

Early help for young people at risk

Addiction prevention and research programme «supra-f». Programme managers and researchers take stock after the first five years: This innovative programme enables seriously at-risk young people to be reached with preventive measures that ensure – at least for the time being – their social integration at school, in apprenticeships and in the family. Supra-f has also demonstrated its sustainability: All twelve prevention centres in seven cantons have been operating without federal subsidies since the beginning of this year.



Typical day at a supra-f-centre. A wide range of activities give the day a varied structure for young people at risk.

Supra-f represented a new approach to prevention work: seriously at-risk young people in the 11-20 age group are selected to attend a centre for six months where they participate in a preventive programme aimed at improving their personal situation. This novel form of «indicative» prevention targets young people whose behaviour in the everyday settings of school, teaching, family and community indicates, in the estimation of their adult carers, that they need help that will stop their situation from deteriorating and prevent later problems with substance dependence.

To test this approach to prevention as widely as possible and determine its acceptance, feasibility and effectiveness, the SFOPH implemented a nation-wide prevention programme that includes flanking research activities. After soliciting project proposals on a broad front in 1999, the SFOPH approved 15 submissions, three of which were subsequently terminated after a short time. Though the remaining projects stopped receiving financial assistance from the SFOPH at the end of 2003, they have been able to sustain themselves as independent institutions with municipal and cantonal help.

What does a supra-f centre offer?

A supra-f centre is generally open during the day from Monday to Friday and offers a wide range of social and educational measures such as remedial teaching, help with homework, development of language skills, training in communication and social skills, group-based discussions, individual counselling, communal midday meals and leisure activities. Some centres additionally offer pupils who have been expelled from school for «unacceptable behaviour» an opportunity to complete their schooling. The teams are constituted on an interdisciplinary basis: social educationists, psychologists, teachers and sometime also craftsmen. The centres can assist 15 to 20 young people

at any given time. Most of the young clients are referred by schools, others by youth welfare offices and the juvenile division of the local public prosecutor's office.

How effective are the centres?

Relatively little is known about the effectiveness of preventive interventions in young people at risk. As a pioneering programme, supra-f was designed to provide for the continual exchange of research findings and practice-based observations and thereby lead to improvements in the practical setting. The researchers' mandate was to demonstrate the connections between the form of intervention undertaken and the effects it generated.

The surveys being conducted among young people will continue at least until 2008, allowing any longer-term positive reactions to be recorded as well. Observation up to early adulthood means that the degree of occupational and social integration achieved by young people initially at risk can be determined. This is a first for Switzerland.

supra-f and the comparator group

To date, supra-f research has surveyed just over 1500 subjects aged between 11 and 20. Of these, 1000 have attended one of the twelve supra-f centres, while the others belong to an intervention-free comparator group. To determine whether the supra-f programme really reaches the group it is targeting, i.e. young people at risk, the supra-f subjects were compared in respect of a number of key risk variables with the SMASH population (Swiss Multicentre Adolescent Survey on Health 2002) of over 7500 students aged between 16 and 20 from all over Switzerland.

The comparison showed that supra-f subjects were much more likely to smoke cigarettes and cannabis than the comparator group. Alcohol con-

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Counselling instead of punishment



Despite Parliament's decision not to revise the Swiss Narcotics Act or decriminalize cannabis, the police, judiciary and prevention organizations in many areas are jointly seeking solutions that allow young cannabis users to be counselled rather than punished. A spectra discussion about the experience gained in the Berne region.

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AIDS conference in Bangkok



International AIDS conferences have been held since 1985. On the occasion of the 15th Conference, held in Bangkok in July, we review the chequered history of this regular event, which brings together scientists, politicians, NGOs and people with HIV/AIDS and impressively reflects the different phases of the AIDS epidemic.

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«There aren't many young people who would let such an

Early identification of young cannabis users. Counselling instead of punishment is the principle applied in several Bernese court circuits. Young people are referred to counsellors rather than be punished with a fine or community service. Beatrice Westermeier from Berne City Police, juvenile-court judge Alex Müller and

spectra: How did this cooperation between law enforcement, judicial authorities and prevention come about and how does it actually work in practice?

Alex Müller: It started when the local counselling centre in Münsingen (Canton of Berne) notified us that it was aware of many young cannabis users in the village who ended up neither with Contact nor at the juvenile court. As a result, efforts were made to combine the strengths of the police and judicial authorities with those of the addiction counselling centre. In cases involving offences, parents are given the choice of opting either for the standard procedure of prosecution and punishment under criminal law or of referral to counselling services and thus possibly avoiding punishment.

Our "clients" are, in fact, referred to us by the police. It goes without saying that we have to deal with the whole spectrum of juvenile delinquency. We have to assess the charges raised, including those of smoking cannabis, but under juvenile law we may refrain from punishment or other measures provided the necessary conditions have been created, for instance with an appropriate response by the guardianship authority or the parents. We've had very good experience with this option system. There aren't many young people who would let such an opportunity pass them by. However,

the option applies only to young first offenders and those who have not been charged with other offences besides using cannabis. Our function as the prosecuting authority has an important bearing on the success of the programme – many prefer to opt for a route that bypasses official criminal proceedings. This underpins in particular the position of the parents, who are helpless when it comes to dealing with their children's cannabis use.

spectra: Have you any figures for the number of young people who land in the juvenile courts despite having had counselling?

Alex Müller: I can't say precisely, but it's surprisingly few – under 10%, I would guess. That doesn't of course mean that the remaining 90% have stopped smoking joints.

spectra: But you consider this approach to be a good thing?

Alex Müller: Absolutely. Above all, it's better than punishments that tend to have little effect. We're also surprised at how the project has grown. It started out on a very modest scale a few years ago and now it's to some extent the standard response in first offences.

spectra: Is this a good project from the viewpoint of drug-addiction counselling?

Andreas Widmer: By and large, yes.



Andreas Widmer, Contact Bern

We started using this model at Contact Bern exactly four years ago. The numbers are rising. Up to August 2004, for instance, the juvenile courts referred more than 70 young people and their families to us – that's as many as in the whole of 2003. Very many young offenders are picked up by the police in suburban trains. It's a good measure for most for them – and this is also the view of the young people themselves. In the beginning, many of them come very much against their wills, and the parents also have to overcome inhibitions. But once they're there, the discussions are usually positive. If we see that im-

portant topics cannot be discussed with the parents present, we may invite the young clients to attend the second session on their own. Roughly 20% of the discussions are continued, with the young people coming back for further counselling after the first two sessions. The dominant age group is 15–18.

spectra: What experience have you had with substances other than cannabis?

Andreas Widmer: I wish we had a model like that established for cannabis which we could apply to other substances as well. Particularly with regard to alcohol, there's an urgent need for action.



Beatrice Westermeier, Berne City Police

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sumption in the *supra-f* group was lower, presumably because of its high proportion of non-Swiss. The *supra-f* group also exhibited a greater tendency to behaviour that infringed accepted norms and to violence. Emotional well-being was compared with reference to suicide and depression. No differences were found among the boys in this respect, but 18% of girls in the *supra-f* group admitted to having attempted suicide in the previous twelve months – more than

twice as many as among SMASH girls (8%).

Effects achieved

supra-f seems to bring about the desired integration to a large extent: A positive follow-up solution (school, apprenticeship, job or another solution such as a place in a home) was found for the majority of the young people (86%) after they had ended their participation in the *supra-f* programme. «Before and after» comparisons show that the ability of the young people to cope actively with

problems was improved in a higher proportion of the *supra-f* group than among the reference population. There was also a decline in abnormal behaviour after the interventions in the *supra-f* centres.

Over four fifths of the *supra-f* group (86%) are satisfied or very satisfied with the programme, which is important if young people are to be persuaded to take part in the first place and to remain in a non-residential personal development programme. The discontinuation rate is less than a fifth (17%). The referring bodies

supra-f in figures

To date, **1000** young people have taken part in programmes at one of the **12** *supra-f* centres, 500 in the comparator group without *supra-f*. The SFOPH has provided funds to the tune of **CHF 7 million** for the centres, excluding research, for a programme duration of 1999–2004. One *supra-f* centre costs an average of **CHF 430,000** a year, or **CHF 14,000** per young person (by way of comparison: The authorities pay **CHF 120,000** a year per head to keep a young person in a home). **86%** of the young people find a follow-up solution (school, apprenticeship, etc.) after completing a *supra-f* programme.

are very satisfied with the projects offered and the collaboration with the centres.

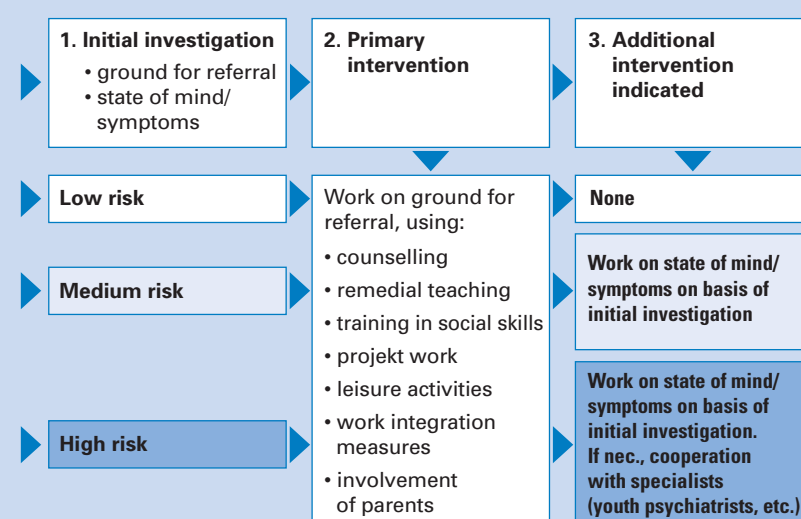
Diagnosis and treatment

According to the researchers, *supra-f* has not quite satisfied expectations in terms of emotional well-being and reduction of substance abuse. The research shows that *supra-f* subjects do not constitute a homogeneous group. Although they were all included in *supra-f* as a result of a behavioural problem, the target for a proportion of them was «only» to improve the problem in question. For this group, therefore, a limited range of services is sufficient. However, other young people additionally display a range of emotional problems of varying degrees of severity. In young people who are particularly at risk, the researchers recommend im-

Matching the intervention to the specific risk profile

Though nearly all the young people attending *supra-f* centres are referred there for the same reasons (behavioural, school- or work-related problems), they are not a homogeneous population. They constitute three groups, each with a distinctive risk profile:

- Young people at **low risk** have a normal psychological profile. They do not suffer from depression or anxiety, they have a good relationship with their parents and they are not associated with increased delinquency.
- Young people at **medium risk** have little in the way of inner resources. They exhibit signs of depression and anxiety, have a poor relationship with their parents and are associated with increased delinquency.
- Young people at **high risk** have hardly any inner resources at all. They suffer from depression and



anxiety, and often have suicidal tendencies. Their relationship with their parents is usually seriously impaired. They abuse substances to

such an extent that it becomes a problem. The increased suicidal tendencies and substance abuse alone put them seriously at risk.

opportunity pass them by.»

ing joint-smokers charged with an offence by the police are referred by the juvenile courts, along with their parents, and Andreas Widmer from Contact Bern exchange experience in an interview with spectra.

Beatrice Westermeier: The situation with alcohol is really bad, but the law doesn't give us any leeway for action.

Alex Müller: That's all the more worrying when you consider the tendency for bad things to happen particularly when young people are under the influence of drugs and/or alcohol. Last year's wave of violence in Berne was obviously linked to drugs and alcohol.

Beatrice Westermeier: A few years ago we would have tried talking to the young people we found drinking beer or wine in public, at railway stations for instance. But we've stopped doing that because we don't have the time or the people for it and because we've no way of following it up. The young people come out of the supermarket with a bottle of Moscato or a box of beer under their arms. If we intervene at all, then it is in the store where the alcohol was sold if the customers were underage yet were still able to buy it there.

spectra: Has your daily routine been affected by the National Council's definitive decision in June not to go ahead with the revision of the Swiss Narcotics Act, which was to have included decriminalization of cannabis use?

Beatrice Westermeier: We're working exactly as before. We took cannabis use seriously before and we'll continue to do so. We're not



Alex Müller, juvenile-court judge

hunting down young joint-smokers – we've got no time for that. The only thing that's changed is that the young people we catch at it can no longer say that it'll soon be legalized anyway. It's mostly young people who get caught smoking a joint in public – adults tend to prefer doing it on the balcony in the privacy of their own homes.

Alex Müller: The legitimacy problem has indeed grown enormously in the last few years. It's relatively simple to tell young people why they're being punished for stealing. But as far as smoking a joint is concerned, they had no awareness of doing anything wrong. They considered the offence

an outdated legal provision, and it's certainly illogical compared with other substances. But for us this legal provision has the advantage that we can register the offenders and initiate some kind of action. The situation with regard to alcohol is quite different, where terrible things happen yet our hands are tied. Though we can ascertain a lot on questioning, there's little we can do directly that has much effect. This is true even in cases in which young people binge drink to make themselves drunk as quickly as possible. A teenager recently told me that he actually had no problem with alcohol, saying he sometimes downed a whole bottle of Kirsch, but then didn't everyone in his age group...?

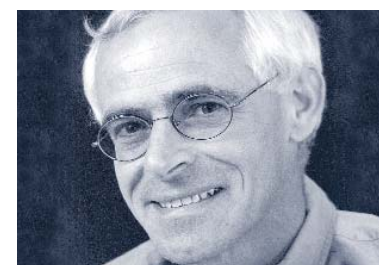
Talking to spectra were:

Beatrice Westermeier, Juvenile Division of Berne City Police, trained teacher, with the Criminal Investigation Dept. of the City of Berne since 1993.

Alex Müller, lawyer, juvenile-court judge in the Bern-Mittelland circuit since 1990.

Andreas Widmer, social worker with additional training in couple and family therapy; youth, parents and addiction counsellor at Contact Bern since 1990.

At first hand



Recent research studies have unequivocally confirmed what we all already know: tobacco, alcohol and cannabis consumption is still (too) widespread in Switzerland. Particularly noticeable is the increase among young people. We are therefore entitled to ask what good the prevention activities of the last ten years have actually done? Have the Swiss Federal Office of Public Health's long-term prevention programmes in schools, residential homes, municipalities, youth federations and sport had any benefits at all?

There is no straightforward answer, just some tentative explanations. For instance, we have seen that social forces are obviously much more powerful than prevention measures which, however well meant and well implemented, are ineffective on the whole. Fashion trends, lifestyle, advertising, high purchasing power, easy access to substances, general indifference and constant exposure to the media are some of the social forces, always present and yet unnoticed, that promote consumption.

The time has come to reconsider prevention. Two confirmed findings are of importance in this context: First, we now know that «structural» measures which impact directly on the environment and the availability of substances have an inhibitory effect on consumption. Second, we know that in most cases of addiction the problem is not one of substances alone but of co-morbidity. Our own supra-f research has impressively demonstrated this in a cohort of over 1,500 young people: Heavy consumption of addictive substances is almost always associated with serious personal problems and background difficulties. This means that a «preventive» intervention focusing on a specific drug problem will be of limited effect. An intervention that takes the totality of the young person's problems as its starting point and mobilizes the necessary resources in the individual and his environment is more likely to be successful.

These two findings could initiate a new phase of prevention governed by the simple motto «Look and take action» and pursuing two strategic priorities:

- Structure-oriented prevention with clear identification of the main environmental and market conditions that need to be changed by legal and organizational action.
- Person-oriented prevention that generates targeted and sufficiently intensive programmes for population groups that are already manifestly at risk.

Bernhard Meili

Head, Health Promotion and Disease Prevention Unit
Swiss Federal Office of Public Health

plementing more intensive measures, including therapeutic interventions. If emotional well-being is not improved, there is a risk that any stabilization achieved will be short-lived and that the individual situation will soon deteriorate once supra-f support is withdrawn.

This finding has a further important consequence for future practice: On admission to a supra-f centre, each subject should undergo diagnostic triage. Only when the risk has been diagnosed can a personal development programme tailored to individual needs be implemented (see graph). A programme of this kind with beneficial effects on a relatively broad risk base has still to be developed.

What comes now?

What further action is being taken to promote the early identification of young people at risk? Bernhard Meili, head of the SFOPH's Health Promotion and Prevention Unit, specifies three areas of activity: First, multisector cooperation. Here the focus is on cooperation between the SFOPH and the State Secretariat for Economic Affairs (seco). Seco runs a programme promoting «motivation semesters» for young people who have not found an apprenticeship or for those who have broken off vocational training. «Many young people are particularly at risk as a result of premature termination of an apprenticeship», says Bernhard Meili. There are already more than 50 motivation semesters throughout Switzerland; they last six to 12 months and involve some 4000 young people. Second, the SFOPH wants to help the

municipalities plan secondary-prevention projects. Prognos AG has been commissioned by the SFOPH to design an instrument with which social flashpoints can be more effectively brought under control at the municipal and cantonal levels. The third focus of activity is diagnostic triage and the targeted interview aimed at improving emotional well-being and reducing substance abuse. supra-f research managers are currently developing two instruments for this purpose. Placement of a

young person at risk in the appropriate intervention programme depends on a thorough investigation and assessment of the risk involved. «For a programme tailored to individual needs to be successful, we have to be able to see whether the lights for this individual are green, amber or red», explains Bernhard Meili.

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Credits

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One step forward, two steps back?

15th International AIDS Conference. With almost 20,000 participants, the International AIDS Conference in Bangkok was the largest event of its kind to date. This article looks at the history of AIDS conferences and places two of the main topics in Bangkok – access to therapy and approach to prevention – in their historical context.

International AIDS Conferences have been held since 1985. Until 1994 they were an annual occurrence, since 1996 they have been held every two years. This shift in rhythm may well reflect the diminishing belief in rapid solutions, perhaps also the dissipation of the euphoria that marked the early years. But strangely enough, it was the first of the biennial conferences – held in 1996 in Vancouver – that triggered the first and so far only real sense of a new departure. Studies had documented the efficacy of combined therapies and made the American virologist David Ho the star of the conference.

From euphoria ...

For many of the people involved in HIV – as doctors, researchers, activists, people affected or in prevention work – these results provided the first relief after endless years of being confronted with suffering, dying and death. The tremendous impact on society of this success was reflected by Time Magazine, which selected David Ho – whose appearance in Vancouver had been stage-managed by a PR agency – as «Man of the Year» 1996.

... to a new realism

But over the following years, David Ho gradually had to modify and then withdraw the dramatic proclamations he had made in Vancouver, such as his success in eradicating the virus through therapy. His experience was typical of developments post-1996, and in 1998, at the next AIDS conference in Geneva, euphoria gave way to a new realism. The available treatments were certainly rewriting the history of AIDS, but the limits of this progress soon became very apparent. Can a complex course of treatment be taken for life? How fast does resistance to therapy develop? Can new drugs be developed in time? And the leading, central question since drugs were developed: who has access to them?

Access for all! Access for 50%?

The call for a global strategy to combat AIDS was evident in the mottos of the conferences in 1996 «One world. One hope» and 1998 «Bridging the gap», but these appeals were destined to remain theoretical for some time. The approach taken at the 2000 conference in Durban («Break the silence»), set in one of the countries most heavily affected by AIDS, was more effective, at least on a symbolic level. And the 2002 conference in Barcelona (held under the cryptic motto «Knowledge and commitment for action») was able to report two successes in improving access to therapy: firstly, the cynical discussion of whether therapy could possibly be cost-effective compared with prevention in poor countries was superseded by an approach that aimed to combine prevention and therapy in developing countries too. Secondly, a number of pilot projects, most of them carried out by Médecins sans

Frontières, demonstrated for the first time that therapy is successful even in low-resource countries if conditions are adequate.

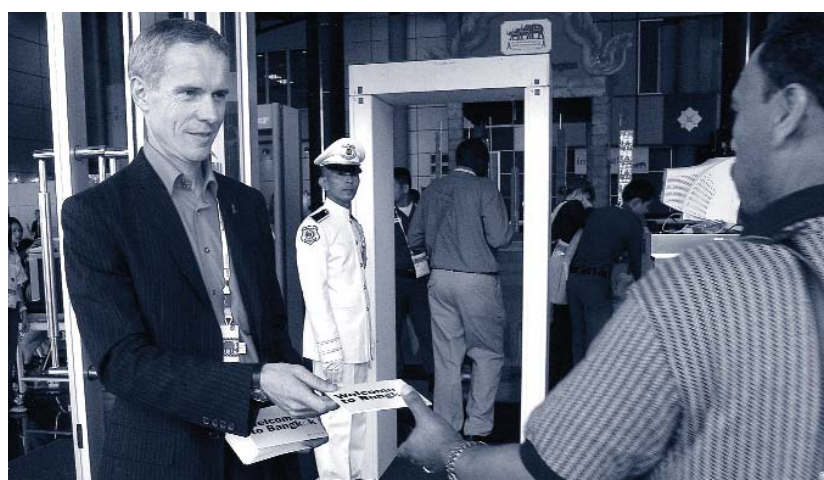
It was against this background that Bangkok chose the courageous motto – and the only right one – «Access for all». The pilot projects have been concluded, and it is now time to integrate the therapies into general healthcare provision. But Bangkok showed yet again that this is a difficult task with few spectacular successes. The ambitious «3 by 5» goal set by the WHO will probably be difficult to achieve: the aim is for 3 million infected people to receive therapy by 2005 – barely 50% of the number who will need it by then. One of the speakers in Bangkok suggested, in the light of this fact, that people should at least admit that this represents rationing in real terms and should be prepared to discuss and negotiate the access criteria explicitly.

The Brazilian model was presented in Bangkok as an outstanding example of how to provide broad access to therapy. The factors that have contributed to Brazil's success are a comprehensive and coherent policy on AIDS and domestic production of generic drugs; the government has achieved enormous price reductions on the branded drugs which Brazil does not produce in generic form by threatening the manufacturers with generic competition. Participants at the conference might think that this demonstrates the wisdom of promoting generic drugs, but unfortunately the truth is still very different in many cases in the pharmaceutical industry. It was shown in Bangkok that the US AIDS plan PEPFAR is promoting branded drugs in the interests of and under pressure from the country's domestic pharmaceutical industry, and that the USA is negotiating bilateral free trade agreements which preclude the otherwise legal production of generic drugs.

The problem with the USA

Many of the conferences in the early years were held in the USA, including the very first one hosted in Atlanta by the American Centers for Disease Control/CDC (which added the gratifying words «and Prevention» to their name in the early 1990s). The last AIDS conference held in the USA took place in 1990 in San Francisco – the USA subsequently banned individuals with HIV/AIDS from entering the country.

Yet the USA was one of the main topics of discussion in Bangkok. Apart from the country's policy on suppressing generics, its approach to prevention was also the centre of some controversy. The USA insists on a global approach characterized by fundamentalist religious and conservative values – condoms are seen only as the last resort in a chain of ABC measures: Abstinence, Be faithful, use a Condom. One event at the conference summed up the prevention discussion in three words: CNN (Condoms, Needles, and Negotiating skills) versus ABC. The professional audience was clearly in favour of



Roger Staub, Head of the AIDS Section at the SFOPH, hands out STOP AIDS postcards «Welcome to Bangkok».

CNN. The STOP AIDS postcards with the logo «Welcome to Bangkok» and pictograms of couples using condoms which the Swiss delegation distributed at the conference were commended highly during this event (see picture). The ABC policy is having a dire effect on the prevention projects financed by the USA via the PEPFAR plan: one third of the money has been reserved solely for abstinence and monogamy programmes. This approach is questionable not least in the light of the «feminization» of AIDS, a development that was discussed frequently in Bangkok. Studies have shown that women are often infected by their steady partners, or are in relationships in which they are so heavily dependent on their partners that they simply have no choice about being abstinent. As a conference participant I had the peculiar feeling that one step forward has been followed by two steps back. In Barcelona there was absolutely no question about the value of prevention, and it was made clear that therapy is worthwhile even in poorer countries. Now, two years later, evidence-based approaches are being displaced by ideologically motivated programmes, and the discussion will have to start all over again where it began 20 years ago.

So what about biomedicine?

Prevention was the focus of some fundamental ideological discussions, while basic and clinical research seemed to be more or less devoid of major topics. Scientists are indeed gaining more insight into the highly complex mechanisms that swing into action once a person has been infected with HIV. Increasingly refined investigative methods are being developed, and potential for future therapeutic approaches is becoming evident. But no breakthroughs are imminent in terms of new therapies, although major improvements and modifications have been made to the therapies based on the classes of drugs that have been around since 1996.

There has been progress in developing vaccines, but more in the sense that researchers now have a better idea of the direction they need to be working in; there is no indication that a vaccine could become available soon.

A number of good clinical studies from low-resource countries were presented. However, clinical researchers from industrialized countries and scientists working in basic research are increasingly tending to present their data at more specialized congresses. The era of Vancouver, in which therapy studies presented at an AIDS conference made stars of their investigators, seems to be gone for ever. This may be nobody's loss, although it is regrettable that the importance of medical research at the conference is dwindling as the welcome impact of communities, NGOs, programme and strategy questions and politics is growing. Here too, it seems that a major step forward in the direction of a multidisciplinary conference could well be followed by the gradual disappearance of biomedicine from the agenda.

Back in Switzerland

Bangkok has put an end to the apparent «normalization» of AIDS. The greatest humanitarian catastrophe ever to befall mankind cannot be considered as the norm. In Bangkok, for the first time, political leaders were widely involved in the proceedings, increasing the pressure on political measures, particularly in South-East Asia. It became clear that Switzerland is on the right track with measures to control a focused epidemic. But public health aspects received a great deal of attention at the conference, and this highlighted some shortcomings in our own approach. If sex workers in Australia can play a central role in the development and implementation of prevention programmes, why is this not possible in Switzerland? If Iran has introduced a comprehensive HIV prevention programme in its prisons, why hasn't Switzerland? With the EU, Canada and other countries having pledged large sums of money to UNAIDS and the Global Fund, the expectation that Switzerland will make a similar contribution has risen. The SFOPH looks forward to collaborating intensively with the Swiss stakeholders to implement the findings from Bangkok and to reproduce the same level of commitment in Switzerland!

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