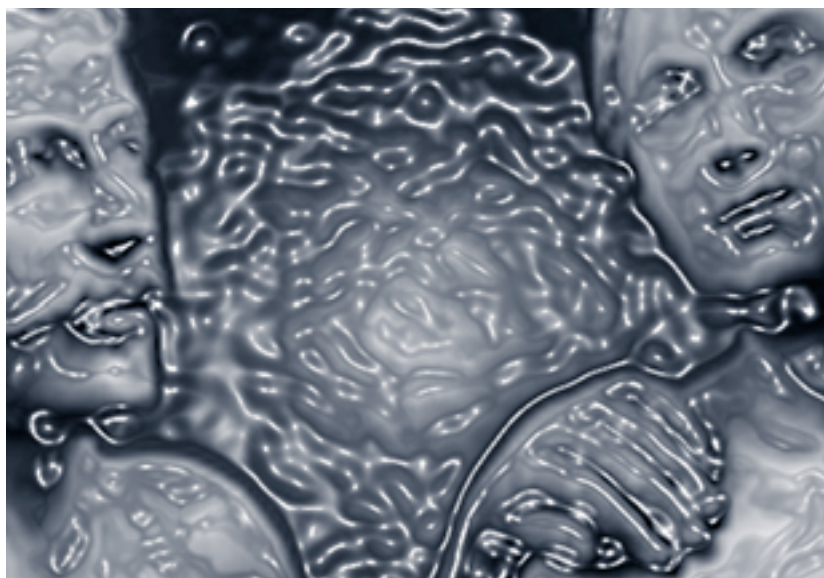


The same right to health

Gender Health: Men and women are not on an equal footing when it comes to healthcare provision. Healthcare that is responsive to the needs of both genders is still a long way from being systematically institutionalized. This is why gender-specific policies are needed to resolve existing inequalities in all areas of public health in Switzerland, as elsewhere.



Different factors affect the health of men and women. Take stress at work: men feel stressed in the workplace because they are constantly being interrupted while working, or because they have to deal with too many activities at the same time. Women, on the other hand, tend to perceive stress at work in terms of social stress: conflicts, a poor working atmosphere, lack of recognition and bullying or harassment are the decisive factors here. A successful health policy needs to take account of the different needs, obstacles and opportunities in the lives of men and women, since, according to a fundamental human right endorsed internationally by the UN and WHO, every individual is entitled to achieve and maintain the best possible level of health.

Responding to the differences

Experience has shown that there are two possible strategies for tackling sexual discrimination. One is a gender-specific health policy comprising measures which respond specifically to the health concerns of men and women. The other is gender mainstreaming, an approach that targets the specific physical, psychological and social characteristics of men and women in all areas of public health.

The roles of men and women in society do not receive equal recognition. The difference emerges very clearly in areas such as violence and health. Although there are facilities that provide specifically for women in need, such as women's refuges and advisory centres for rape victims, these still belong firmly to the category of seriously underfunded alternative services. There is no comprehensive provision. Turning to another example, that of heart attacks, women are less likely to suffer one, but more likely to die if they do. To date, this state of affairs has received very little attention in professional training and the medical literature.

In this context, gender mainstreaming works as a political and technical process. Differences between the genders are systematically considered

in the formulation, implementation and evaluation of public health programmes and policies. This generates a need to redefine objectives, organizations and structures in the health service.

Making gender health an integral part of health policy

Switzerland does not yet have a gender-responsive health policy as such. However, a long-term process of enhancing political awareness of the situation resulted in the federal government setting up a Gender Health Unit within the Swiss Federal Office of Public Health (SFOPH) in 2001 – a milestone in health policy. The women's liberation movement of the 1970s focused on the physiological and social aspects of women's health, and the 1980s were marked by the establishment of innumerable institutions. More recently, government bodies have also provided major impetus for the development of services responsive to the needs of women and gender: in the past 12 years, a mandate from the SFOPH to pursue gender-responsive addiction work has been instrumental in the introduction of a wide range of services not only for women and girls but also for men and boys by the cantonal offices responsible for addiction prevention and health promotion. The Swiss Health Promotion Foundation has done a lot of work in the field of open-access gender-specific youth work; the organization Radix has promoted gender-responsive healthcare for men; and in the field of sexual health, the offices of the Swiss Aids Foundation and the PLANes family planning offices have made the services they provide responsive to the needs of women. Gender health has also moved into professional training programmes, especially in nursing and post-diploma studies. But mandates to set up gender-responsive projects have been awarded in very few cantons so far, and in each case they have been the result of the commitment shown by certain individuals.

spectra



Speaking of ourselves.

The «spectra» newsletter has been around for almost a decade. As the latest evaluation reveals, it serves as an important mouthpiece for the Swiss Federal Office of Public Health. «spectra» reports on the wide range of preventive and health-promoting activities initiated or supported by the Swiss government, and is appreciated as a source of reliable and comprehensive information by its readership. As from today, the newsletter is appearing in a revised layout and with certain improvements in content. » Page 3

Handle with care



A glass too much. The new campaign of the Swiss alcohol prevention programme «Handle with care» gets under way in February and focuses on the problematic «glass too much» that marks the dividing line between reasonable and high-risk consumption of alcohol. The programme targets the 600,000 people in Switzerland whose drinking habits put them at risk and cause consequential costs of some CHF 6.5 bn a year. It also focuses on the binge drinking that teenagers and young adults in particular go in for.

» Page 3

Anti-drugs package

The effect of the «fourfold» policy.

The evaluation of the Swiss government's package of measures for reducing drug-related problems between 1998 and 2002 (ProMeDro II) shows what has been achieved over the past few years and what still remains to be done. While fewer people are injecting heroin, cocaine and cannabis use has risen. The substantial decline in drug-related deaths is probably attributable to the comprehensive drug policy based on the four pillars of prevention, treatment, harm reduction and repression.

» Page 4

The work of the Gender Health Unit

Better health for men and women. This national agency of the Swiss Federal Office of Public Health has been contributing to gender-responsive health policy since 2001 and in doing so helping to improve the health of men and women in Switzerland.



Switzerland has signed agreements with UNO and the World Health Organization (WHO) concerning gender-responsive healthcare provision. In this context, the Swiss Federal Office of Public Health (SFOPH) is also committed to a non-discriminatory healthcare policy and, in 2001, established the national Gender Health Unit to address issues of male and female health. The unit aims to systematically incorporate men's and women's health needs, risks and resources into all areas of health (policy, research and practice).

For men and women

The need to take account of gender equality in policy and practice is apparent in the area of research into women's health and diseases and in the investigation of health topics that are specific to men, for example. A lot of catching up needs to be done because gender has generally been ignored in research up to now. But we have known for a long time that gender is one of the key factors influencing the development of human health and illness.

The Gender Health Unit is therefore initiating projects in the field of men's and women's health and is currently investigating the following research topics: Do women cause higher healthcare costs than men? This study is designed to investigate the healthcare costs for men and women and is being conducted in collaboration with the Swiss Health Observatory (OBSAN) in Neuchâtel. Does poverty make people ill? Under this title, the Female Poverty, Work and Health priority programme is examining the health-related behaviour of women who live in poverty. The second step will then be to develop, implement and evaluate offerings designed to improve the health of this target group.

Consolidate research network

The Gender Health Unit has also initiated the formation, last November, of a national male and female health research network. The aim is to help promote the existing structures and ensure the long-term sharing of information among researchers at the international level.

The Gender Health Unit also issues factsheets, working materials, reports and background material on gender health (poverty, gender and health; age, gender and health; male and female health; national equality policy; international issues), which are available on the Internet (www.bag.admin.ch/gender/d).

The Unit also prepares papers on issues of gender-based health for the attention of the Federal Council and Parliament. It advises interested bodies inside and outside the government on factual issues and is selectively involved in the further training of gender health specialists.

Contact:
Gender Health Unit,
SFOPH,
3003 Berne.
Tel. +41 31 323 87 66,
fax +41 31 323 88 05,
claudia.meier@bag.admin.ch,
pia.tschannen@bag.admin.ch

Credits

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Head of Editorial Board:
Markus Allemann
markus.allemann@bag.admin.ch

Contributors:
SFOPH staff, Ch. Hoigné and others

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Continued from page 1

Gaining and expanding knowledge

Progress in science, real-life application and policies relating to gender health is visible, but at the same time as the men's health movement is trying to change the traditional male ideal (which is harmful to health), women are increasingly adopting a harmful «male» lifestyle in professional life and in their consumption habits. Health promotion's focus on women's bodies as sexual objects has been replaced by the image of men's bodies in the same role.

It is clear that knowledge of gender concerns in the provision of healthcare needs to grow and be incorporated into training programmes if the whole process of making healthcare gender responsive is to be effective. Training institutions need to bring their curricula into line with the latest findings and make the impact of gender roles on prevention, therapy and healthcare in general an integral consideration in all aspects of teaching and practice.

Source: AIDS Infothek 2/03

Contact: Gender Health Unit,
www.bag.admin.ch/gender/d/index.htm

There's much to say about a glass too much

«Handle with care» alcohol prevention programme: Alcohol abuse costs 6.5 billion Swiss francs a year. Every tenth death among 15–34 year old males is alcohol related. Binge drinking shows no signs of declining. The notorious glass too much lowers inhibitions and leads to problems. A new campaign of the «Handle with care» alcohol prevention programme with a clear set of messages will therefore be started on 9 February.



Even though most Swiss residents can control their alcohol consumption, some 600,000 people have drinking habits that put them at risk and cause illnesses, accidents, alcoholism in the long run, and social problems. Teenagers and young adults in particular regularly drink to excess and therefore bring problems on themselves that often have serious consequences – for the drinkers, their environment and the consequential social costs. The Swiss Federal Office of Public Health together with the Federal Alcohol Administration (EAV) runs the alcohol prevention programme «Handle with care», which seeks to reduce high-risk alcohol consumption in Switzerland. «Handle with care» proposes an effective strategy for countering the attractions of cheap spirits, the alcopops and premises so popular among young people, new party trends, etc.: It encourages people to observe themselves and to drink alcohol with awareness and pleasure rather than just mindlessly knocking it back. The new campaign will be flanked by two projects that focus on training primary care physicians to identify high-risk alcohol consumption at an early stage and on raising awareness of the problem in the municipalities.

2004 poster campaign

The 2004 «Handle with care» poster campaign will take over the imagery used in previous years. It will focus on the theme of the «glass too much» that marks the dividing line between responsible alcohol consumption and the irresponsible sort that so often generates problems in many different areas of life: relationships, work, driving cars, etc. So there will be no change in the recommendation to drinkers: «Heads up, not bottoms up».

The «new» TV/movie spot is the «old» one

The «Bad Breath» movie spot, which also refers indirectly to that

glass too much, is enjoying a comeback in 2004. It is about missed opportunities and shows that holding back when it comes to alcohol does open the door to pleasure.

www.alles-im-griff.ch

Professionals, people affected by the problem or those seeking help will find full information and additional links on the campaign website: www.alles-im-griff.ch. «The Club» offers further interactive services, links and prevention messages designed to appeal to young people. As successful as ever, the electronic game «Spacebar» is available to download.

Contact:

Questions about the campaign:

Elisabeth Stämpfli, SFOPH, Campaigns and Marketing Section, CH-3003 Berne,

elisabeth.staempfli@bag.admin.ch

Questions about the alcohol prevention programme:

Anne-Rose Barth, Programme Manager «Handle with care», SFOPH, CH-3003 Berne, anne-rose.barth@bag.admin.ch

www.alles-im-griff.ch



At first hand



The Swiss Federal Office of Public Health (SFOPH) is committed to a gender-responsive health policy.

Differences and imbalances between the sexes can be seen in the most diverse areas of healthcare provision. Women and men differ in the way they look after their health and in their use of the healthcare services on offer. Moreover, certain aspects of health and disease affect one sex exclusively or more frequently than the other. And finally, large knowledge gaps on gender-specific issues exist in many areas of public health.

The Swiss action plan on the equality of men and women initiated in 1999 specified 21 measures to be taken in the area of health. Some of these measures have now been implemented or the corresponding work has begun. But much still remains to be done in many areas. Measure 19 of the report calls for the setting up of a «central agency for women's health». This goal has now been achieved. In 2001, the Swiss Federal Office of Public Health established the Gender Health Unit to address the health needs of men and women. This unit is committed to a gender-responsive health policy, and as such is contributing to improving and safeguarding the health of men and women in Switzerland. The health needs of men and women will be treated equally in all areas of public health and both sexes will have equality of access to all facilities and institutions of the health system. This issue of «spectra» offers an insight into certain aspects of Gender Health and the principles on which it operates, and examines what still needs to be done before the goal of a gender-responsive healthcare system can be achieved.

Pia Tschannen and Claudia Meier
Joint Heads of the Gender Health Unit
Swiss Federal Office of Public Health

The «spectra» newsletter: Firmly established, highly valued and now with a new look

Valued source of information: «If it's important you'll find it in 'spectra', if it's in 'spectra', it's important». This was one of the key messages expressed during the evaluation of the SFOPH newsletter. One year before its tenth anniversary, «spectra» has been given a makeover.

Like all preventive measures implemented by the Swiss Federal Office of Public Health (SFOPH), «spectra» also occasionally undergoes an evaluation. The second evaluation took place last year. The evaluation team conducted 19 lengthy interviews with selected representatives working in the «youth», «Aids» and «dependency» areas, public health generalists and political players from across Switzerland. Their extensive and detailed answers to questions on subjects ranging from the publisher, the themes addressed and the editorial angle, to formal questions and general expectations

demonstrate that «spectra» is perceived as

- an «official» medium of the SFOPH and its specialist dependence and Aids units
- an up-to-date and credible source of information
- personifying leadership in opinion-forming
- providing a comprehensive overview of health promotion and disease prevention in Switzerland in short, easily understandable articles
- close to the ground and also, to a certain extent, a discussion platform for the various players.

The current visual appearance of «spectra» prompted several comments. The print was generally considered to be too tightly packed and the font was criticized for being too small. However, interviewees did

clearly express the desire to continue receiving the newsletter on paper, and not merely online in electronic form.

Weaknesses mentioned included the fact that the thematic focus was more on «dependence and Aids» rather than «health promotion and disease prevention». Interviewees liked the idea of key themes being covered in several articles and wanted to see more of these.

New font, clear layout, more pictures

The «spectra» evaluation shows that the newsletter is being very positively received. So a redesign should turn something good into something even better. As readers, you will find much that is familiar in the «new spectra», and observe a number of improvements in certain details. The format, size and the paper used will not be changed.

The revamped «spectra» that you hold in your hands already incorporates some of these wishes. The adoption of a more legible serif font for longer articles is the most striking feature of the new layout. The redesign also aims to increase the number of pictures where possible, to further improve the structuring of articles and to cite additional information references – source, ordering address, contacts – at the end of each article. Overall, «spectra» presents itself more as a newspaper than a magazine, thereby taking account of its perceived role as an «official» and credible information source of the SFOPH. In addition to a «Forum» section, which will enable people from outside the SFOPH to air their views, a new section entitled «Pros and Cons» is to be introduced, in which various controversial topics will be discussed.

Systematic monitoring of drug use can be improved

Package of measures to reduce drug problems: The evaluation 1999 to 2002 shows that much has been achieved, but shortcomings still exist. Greater coordination between the alcohol, tobacco and drug programmes would be a welcome development as part of the revision of the Federal Narcotics Law.

The Swiss government's measures for reducing drug-related problems between 1998 and 2002 (ProMeDro II) has now reached the end of its life. Since its launch in 1991 ProMeDro was continuously evaluated by the Institute of Social and Preventive Medicine at the University of Lausanne.

One of the main aims of the evaluation was to track the trends in drug use. To achieve this, the evaluators made use of various surveys conducted among the general population, schoolchildren and drug users. Statistics were also prepared on outpatient treatments, drug-related deaths, notifiable infectious diseases and data relating to the enforcement of narcotics legislation.

Increased cocaine and cannabis use

In terms of the epidemiology of drug use, heroin use has declined since the latter half of the 1990s. By contrast, cocaine use rose slightly, particularly among recreational users. A clear trend was observed in cannabis use, where the age at which people start taking the drug is steadily falling. The increase in consumption, however, is particularly striking among 15-year-olds, where consumption rates more than trebled from 8.5 to 30.8 percent between 1990 and 1998. Surveys conducted on the "techno" scene indicate that there is a high level of synthetic drug use.

Fewer drug-related deaths

Progress has been made, however, with the clients of low-threshold facilities, where fewer individuals inject drugs, and do so less frequently. More people are seeking treatment, resulting in a reduction in the severity of problems. Over the period analysed the number of drug-related deaths is also declining, as is the number of new HIV cases among drug users. On the other hand, there are now more cases of hepatitis C, and there has been a slight reduction in condom use, although the level of protection remains high. Nor has any improvement been noted in access to employment.

In the light of these trends and the results of other studies, the global evaluation concluded that between 1998 and 2002, the Swiss Federal Office of Public Health (SFOPH) achieved a number of its goals: heroin-assisted treatment has been institutionalized, the utilization of research and evaluation studies has improved, residential treatment has gradually been restructured, a study of secondary prevention has been developed and a new further training programme introduced, etc. However, the SFOPH has not yet achieved its objectives for a better-quality methadone distribution system, the harmonization of prevention programmes as well as that of the quality assurance systems being used in research and evaluation, the setting up of a high-level epidemiological monitoring system and the reorganization of the monitoring agencies.

Achievements and challenges

In specific areas, the evaluation reached the following conclusions: The newly created Health Promotion and Disease Prevention Unit, which is responsible for the overall management of the SFOPH programmes, has facilitated initial synergies between the various prevention programmes. The SFOPH has already cleared some important hurdles with the introduction of a uniform system for the funding of residential treatment (FiDé). The quality assurance system for institutions working in the drug dependence sector (QuaTheDa) has also grown in importance. As regards outpatient treatment, an improvement in quality was only observed in the final stage of the programme. Heroin-assisted treatment has now been successfully institutionalized. The SFOPH's activities in the area of enforcement no longer appear to enjoy priority status, and no data is available for tracking the provision of treatment in prisons.

National monitoring required

Switzerland still lacks a system for monitoring drug use, even though the SFOPH has, over the past decade,

been actively involved in developing various epidemiological tools such as Act-info. This situation has arisen because the projects are too fragmented or individual projects were introduced too late. The evaluators are therefore recommending that the SFOPH create a coherent monitoring system for drug use in Switzerland, with the aim of harmonizing the existing instruments, filling knowledge gaps and improving the coordination of activities.

A change in the status of cannabis is expected to result from the revision

of the Federal Narcotics Law. The evaluators would welcome better coordination between the drug, alcohol and tobacco programmes to achieve a higher level of coherence.

Source: Zobel et al., «Global evaluation of the Confederation's measures to reduce drug-related problems (ProMeDro)» www.health-evaluation.admin.ch

Contact: Markus Weber, Evaluation Management & Resource Centre (CCE), evaluation@bag.admin.ch, +41 31 323 87 24

From a project aimed at stimulating action to a global programme

In addition to the evaluations of the «ProMeDro I» and «ProMeDro II» programmes, the Swiss Federal Office of Public Health (SFOPH) also arranged for the sustainability of its drug-policy goals at the federal, cantonal and municipal levels to be evaluated, i.e. to determine whether implementation of the Confederation's fourfold model (prevention, treatment, harm reduction and repression – although repression was excluded from the ProMeDro programme) was on target towards achieving its goals.

The analysis of «ProMeDro II» by the University of Zurich's Institute of Political Science and the University of Lausanne's Institute of Political and International Studies was predominantly positive. The process by which ProMeDro II developed was felt to have had a positive effect on internal coordination processes. However, this was not reflected externally because the second programme was not considered innovative. The revision of the Swiss Narcotics Law will create a new situation to which the formulation of a consistent and forward-looking strategy by the SFOPH should be geared. Despite the generally strong to very strong political sustainability of the ProMeDro II measures, it is still insufficient in the cantons of Neuchâtel, Nidwalden and Vaud in particular and Thurgau to a lesser extent, and in the municipa-

lities of Biel/Bienne and Lugano in particular, and less so in Aarau, Chur, Locarno, St. Gallen and Winterthur. The SFOPH should maintain its activities in the field of documentation and information and continue to ensure consistency in the goals and measures relating to the consumption of drugs, whether illegal or legal.

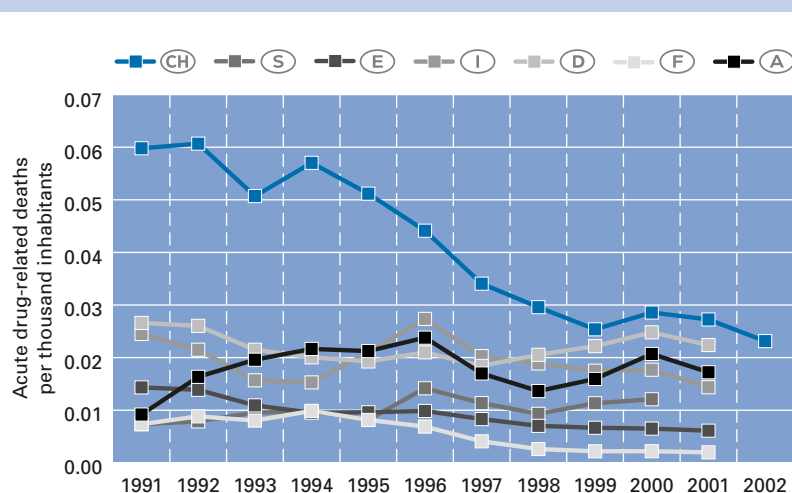
Leadership and coordination role of the Confederation

Now the SFOPH is faced with the challenge of moving forward from a drug-policy programme aimed at stimulating action to a complete nationwide programme that is able to respond to and, if necessary, compensate for the inequalities inherent in federalism. But the SFOPH would have to set regional priorities. But how are changes to be effected in cantons and municipalities with structural shortcomings which do not feel particularly under pressure as a result of the drug problem and are somewhat critical of the Confederation's measures? This question would have to be clarified.

Source: Kübler/Widmer, *Politische Verankerung der Drogenpolitik des Bundes*, www.health-evaluation.admin.ch

Contact: Markus Weber, Evaluation Management and Resource Centre (CCE), evaluation@bag.admin.ch, +41 (0)31 323 87 24

Drug-related deaths in selected European countries



The national statistics for drug-related deaths refer to acute deaths that are directly connected with drug use or overdose. However, inter-country comparisons of the numbers of drug-related deaths are difficult because of the differing recording practices and the differing number of drug users. Such comparisons should therefore be viewed with extreme caution. The trends within the individual countries yield much more reliable information. Certain countries (for example Switzerland or Spain) show clear trends towards a reduction in drug-related deaths over the past ten years. In other countries the downwards trends that were initially observed in the second half of the nineties have been followed by renewed rises. In absolute terms, the trend of falling drug-related deaths in

Switzerland means that whereas 409 people suffered an acute death because of their drug use in 1991, 167 such fatalities were recorded in 2002 after a period of successive reductions in this number.

Mixed consumption (e.g. opioids, cocaine, benzodiazepines and alcohol) continues to pose the greatest risk for overdoses (both fatal and non-fatal), as does drug use after a period of abstinence due to treatment or imprisonment.

Sources: • European Monitoring Centre for Drugs and Drug Addiction EMCDDA
• Eurostat