percent on November 28, 1998. The rejection of these two initiatives were an important victory for the Swiss Government and proved a broad support for its drug policy.

In February 1996, an Expert Commission (the “Schild Commission”), commissioned by the Swiss Federal Department of Home Affairs to examine the Law on Narcotics and Psychotropic Substances with a view to possible revision, published its report with recommendations for future legislation (EDI 1996). The experts make a number of recommendations including decriminalization of drug use as well as medical prescription of heroin as a new therapy, provided that the positive results seen up to then are scientifically confirmed.

As a result of the formal consultation on the report of the Schild Commission, the majority of cantons, parties, and expert organizations expressed acceptance of the medical prescription of heroin as an option for therapy. After the synthesis report of the program for a medical prescription of narcotics recommended, in 1997, that heroin-assisted treatment is useful for a designated target group and can be carried out with sufficient safety (Uchtenhagen et al. 1997), the Swiss Government then passed an executive order in 1998 that created a legal basis for the heroin-assisted treatment.

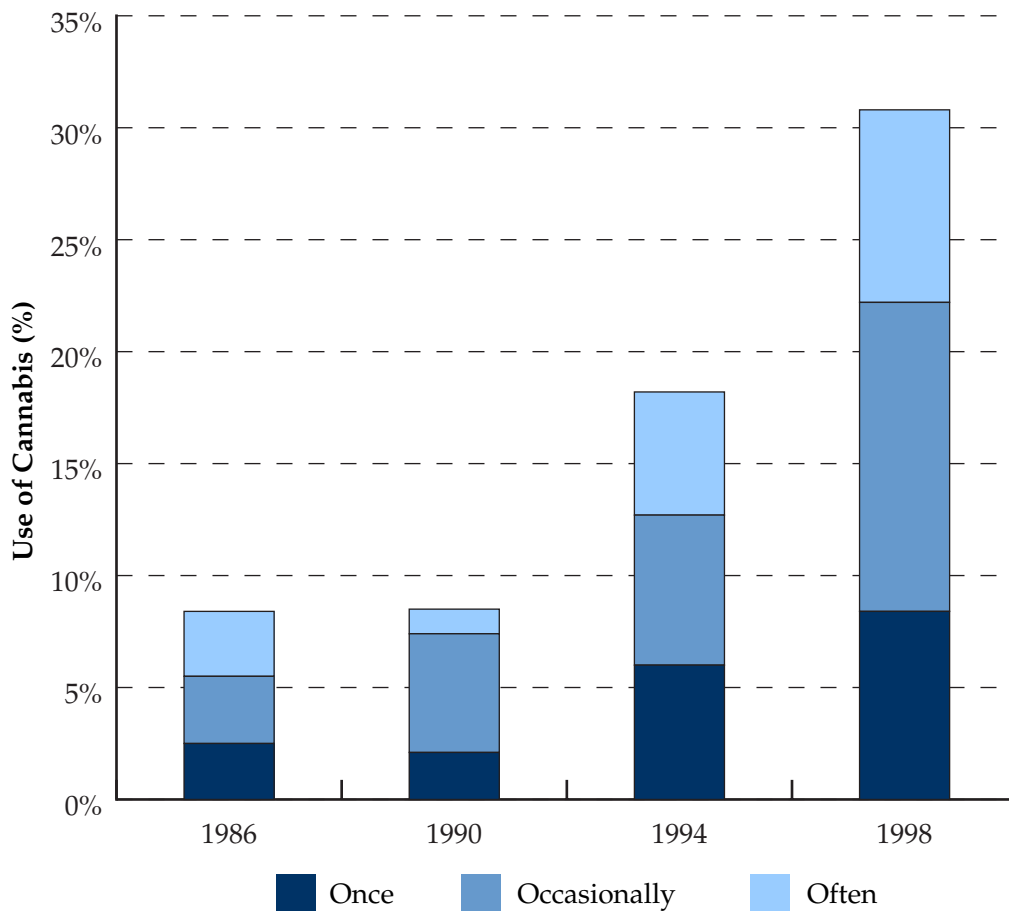
After the referendum on this executive order was voted down by a majority of over 53 percent and another formal consultation in 1999, the Swiss Government decided on October 2, 2000 to go ahead with the revision of the Federal Law on Narcotics and Psychotropic Substances, which is the legal base for the Swiss drug policy. Some of the proposed changes are the following:

- to create a legal base for the “Four Fold Approach” of Swiss drug policy and for the heroin-assisted therapy (based on a executive order limited to 2004) in the Narcotics Law
- to reinforce the role of the federal government, in particular regarding co-ordination and quality control
- to abolish the prosecution of the purchase, possession, and consumption of cannabis
- to permit discretion in allowing planting, growing, production and trade in small quantities (to be defined) of cannabis
- to permit discretion in allowing the purchase, possession and consumption of illicit drugs other than cannabis.

Epidemiological data

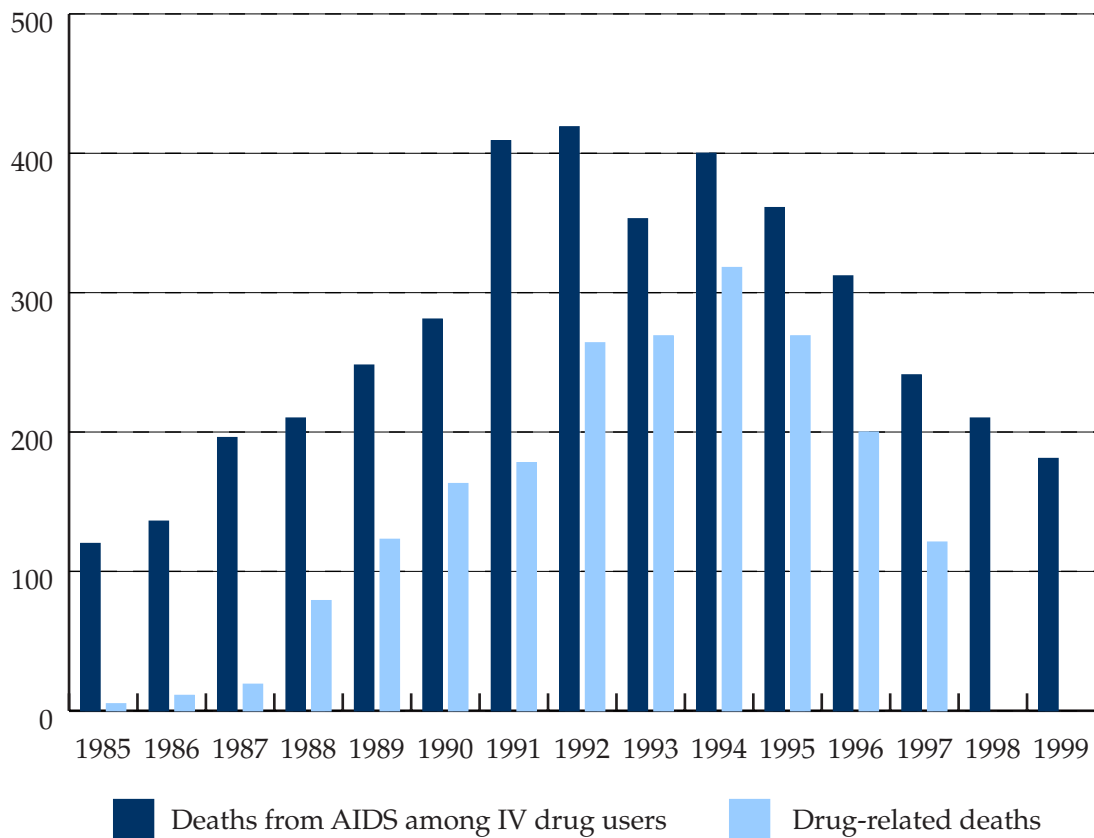
According to current estimates, about 30,000 of the seven million inhabitants of Switzerland are dependent on illicit narcotics (hard drugs) such as heroin and cocaine. Cannabis, however, is the most frequently used drug, followed by heroin and cocaine. The use of synthetic drugs, especially of Ecstasy/MDMA, seems to be stable. Based on surveys done between 1987 and 1997, one can assume that the numbers of severely dependent drug users have remained relatively stable since the early 1990s among those aged 17 to 30 (Gervasoni et al. 2000). A comparison of the two National Swiss Health Surveys conducted in 1992/1993 and 1997 shows that the number of cases of consumers of hard drugs in the population aged 17 to 45 are too small to be significant (Gmel and

Figure 1: Use of cannabis in Switzerland by children 14 to 15 years old, 1986–1998 (%)



Maag 1999). Cannabis is the only illegal drug whose occasional consumption shows an increase from 6 percent in 1986 to 12 percent in 1994 and to over 22 percent in 1998 (SFA, 1999).

Even though the quality of available data has improved over the last years, the knowledge of the epidemiological situation still is not satisfactory. Direct indicators of drug use are gathered by surveying the general public but their reliability is limited due to the rarity of the phenomenon examined. However, indirect indicators such as the number of deaths, figures for reported crimes and sentencing, number of participants in treatment centers and so on provide information about the scale of drug use in Switzerland: it has remained stable in the past years. The number of deaths related to drug use and deaths from AIDS among those injecting drugs intravenously has decreased (see figure 2).

Figure 2: Deaths related to drug use and AIDS

The federal law on narcotics and psychotropic substances

The Federal Law on Narcotics of October 3, 1951, constitutes the legal basis for fighting the use of illicit drugs in Switzerland. The law regulates medical use of narcotics and prohibits the production, trafficking, possession, and consumption of such drugs for non-medical purposes. The use of opium, heroin, hallucinogens, and cannabis is, in principle, prohibited. These substances may only be used for scientific research and for limited medical purposes. A special authorization from the Swiss Federal Office of Public Health is required for all substances and for all purposes.

The implementation of this law, in accordance with the Swiss constitutional principle of federalism, lies primarily with the 26 cantons. They are responsible for law enforcement (police, courts, prisons), prevention, and the care and treatment of those dependent upon drugs. Except for the control of legal narcotic use, the jurisdiction of the Federal Government is limited to support and co-ordination of activities, mainly in the areas of research, evaluation, training, continuous education of professionals, and documentation.

International commitments

Since 1968, Switzerland has been party to the 1961 Single Convention on Narcotic Drugs. On April 22, 1996, Switzerland joined the supplementary Protocol of 1972 and the Convention on Psychotropic Substances of 1971.

With respect to the UN Convention “Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances” of 1988, the Federal Government recommended membership to the Swiss Federal Parliament. The Parliament, however, decided to postpone further debate until the parliament will have passed the revised law on narcotics and psychotropic substances. Switzerland has already implemented the basic elements of the Convention regarding organized crime, money laundering, and the supervision of raw materials for drug manufacture (control of precursors).

Switzerland is member of the United Nations Commission on Narcotic Drugs (CND) and, in addition, participates in the UN Drug Control Program (UNDCP), in the activities of the UN’s International Narcotics Control Board (INCB), in other boards of the World Health Organisation (WHO), as well as in UNESCO and the European Council (Groupe Pompidou) that specializes in drug matters.

The drug policy of the Federal Government

In view of the apparent increasing drug problem, the Federal Government decided in 1991 to intensify its commitment considerably and develop a program of measures to reduce drug-related problems. These measures are part of a long-term strategy characterized by common goals and a clear definition of the roles of the different players, in particular the roles of the Confederation and of the FOPH. It was clear, however, that the existing division of authority and share of power among the Confederation, the cantons, the municipalities, and private organizations should be maintained.

The following objectives were set (Gervasoni 1996):

- to stabilize and, in the long term, to reduce the number of persons dependent on hard drugs (heroin and cocaine);
- to reduce problems relating to the consumption of illicit drugs and the effects of such problems on the society.

In order to achieve these objectives, the Federal Government is pursuing a policy comprising four strategic elements or “pillars,” the “Fourfold Approach” (vier Säulen Modell). These four strategic elements are repression (law enforcement), prevention (hindering the emergence of new drug users), therapy (treatment and reintegration of former drug users), and harm reduction (survival support).

This Fourfold Approach is based on scientific research and systematic evaluation of measures. There are still many gaps in knowledge concerning addiction and it is important, therefore, to obtain valid data on drug phenomena and to evaluate the effectiveness of strategies and measures. The University of Lausanne evaluated the measures undertaken by the Federal Government three times between 1990 and 1999 (Cattaneo et al. 1993; Gervasoni et al. 1996; Gervasoni et al. 1999) and helped to improve the Swiss drug policy. The results of the evaluations are used to improve and optimize the goals and measures of the Fourfold Approach.

The “Fourfold Approach”

Repression

Swiss drug-policy relies on strict regulation and prohibition of certain addiction-causing substances and products. This requires criminal prosecution of illicit production, of illicit trafficking and illicit consumption of substances regulated by law as well as strict control of authorized use of narcotics in order to prevent abuse.

The Federal Government has extended its communication and co-ordination capacities and has introduced new legal instruments against money laundering and organized crime. The cantons are primarily responsible for criminal prosecution. In 1999, 44,336 violations of the Narcotics Law were recorded: 80 percent for consumption, 11 percent for trafficking, and 9 percent for both trafficking and consumption (BAG 2000a).

Special attention is given to close, co-ordinated collaboration among all participating services and agencies involved. It is absolutely essential that police authorities co-operate closely with public-health and welfare agencies and that they all adopt common strategy (repression does not fall within the mandate of the FOPH).

Prevention

The most important strategic element is prevention. Primary prevention seeks to convince people, especially young people, not to use drugs and to adopt a healthy lifestyle; secondary prevention seeks to keep occasional users from developing an addiction while maintaining their social integration in the family, at school, and at work. Therefore, the Federal Government supports and encourages cantonal and private projects for prevention and early intervention. It co-ordinates cantonal and private projects, provides technical assistance and guidelines, and takes part in the planning and funding of pilot projects. Certain target groups, such as socially deprived youth and migrant populations, or certain environments, such as schools, youth homes, and youth events as well as sporting events, receive special attention.

Harm reduction

Drug addiction represents for the majority of the people concerned a limited period of several years in their lives. Measures intended to limit harm aim at protecting the health of addicts during the addiction period as much as possible. Drug addicts are at great risk of being infected with HIV and hepatitis. The FOPH has played a decisive role, therefore, in supporting new and existing projects and especially projects designed to reduce the risk of HIV transmission. The Federal Government supports a variety of measures such as needle-exchange programs including the successful distribution of injection material in Swiss prisons (Karger 1997), housing and employment programs and so on to improve the health and life-style of drug addicts and to prevent the spread of HIV and other infectious diseases.

Relatively stable rates of HIV prevalence over the last few years indicate that the progression of the epidemic has started to decline (see figure 2). In 1989/1990, the prevalence reported in various studies was about 20 percent, whereas it lay between 10 percent and 15 percent in 1993/1994 (Gervasoni et al. 1996). Data from epidemiological surveillance demonstrate that the rate of HIV prevalence amongst those injecting drugs intravenously is still declining (BAG 2000b).

Therapy

Some of the goals defined by the FOPH in the field of therapy and treatment are to reduce problems relating to the consumption of drugs, to protect and improve the health of drug users, to introduce quality standards for treatment. Those who have become dependent upon drugs should be encouraged to enter therapy. In addition, specific means and individual support have to be made available in order to overcome addiction.

The Federal Government supports various cantonal and private programs for treatment and reintegration. It offers co-ordination and supports quality assurance and evaluation. At present, there are approximately 125 in-patient institutions in Switzerland that are specifically designed to provide drug therapy. In-patient therapy is available for a total of 1,750 persons. The declared goal of these therapies is abstinence and social reintegration. The Federal Government also offers support for patients who suffer from psychological problems as well as from drug abuse (double diagnosis).

In 1999, about 16,000 drug-addicts follow a methadone-maintenance program. At the end of 1995, the Swiss Federal Commission on Narcotic Drugs published a report (in German, French, and English) on the practical and technical aspects of methadone treatment (Commission fédérale des stupéfiants 1995). On behalf of the FOPH, the Swiss Technical Office for Alcohol and Drug Problems in Lausanne has published a comprehensive report regarding the drug policy entitled Alcohol, Tobacco and Illegal Drugs in Switzerland 1994–1996 (SFA 1997).

*Prescription of narcotics for heroin addicts: heroin-assisted therapy**Summary*

Because the discussions about Swiss drug policy and, in particular, about the heroin trials has never been greatly constrained by dogmas nor limited to specialists only, it was possible to start scientific studies of medically prescribed narcotics for severely addicted individuals in 1994. The close collaboration of federal, cantonal and local governments together with politicians and scientists and a well-organized information policy transformed this sensitive project into a broadly accepted treatment option for severely afflicted heroin users. Public opinion did not obstruct researchers from considering new ideas; the public, in turn, learned to reconsider some of the prevailing dogmas on drug policy, such as the notion that all therapies should lead to a drug-free lifestyle.

The scientific program for a medical prescription of narcotics aimed at clarifying whether marginalized drug addicts who have already tried treatment several times can be integrated into yet another therapy—heroin-assisted therapy—that leads to health improvements, social rehabilitation, and finally to abstinence. The objectives were (Uchtenhagen et al. 1999):

- to reach heroin-dependent persons unable to profit from other forms of treatment;
- to improve the health and social status of participants;
- to reduce risk-taking behaviour of participants (including risk of HIV infection);
- to compare results to those of other treatment approaches (especially methadone maintenance);
- to test galenic preparations other than injectables;
- to document the pharmacological and toxicological properties of prescribed substances.

Research project (1994–1996)

During the initial phase, 800 patients were receiving heroin upon prescription. These patients were more than 20 years old, had been dependent upon heroin for more than 2 years, had not been helped by other treatment approaches, had evident social and health problems, were prepared to comply with the program and had given their informed consent. The therapeutic program included on-site controlled injections (injectables were not to be taken home), comprehensive medical, psychiatric, and social assessment, and a comprehensive care program. The participation was voluntary.

The programs with the medical prescription of narcotics (the heroin-assisted therapy) were run in 16 treatment centres: outpatient clinics in Basel, Bern, Biel, Fribourg, Geneva, Horgen, Luzern, Olten, St. Gallen, Solothurn, Thun, Wetzikon, Winterthur, Zug, and Zürich as well as the penal institution of Oberschöngrün. Research was carried out by an

independent team of researchers supervised by a national interdisciplinary expert group. As well, the trial was supervised by a safety-assurance expert group and the research activities were evaluated by an international expert group (through WHO). Data collection began on January 1994 and ended on December 31, 1996. The results of the scientific evaluation are encouraging (Uchtenhagen et al. 1997):

- general improvements to health, both somatic (injection-related skin diseases, nutritional status) and psychological (depressive and anxiety states);
- social stabilization: homelessness reduced from 12 percent to 1 percent, permanent employment rate improved from 14 percent to 32 percent, unemployment reduced from 44 percent to 20 percent;
- after 22 months, 19 percent switched to another treatment (methadone-maintenance, abstinence-orientated therapy, etc.);
- illicit use of heroin and cocaine rapidly and markedly regressed and benzodiazepines only slowly reduced; however, the use of cannabis and alcohol was reduced only minimally;
- less delinquency;
- reduction of contact with the drug scene.

Present situation

At the end of 1999, the FOPH evaluated the progress of treatment of all patients who had been treated with prescribed heroin for more than two years. The results are very encouraging: a substantial improvement of quality of life was reported, such as improved health, living conditions and re-entry into employment. Most striking was the decrease in crime. At the beginning of the treatment about 70 percent of patients used illegal activities as means of income. This decreased to 10 percent after 18 months of therapy. Over time, 60 percent of the patients that had left the treatment opted either for an abstinence-oriented treatment or for a methadone-maintenance treatment. As of October 2000, there are 20 treatment centers with a total of 1,194 treatment slots.

Conclusions

The “Fourfold Drug Policy” (law enforcement, prevention, treatment, and harm reduction) has proven to be very successful and has put a stop to the increase in new users hard drugs among young people; it has helped a multitude of drug-dependent individuals escape the vicious cycle of addiction and protects the physical and mental well-being of drug-dependent individuals. The various forms of treatment are encouraging thousands of drug-dependent individuals who opt for the difficult road out of addiction. Drug-dependent individuals have a chance to regain their independence and be reintegrated into society and the crime rate connected with obtaining drugs has been substantially reduced.

In the last few years, infection with AIDS and hepatitis has been noticeably reduced as has mortality from overdoses. With the closing in 1995/1995 of the open drug scenes (places in cities like Zurich, Bern, Basle, and so on where the purchase and consumption of hard drugs was tolerated by the police), media attention for the drug problem declined and drug addiction has become less visible since then. But, there is still much to do. As a result of the economic recession and the spread of AIDS, many drug addicts remain socially marginalized.

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