

The many faces of the fourth pillar

Harm reduction. In the mid-1980s, harm reduction joined prevention, therapy and law enforcement as the fourth pillar of Switzerland's drug policy. Its objective is to help people survive a phase of addiction during their lives with as little physical and mental damage as possible. Switzerland is one of the first countries in the world to have established harm-reduction programmes as an integral element of its approach to addiction. This issue of spectra describes a number of current examples which illustrate the many ways in which an effort is being made to support the health and social integration of people with addiction problems.



Pill testing and advice on designer drugs at Energy, one of Zurich's big raves. This service, provided by Streetwork Zürich in conjunction with the Berne Cantonal Pharmacist's Office, (see page 4), is one of many harm reduction projects in progress in Switzerland in various fields involving legal and illegal drugs.

In the mid-1980s Switzerland realized that the existing range of addiction services was reaching only a small proportion of drug addicts – those willing to obtain abstinence. The situation then was characterized by:

- open drug scenes
- the very poor mental and physical health of the drug addicts
- the record level of drug-related deaths
- high numbers of people infected with HIV and hepatitis.

It was against this background that «low-threshold» or open-access facilities were set up for drug addicts

who did not want to abstain. These were initially concentrated in the big cities which were bearing the brunt of the problem. Open-access services include the provision of a setting in which drugs brought in by the users can be consumed under stress-free and hygienic conditions, which may be injection rooms or, more recently, inhalation rooms. The purpose of the harm-reduction concept is to reduce risk and damage associated with drug use. Harm reduction is a pragmatic and realistic approach: users need to survive their drug habit with as little damage as possible. The focal point is to preserve the lives, health and perspectives of the people concerned.

On the one hand, harm reduction comprises the provision of elementary care (nutrition, hygiene, medical care, accommodation, social welfare) for people who have become socially disintegrated. But there are also specialized programmes which respond to specific behaviours and circumstances and the problems associated with them (various addictive substances and ways of consuming them, the risk of infection, prostitution). In many instances the same people are affected by a number of problems at the same time. The danger of social exclusion is exacerbated, and the need for harm-reduction measures grows.

Project and development fund for addiction work

In early April 2005 the Swiss Coordinating Office for In-Patient Addiction Services (KOSTE) and the Office for Drug-Related Harm Reduction (FASD) were merged. In the process, the project funding allocated by the two offices was reorganized into a new fund.

Funding is provided to support and promote projects and practice-oriented innovations relating to therapy and harm reduction. The intention is ultimately to make the expertise gained through these projects available on a national basis.

Most of the projects and innovations receiving funding come under the following headings:

- Revision of concepts, expansion of activities
- Differentiation of the existing range of services
- Technical implementation and/or consolidation of an activity in response to a new/additional client-related problem

- Professional networking with supracantonal/regional therapy providers
- Theoretical development of practice-oriented tools and principles

The guidelines governing the project and development fund will come into effect on 1 January 2006 and will be published on the websites of the offices and the SFOPH.

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Preventing HIV and hepatitis

Prevention needs to be extended to encompass sexual behaviour if infection with HIV, hepatitis and other diseases is to be avoided. This is why harm-reduction facilities and street-level centres for drug users who engage in prostitution distribute information on how to use drugs hygienically, injection material (also available from pharmacies and vending machines) and condoms.

Open-access drug work

This area covers programmes that provide accommodation (emergency shelters, supervised and sheltered accommodation), employment (supervised and unsupervised work opportunities, often on a daily basis) and day centres (contact and walk-in centres, some with injection/inhalation rooms). Needle collection and exchange programmes, open-access medical care (e.g. sick bays for the

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for instance...

Support for substance-dependent parents

Lucerne's Paradiesgässli

Our street work had brought us into contact with many substance-dependent men and women who were also parents. These families often lived in great poverty and isolation, fearful that their children would be taken away from them because of their substance dependence.

We felt that something had to be done about this situation. In-depth discussions with different specialists resulted in the idea of developing a service dedicated solely to these children and their parents. We found suitable premises on the Paradiesgässli, in the middle of Lucerne's old town. We initiated our project in February 2000. Our objective was to set up a meeting place for drug-using parents and their children, assist them in their difficult life situation, enhance the children's quality of life and provide the families with professional advice. Despite having to move twice, we have kept the name «Paradiesgässli» (Paradise Alley) because of the hope it conveyed.

Midday meal and discussion events

Paradiesgässli is open every Wednesday from noon to 5 p.m. Some 20 to 30 children and adults meet around the table for lunch. Helping to cook



the meal is a much sought-after task among the men and women who are our clients. On Friday we have open house from 2 to 5 p.m.. On the other weekdays we can be contacted during normal office hours and we reserve individual time slots for counselling and support sessions.

Once a month we organize a discussion, often with an expert as guest. We discuss the conflict between the parents' drug use and their responsibilities as fathers and mothers. Parents have told us how successful such discussions are. They acquire more confidence in themselves. When something goes wrong, they are better able to judge

whether they need help. The solidarity they experience at such events gives them greater self-confidence in their dealings with schools and the neighbourhood.

Fathers who do not live permanently with their children soon lose touch with their offspring's development. They become unsure of themselves and feel awkward with the children. We try on the fathers' behalf to sort out visiting rights and encourage them to look after their children. We discuss with them the structure of a weekend visit from their children right down to what they are going to eat and how it should be prepared.

Sorting out finances

We manage the finances of 28 clients. First we try to obtain an overview of their income and debts and then we decide together where they could save money. Given the usually precarious nature of their finances, the parents cannot afford outings with their children, and there is no room for even the smallest unscheduled expenditure. Debts and a tight budget are factors that can trigger a recurrence of drug abuse. We write applications for tax relief or to convert fines into community service or obtain financial support. We accompany clients to courts, the authorities, doctors and situational discussions with other institutions. We sort out holiday opportunities for the mothers and children. And searching for affordable, family-friendly housing is a regular task.

In our second year of operation, the SFOPH's harm-reduction incentive fund enabled us to commission the Marie Meierhofer Institute for the Child in Zurich to evaluate our service. In the resulting report, Heidi Simoni writes: «The continuation of the project can be recommended unreservedly. The experts agree that 'Paradiesgässli' has established itself and proved its value as a new player in the social services field within a short time. Its flexible offering

enables it to address the needs of the families concerned and find solutions tailored to specific requirements.»

Our core team now consists of two social educationists, a social worker and an administrator, totalling 2.8 full-time equivalents. We also have a position for interns. We are now well integrated in the neighbourhood. Our small playground with a climbing frame and sandpit is also used every day by children from the neighbourhood – exactly as we had intended.

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Isabel Schoenenberger
Verein Kirchliche Gassenarbeit
(Church Street Work Association)

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homeless) and streetwork are also an integral part of harm reduction.

The first low-threshold facilities were set up in the major cities in the German-speaking part of Switzerland in the second half of the 1980s.

The active open drug scenes in the early 1990s and the resulting political pressure hastened the arrival of similar facilities in other towns and regions. In the past ten years a nationwide network of open-access drug facilities has developed; it currently comprises some 200 centres which

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Improving daily structure and self-confidence

Work opportunities for users of the contact and walk-in centre run by the Basel region addiction service



The main room at the contact and walk-in centre is a cosy, modern cafeteria. This day room is intended to invite drug users to talk to staff at the centre and to each other. This creates an atmosphere conducive to brief counselling sessions, crisis intervention and informative discussions about more specific assistance that is available to help with withdrawal, therapy, accommodation, employment etc. The stress of finding resources to support their addiction often makes drug users forget that the body needs a certain amount of food and liquid to maintain a minimum level of health. In this context the catering provided by the cafeterias in Basel is also a form of harm reduction.

The drinks and light meals are sold by the team and also by people who use the contact and walk-in centre as part of a project entitled «low-threshold employment opportunities for the contact and walk-in centres in Basel».

Trust and relationships

All drug users are entitled to work as part of this project, although priority is given to those who do not otherwise have a regular job. This opportunity is intended to help integrate drug users into a clearly structured work process. It enables them to take on responsibility, gain respect, develop self-confidence and give meaning to their day. The work strengthens the trust and relationship between staff and the drug users. More intensive supervision allows us to pursue psychosocial objectives more vigorously. Many drug users are clearly proud of the fact that they are earning money by legal means and can show others that they are capable of working in spite of their heavy drug use.

Most of the supervised work opportunities are behind the counter. They mainly involve preparing light refreshments (rolls, tea, soup) and selling them. This work includes clearing and cleaning tables, taking and recording payment, and washing crockery. Needle exchange is integrated into this work as well. Each work session lasts between two and four hours: four hours is a very long time for some people. The main condition for employment is that people interested in working should appear punctually and be fit for work. Failure to appear without explanation means that the person is barred from working for at least two weeks. It is also forbidden to consume illegal drugs and alcohol during working hours. People are expected to be correct and friendly in their behaviour and to observe good personal hygiene.

Start-up funding from the FASD

The hourly wage is CHF 12. The project was made possible by start-up funding provided by the Office for Drug-Related Harm Reduction (FASD). In future each job must be funded entirely by the refreshments sold in the cafeteria. If this is not possible, the project will have to be stopped. This in turn would have a negative impact on the entire facility: without a cafeteria the psychosocial approach to drug users would be massively impaired. The relatively large number of drug users willing and able to work reinforces our resolve to continue running this project.

Horst Bühlmann
Contact and walk-in centres of the
Basel region addiction service

reach between 8,000 and 10,000 clients. City centres and conurbations now provide a good level of open-access facilities and in most cases offer the full range of services. However, there are still some regions and individual cantons that are a wasteland in this respect. Harm-reduction ser-

vices have also developed differently in the different linguistic regions of the country. The French-speaking part started setting up low-threshold facilities later than the German-speaking part, which explains why there is only one injection room in the French-speaking part – in Geneva

– compared with 11 in the German-speaking part.

Better opportunities in life

In general, the situation of and prospects for people who use illegal

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Helping people with addiction problems to get back on their feet

An integration project run by the Blue Cross in the Canton of Berne



After a stay at an addiction therapy centre many people have difficulty coming to grips with everyday life again. A large number of people in this category are poorly integrated, and the challenge of returning to gainful employment is overwhelming. There are not enough low-threshold jobs available for them – or indeed for people who have not received in-patient therapy; what they need is a work environment that can make allowance for their needs, resources and deficits. Relapses are almost inevitable, and in many cases individuals have to apply for welfare support that could have been avoided if thorough integration had been possible. The specialists working for the Blue Cross were acutely aware of this unsatisfactory situation, and they were receiving a growing number of enquiries about work opportunities.

Working towards stabilization

blauzone, the blue zone, is an after-care programme for unemployed people who have difficulty coping with alcohol and/or other substances. The objective of blauzone is to provide a work environment that permits social and economic integration and thus stability in the individual's environment and addiction behaviour. It is hoped that the chance to work will give these people respect, recognition, social contacts and a structured day. They learn to respect rules, and their personal resources and skills are observed, challenged and encouraged. This enables them to develop a new perspective on life and gives them more self-confidence. Ultimately all these factors reduce the frequency of relapses.

Returning to the labour market

blauzone offers opportunities for so-

cial integration, yet blauzone also has places for people seeking both social and economic integration. It provides needs-oriented training programmes and help with job applications to enable participants to prepare for reintegration into the regular labour market. Many participants are motivated enough and have sufficient potential to move on to a regular job once they have spent some time in employment designed to promote their social and economic integration. So blauzone can certainly be seen as a way back to work. However, experience has shown that very few companies are willing to employ these well-prepared and motivated individuals. These few companies offer supervised employment in various sections of the Blue Cross, such as customer service, catering, cleaning, gardening and outdoor work, sales positions, house-clearing, transportation, domestic work, maintenance and repair. Outside the Blue Cross, people may be employed in offices, cleaning companies, warehouses, sales positions, haulage companies and production jobs. In 2004, six companies offered a total of 9.1 full-time equivalents to 15 women and 20 men with an average age of 42. In the near future, blauzone will be focusing its efforts on securing additional employment opportunities in the Biel, Langenthal and Thun regions.

Walter Hartmann

blauzone Project Manager

for instance...

Hope in spite of political counter-current

Quai 9, a walk-in centre with injection room in Geneva

In 2001, in response to a motion put forward by the cantonal parliament, Geneva's Executive Council approved the opening of a walk-in centre with an injection room with the aim of improving prevention among users of intravenous drugs. Quai 9 – a project run by «Première ligne», an association working in the field of drug-related harm reduction in Geneva – has now been open for three years, and those responsible for it are unanimous in underlining the necessity of maintaining this low-threshold harm-reduction project.

Quai 9 had welcomed 1,417 new clients by the end of 2004. From early 2004 there was a continual increase in the number of young adults using the facility, and they expressed a variety of needs in

terms of reintegration into the working environment, accommodation and employment. These new needs raised a number of questions which could not be responded to immediately – partly because of the limited scope of the project and partly because of the lack of resources for developing new activities and services.

Protest closure

The legal situation makes things difficult for drug users – and equally difficult for specialists involved in intervention programmes. At the end of June and in early July 2005, Quai 9 closed its doors for ten days in protest at mounting law enforcement activities. The project managers felt that this police activity would at best shift the problem elsewhere, and could even make it worse. Increased

enforcement – in particular persistent harassment of drug addicts in the district and a crack-down on the small-scale dealing that finances their drug use – is leading to growing social deprivation in the area and an increasingly tense situation for drug users; this in turn is making it impossible for the project workers to continue the harm-reduction activities offered at Quai 9. The protest closure was intended to draw attention to the urgent need for cooperation between the public health service, social services, the courts, the police and drug users, without which it will not be possible to address the problems for both the people of Geneva and drug addicts.

www.premiereligne.ch

At first hand



The dream of creating a society free from all forms of addiction is as understandable as it is unattainable.

But this should not stop us from trying to get as close as we possibly can to this utopia. Until the 1980s, Swiss drugs policy had been driven by an ethical stance that was geared to the ideal of an addiction-free society.

Then the misery caused by drug abuse, the increase in drug-related deaths and the spread of AIDS led to the realization that we also had to help those addicts that were not (yet) capable of abstinence. This led to the development of a strategy of harm reduction (survival aid) – in other words, the «threefold» became the «fourfold», or «four-pillar», policy.

This reorientation of drug policy has chalked up a number of successes: drug deaths, HIV infection due to needle sharing, and drug-related crime have fallen and the health of dependent users has improved. The major «open drug scenes» have disappeared.

With these changes, however, there has also been a decline in public pressure to take action. Many of the services provided are facing financial problems.

Is harm reduction going to be a victim of its own success? That would be a great mistake. Dispensing with harm reduction would needlessly jeopardize what has already been achieved in years of hard work. Harm reduction is vulnerable to public criticism and does not have much of a lobby.

Support is needed, especially since new substance-abuse trends are creating new problems and new tasks. With heroin currently considered to be rather «out», the trend favours cocaine, ecstasy, amphetamines, cannabis and, of course, alcohol.

There is particular concern about the simultaneous consumption of more than one drug, whether legal or illegal. These developments also necessitate harm reduction measures. Whereas efforts up to now have focused on survival aid, future activities will be concerned above all with risks, such as those associated with excessive polydrug use.

The flexible, pragmatic approach embodied by the fourfold drug policy model is a good basis for finding responses to these challenges. In other words, we already have the means to engage in an effective drug policy – we just have to deploy them properly.

Markus Jann

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drugs in Switzerland have improved considerably in the last ten years. There has been a reduction in the tendency towards destitution and neglect among individuals using illegal drugs, and their mental and physical health is far better than in the early 1990s. Their chances of social integration have also improved greatly.

These changes are largely due to the shift away from an exclusively abstinence-oriented, restrictive and harshly enforced approach to the «drug problem» in favour of the harm-reduction concept – which was formerly often regarded as «survival aid». Harm reduction has since been integrated into the drug-policy repertoire of the federal government and most of the cantons. This willingness from the early 1990s to provide help

and support for drug users who were not willing or able to give up drugs, and the provision of suitable, needs-oriented facilities, reached out to thousands of severely marginalized drug addicts at risk of destitution who had previously been reached poorly if at all. It was subsequently possible to achieve an effective improvement in their state of health and social situation.

The trend towards improved circumstances is reflected, for example, in the statistics kept by the Federal Police Department on drug-related deaths in Switzerland: there has been a reduction of more than 50 percent since the first half of the 1990s. Equally, the curve illustrating the number of new HIV infections among intravenous drug users has been pointing firmly downwards for the past eight years, and at the moment it looks as if the number is stabilizing at around 100 new infections per year.

Tangible improvements

These improvements have also been confirmed by surveys carried out among drug users. In 2000, for example, 77 percent of the clients using open-access facilities in Switzerland rated their health as «good». This response was given by 67 percent in 1993, 70 percent in 1994, and 75 percent in 1996. These satisfying figures must, of course, be treated with caution. The health of many drug users and addicts is not good in objective terms, and many of them – several thousand – are chronically ill. The situation is alarming with regard to hepatitis. Around 40 percent of drug users have or have had hepatitis B, and a good 50 percent have been infected with hepatitis C; among long-term users the figure is in excess of 80 percent.

The cost of drug work

The four-fold drug policy costs the federal government, the cantons and the communes a total of CHF 1 billion every year. Half of this sum, about CHF 500 million, is accounted for by law enforcement. Of the remaining CHF 500 million, half is

spent on therapy. The remainder is spent on harm reduction (a good CHF 200 million annually) and prevention (the relatively modest sum of CHF 40 million – 50 million).

Covert scenes – open questions

One of the stated aims of law enforcement in Switzerland in the early 1990s was to eliminate the country's open drug scene. Experts were fully aware that this would lead to the development of covert drug scenes. However, whether this would produce new problems and challenges, and what they might be, was less clear.

Today drug addicts frequent covert, or hidden, scenes. Dealing and some drug use takes place on private premises. Police reports and eye-witness accounts by drug users show that the hygiene in these rooms must be poor to catastrophic in some cases. Yet we have no idea of how widespread these conditions are. Do they affect a few hundred people or thousands?

Harm reduction facing a counter-current

These changes among the target group are forcing us to take a critical look at the programmes on offer and to adapt them to today's challenges. But it is not only the target group that is changing; the political and professional environment is changing too, and the general pressure to reduce costs is fuelling the re-emergence of a discussion about the legitimization for harm-reduction programmes. There is a call to return to the original objectives of harm reduction and for a general individualization of the goals of drug-related work.

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for instance...

Street parade or drug parade?



According to the media, there was more drug-taking at this year's «Street Parade» than last year. The paramedics treated a total of 160 people, compared with 107 in 2004, for drug abuse (including alcohol) and the police arrested more drug dealers than last year. A journalist rated the 30 substances (three more than in 2004) we tested at the post-parade Energy rave as a sign of increased drug use.

The parade attracted 600,000 to one million participants and spectators, depending on who is reporting. Let us assume that half of these, i.e. 300,000 to 500,000, were actual ravers (as opposed to spectators) and that «only» 10% of these, i.e. 30,000 to 50,000, used psychoactive substances to enhance their party mood.

Whether the paramedics were called out 107 or 200 times, there was – in proportion to the high numbers and given that they were attending a rave – relatively little drug-taking. Anyone who, along with another 300,000 or more people, has ever visited one of Zurich's Langstrasse or Seenacht parties late at night would not have been particularly struck by the many parade participants who were under the influence of alcohol. Where were the alcohol prevention stands, where were prevention leaflets being distributed, where were warnings in the media or reports on the hectolitres of alcohol being consumed? Do we in fact know of any party at which no drugs at all are consumed – excluding perhaps children's birthday parties?

Nevertheless, Streetwork Zürich still had a job to do. From 2 to 6 p.m.

we ran an information stand at a central location. We were struck by the great interest shown particularly by visitors from Italy and Germany in the information material we provided on the risks and dangers of a wide range of different substances. Local users tend to be better informed on the dangers, risks and safer use of psychoactive substances. Though I cannot prove that this is due to the increase in secondary prevention aimed at party drugs in the last few years, I do regard this state of affairs as a positive outcome of our work. We gained the same impression while testing substances at the Energy rave. Streetwork Zürich's advice and testing services were stretched to full capacity. Besides finding relatively or even very high doses of ecstasy, we tested two pills that contained a substance that had only been discovered a few days before the street parade and had never before been used in Switzerland.

Donald Ganci
Head, Streetwork Zürich

Streetwork Zürich is run by Zurich's city Social Services Department and provides on-the-spot advice and pill-testing services at local clubs and raves. The tests are performed by the Berne Kantonsapothekeramt (Cantonal Pharmacist's Office). Since 2001, some 600 substances have been tested and approximately 2000 advisory discussions conducted. Streetwork Zürich also operates a website, www.saferparty.ch, which provides a great deal of substance-related information and also online advice.

Credits

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