

Continuing the success story

Drug policy – ProMeDro III. The Federal Government's third package of measures to reduce the drug problem, spanning the years 2006 to 2011, describes the background and foundations of Swiss drug policy and builds on this to define the government's commitment in this area over the next few years.

Topic:
drug policy



Switzerland's drug policy will continue to be based around the four pillars of prevention, treatment, harm reduction and law enforcement during the coming years.

At the end of the 1980s it was first and foremost public pressure regarding the open drug scenes which forced policymakers to take action in this area. Thus, in the 1990s the government pursued a policy based around the four pillars of prevention, treatment, harm reduction and law enforcement and implemented two packages of measures in this regard. These measures led to an improvement in the health and social well-being of dependent drug users and a fall in the number of HIV infections and drug-related deaths. Moreover, drug-related crime has declined and the open drug scenes have largely disappeared. Heroin consumption is currently on the decline; however, use of other substances such as cannabis, synthetic drugs and cocaine is becoming more widespread nowadays, and polydrug use is also increasing.

The third package of measures carries the fourfold policy on illegal drugs forward into the 2006–2011 period with a view to consolidating the successes achieved by the previous packages.

ProMeDro III is based on the existing legal framework. However, over the last few years both the problem itself and the underlying political and economic conditions have changed. This has created strategic challenges for the government, challenges which will be addressed via ProMeDro III.

In terms of global strategy, the government will continue to base the implementation of its drug policy around the fourfold approach in future. ProMeDro III provides the overall framework for the Confederation's commitment in this area. It covers all four pillars, including that of law enforcement. The package was drawn up under the aegis of the Federal Office of Public Health with the involvement of the Federal Office for Police Matters and the Federal Office of Justice, and will essentially be run jointly by these three bodies, with each Office taking full responsibility

for the measures pertaining to its field of activity.

Gender and migration

ProMeDro III is aimed at opening up the four pillars by encouraging their coordination and synergies. The government is mainly focusing on the following cross-pillar tasks: provision of scientific fundamentals, evaluation, training, quality promotion, information, coordination and international cooperation. In addition, it is paying particular attention to the two cross-pillar topics of gender and migration in the implementation of its drug policy.

Coordination of stakeholders

The government plays a purely supporting role in the field of Swiss drug policy; implementation of measures in the field is largely the responsibility of the cantons in collaboration with individual cities, towns, communities and private organizations. The key committees, institutions and organizations working in this sector were therefore invited to provide written comments on ProMeDro III and these comments were then discussed with experts in the field. For the aims of ProMeDro III to be achieved, the support of all the relevant stakeholders is absolutely vital.

Action plan

An action plan for the implementation of ProMeDro III is currently under development. The plan defines indicators for target achievement, goes into specifics regarding the planned measures and fleshes out the organizational and financial aspects of implementation. It also contains details on the timeframe for implementation, and will be periodically updated.

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HIV prevention in schools

Before and during their transition to adulthood, children and adolescents should acquire at school the knowledge and ability to protect themselves against infection with HIV.

HIV prevention is set to become an integral part of sex education in every school in Switzerland. On behalf of the Federal Office of Public Health, the Teacher Training University of Central Switzerland is in the process of setting up a centre of excellence for sex education and schools.

In addition, an Internet-based information platform on sexual and reproductive health counselling centres is being set up. The aim of the platform is to improve networking between and access to these bodies.

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VCT project 2007

In Switzerland, no more than one in every two HIV tests is accompanied by a counselling session. This means that one in every two tests represents a missed opportunity to talk to and inform people regarding preventive behaviour. Next year, the Federal Office of Public Health and its partners will launch the VCT project 2007. VCT – Voluntary Counselling and Testing – is the name given to internationally approved and standardized content and procedures for pre and post HIV test counselling for purposes of preventive intervention. This policy focus for 2007 should result in the firm establishment of a testing policy aimed at bringing down the number of HIV positive people who are unaware of their serostatus and ensuring that HIV positive people become aware of their status as early as possible. The possibilities for effective prevention through HIV testing will thus be exploited in full.

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From rebellious statement to chronic disease

The Federal Government's drug package and the changing significance of heroin use. In the first half of the 1990s, Switzerland's open drug scenes were one of the country's most urgent problems in the eyes of the public. The public pressure exerted resulted in political intervention at all levels. By implementing two packages of measures, the Federal Government helped improve the social circumstances and health of addicts. Most notably, however, these measures led to a fall in the number of HIV infections and drug-related deaths. Moreover, drug-related crime has declined and the open drug scenes have largely disappeared.

With the emergence of open drug scenes, starting in 1986 in Zurich's Platzspitz park and later spreading to other Swiss cities, a drug problem previously only marginally apprehended as a phenomenon present within the alternative youth subculture abruptly forced its way into public awareness. Shortly before this, in 1983, HIV and its modes of transmission had been identified, making the issue more than simply that of the fate of a handful of rebellious teens and young adults. It became an openly visible phenomenon that also threatened the general public due to the risk of drug-using prostitutes infecting their clients with AIDS and the criminal activity found both within and around the open drug scenes.

Measures at community and cantonal level

With a view to containing HIV, from the mid-1980s onwards – at first through private initiatives, later with the support of communities and cantons – the development of harm reduction measures for intravenous drug users began, spearheaded by the issuance of sterile injection equipment. In some cantons, the threshold for access to methadone substitution therapy was lowered. Further measures included social care services such as overnight hostel accommodation, protected jobs and soup kitchens.

Even so, the number of drug-related deaths was rising every year and the open drug scenes refused to vanish despite large-scale police clamp-downs. In Zurich, the scene shifted from Platzspitz to the area in and around the disused Letten station between 1992 and 1993.

ProMeDro and the fourfold policy

Following requests by various cities and cantons, 1991 saw the beginning of the Federal Government's

commitment to developing its drug policy. Human and financial resources were augmented and, within the framework of the packages of measures implemented to reduce drug-related problems (ProMeDro I and II), support was provided to a range of innovative projects and treatment facilities for potential and actual addicts between 1992 and 2002. The objectives of this policy were to:

- reduce the number of people starting to take drugs and prevent the onset of addiction
- improve the facilities on offer to help addicts kick the habit
- improve drug users' living conditions and health, minimize their exposure to risk and preserve their social integration.

The foundations for the corresponding measures were provided by the newly developed fourfold policy, which, alongside prevention, treatment and law enforcement, also included harm reduction.

Evaluation of ProMeDro I and II showed that the strategy was by and large a successful one: the number of people in treatment rose substantially, the number of drug-related deaths and new HIV infections declined, and the total number of heroin addicts has stabilized since 1995 and declined slightly since the 1990s. The open drug scenes were successfully closed down in 1995. Today, in contrast to the years before 1995, homelessness among heroin addicts is extremely rare. The number of persons living on illegal income has also dropped markedly. On the other hand, however, integration in terms of employment has not improved in the last few years, and the number of people claiming welfare and social security has also increased among dependent drug users. This points to a broader sociopolitical task which, although it is being addressed within

the context of the ProMeDro III package of measures – e.g. in terms of support for model projects – is unlikely to be resolved by focusing on drug abuse issues only.

Evidence-based innovation

Perhaps the most groundbreaking innovation contained within the government's packages of measures was the scientific testing and establishment of heroin-assisted treatment as a recognized therapeutic method, one which has already been emulated in several other countries (the Netherlands, Germany, the UK). But the Confederation's efforts also resulted in the implementation of projects to dispense needles in some prisons and of new approaches to prevention among at-risk youngsters (in particular *supra-f*), measures which attracted a great deal of attention from beyond Switzerland's borders.

Crucial to the success of the drug policy pursued via the two packages of measures was the confidence of political decision-makers at community, cantonal and federal level in the usefulness and practicability of the Federal Council's policy measures. This confidence was fostered by the evidence-based approach adopted: every measure was evaluated and innovations were initially implemented as scientifically monitored pilot studies. The innovations contained within ProMeDro I and II were thus made possible by a combination of scientific procedures and political pragmatism.

The changing image of heroin

The various social medicine and care measures also fostered a change in the significance of heroin use, which had been gradually spreading in Switzerland since the beginning of the 1970s. At first, it was a means of

expression for a protest movement whereby heroin addicts were seen as tragic heroes of an alternative "counterculture". Although there were fears that the expansion of treatment facilities would actually make heroin use more attractive all in all, in reality the exact opposite happened. Heroin's popularity has plummeted among the young people of the early 21st century. In 1990 there were still 850 new cases of heroin addiction in the canton of Zurich; in 2002, this figure had declined to just 150. Both the methadone programme and heroin-assisted treatments produced a secondary benefit in terms of prevention in so far as they transformed the once rebellious act of taking heroin into a supervised medical act within the framework of treating a chronic disease.

No one personifies the desperate rebellion associated with heroin addiction better than Christiane F., the heroine of the book «Wir Kinder vom Bahnhof Zoo» («We Children from Bahnhof Zoo»), first published in 1978, and the film of the same name. Today, Christiane F. is 44 years old and lives with her 10-year-old son in a two-room apartment on the outskirts of Berlin. She too needs methadone to avoid relapse.

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Credits

No. 59, October 2006

«spectra – Prevention and Health Promotion» is a newsletter of the Federal Office of Public Health published six times a year in German, French and English. Some of the views expressed in it may diverge from the official stance of the Federal Office of Public Health.

Published by:
Federal Office of Public Health
CH-3003 Berne
Tel. +41 31 323 87 79
Fax +41 31 324 90 33

Produced by:
Pressebüro Christoph Hoigné
Allmendstrasse 24
CH-3014 Berne

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Contributors:
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Translation:
BMP Translations AG, Basel

Photos:
Christoph Hoigné, Hansi Lebrecht

Graphic design:
Lebrecht typ-o-grafik, 3018 Bern

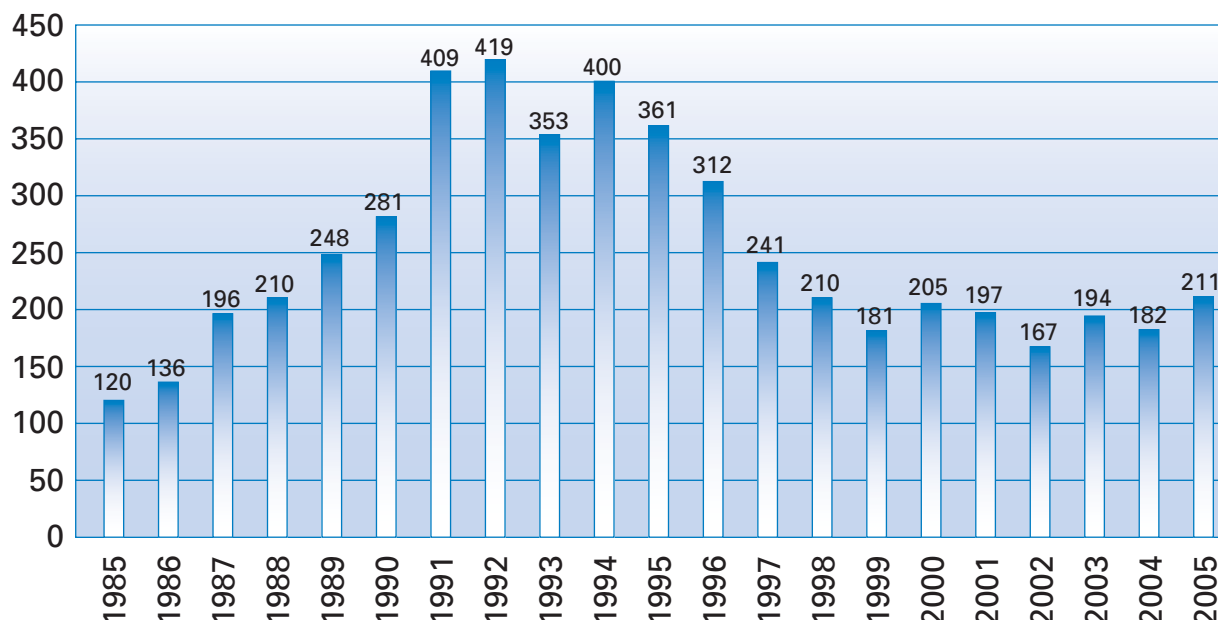
Printed by:
Büetiger AG, 4562 Biberist

Print-run:
German: 7 000, French: 4 000, English: 1 500

Individual issues and free subscriptions to «spectra» can be ordered from:
Federal Office of Public Health
Campaigns Section, CH-3003 Berne
Tel. +41 31 323 87 79
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Next issue: December 2006

Graph

Drug deaths in Switzerland 1985 – 2005 Source: Fedpol, FOPH



Improving HIV prevention in schools

Centre of excellence for sex education and schools. HIV prevention is set to become an integral part of sex education in every school in the country. On behalf of the Federal Office of Public Health, the Teacher Training University of Central Switzerland (PHZ) is in the process of setting up a centre of excellence for sex education and schools.



The new centre of excellence will take over the work of Amorig, the existing centre of excellence for education and sexual health, which was run by the Swiss AIDS Federation and PLANES, the Swiss Foundation for Sexual and Reproductive Health. Previous experience has shown that, although a centre of excellence is a meaningful resource, such a body needs to be integrated into the education system to ensure the best

achievement of its goals. In the PHZ, which works together with the Lucerne School of Social Work (HSA), the FOPH believes it has found the right partner for the job.

The foundation for the centre of excellence is Goal 4 of the National HIV/AIDS Programme 2004–2008 on «Prevention in schools»: «HIV prevention is incorporated into the curricula of primary, secondary and vocational schools on a mandatory basis

and in a form appropriate to educational level».

Solid incorporation into the education system

Before achieving adulthood, children and adolescents should acquire at school the knowledge and ability to protect themselves against infection with HIV. However, HIV prevention is still poorly covered in a large number of schools. The teaching models used (teaching done by a teacher or external specialist), the incorporation of HIV prevention as a subject, the basic and further training of teachers and external specialists and access to appropriate teaching material vary widely. HIV prevention therefore needs to be incorporated into the mandatory curricula and its quality reviewed and assured. It will have to be integrated into the broad context of sexual health and prevention of addiction and it should be gender based and take due account of the age and specific background of the students. The cantons must provide sufficient resources to implement teaching of HIV prevention in schools.

The aim of the new centre of excellence is to work towards country-wide incorporation of HIV prevention into school curricula, to introduce comprehensive basic and further training on HIV/AIDS and sex education for teaching staff, and to provide these staff with high-quality teaching materials.

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Information platform: sexual and reproductive health counselling centres

The FOPH has commissioned the PLANES Foundation to establish and operate an Internet-based information platform on «sexual and reproductive health counselling centres». The aim of the platform is to improve networking between and access to these bodies. At the same time, the FOPH is fulfilling its legal mandate: the law stipulates that the Federal Administration must publish a list of addresses of canton-approved pregnancy counselling centres and receive activity reports from these centres.

The platform will be equipped with a password-protected area for counselling centre staff, the aim of which is to facilitate networking. For the general public, this joint platform will facilitate access to a range of appropriate counselling services. PLANES will involve the relevant counselling centres, associations and umbrella organizations in the development of the platform. The project was launched in April 2006, and the platform is due to go live at the end of February 2007.

At first hand



In 1972 Switzerland soberly recorded its first death due to heroin. After reaching its tragic peak in 1992, the number of drug-related deaths has stabilized at a comparatively low level since 1998. Clearly, every drug-related fatality is one too many. Nonetheless, we can be justifiably pleased with this turnaround, especially as it followed hard on the heels of the introduction of heroin-assisted treatment (HAT) and harm reduction measures.

Confirmation of Switzerland's success can be found in the fact that, according to a study by Nordt and Stohler recently published in The Lancet, such a turnaround is noticeably missing in countries such as Great Britain and Australia, which have no HAT framework and precious few harm reduction programmes. This is heartening for Switzerland, as it shows that we are evidently not helpless, even in the face of highly complex social phenomena, as long as we are prepared to go beyond ingrained ways of thinking and to break new ground. Equally pleasing is that the Swiss population, otherwise generally reputed to be rather conservative, is also open to innovative measures if they are sufficiently well-founded.

The Federal Government decided to implement the fourfold policy in two packages of measures. Sadly, these have (for the time being) failed to pass into law after being rejected by the National Council. This is all the more regrettable in view of the fact that the fourfold approach foundered completely under the weight of the highly emotional cannabis issue in the preceding public and political debate. After this, the false impression sometimes even arose that the National Council had thrown out the entire fourfold policy. In the meantime, however, plans are under way to achieve legal establishment of the policy via a partial amendment to the Narcotics Act, and there are solid prospects for success second time round. With the current third package of drug-related measures, presented in this issue of «spectra», the government hopes to bring home the message that it will stand by its policy due to the latter's evident success, and that it will continue to actively pursue its role as coordinator, promoter of innovation and moderator within the development of Switzerland's drug policy.

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Sexual and reproductive health and migration

Various migrant groups have been identified as exhibiting a higher risk of being affected by problems in the area of sexual and reproductive health than the general Swiss population. In the last few years, a number of projects relating to sexuality, pregnancy, childbirth and parental counselling have been carried out within the framework of the Federal strategy «Migration and Health 2002–2007». A Rapid Assessment carried out by the Swiss Forum for Migration in Neuchâtel has now provided a response to the question of whether these projects have been able to cover all the essential dimensions of sexual and reproductive health.

The study concludes that

- Although the migration-specific services on offer cover all health-related topics, the coordination and regional penetration of these services is inadequate.
- Risk groups and high-priority intervention areas cannot be clearly identified; the only trends that can be identified are in inadequately covered topics or marginally addressed target groups.
- There is a need for more trans-

cultural competence on the part of service providers (especially physicians).

The study gives the following recommendations:

- To continue the pursuit of tried and tested strategies and ensure their sustainability, especially by integrating them into routine healthcare.
- To create a networking platform on «Migration and sexual/reproductive health».
- To use migrants' existing resources and encourage them to participate in this area.

The FOPH has concluded that in future, the topic of sexual and reproductive health among migrants will need to be better incorporated into the healthcare system by means of targeted awareness-raising and coordination measures. Individual regional projects, on the other hand, should no longer be supported.

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Using HIV test counselling as an opportunity for prevention

VCT project 2007. Voluntary Counselling and Testing (VCT) is the name given to internationally approved and standardized content and procedures for pre- and post-HIV test counselling for the purposes of preventive intervention. In Switzerland, no more than one in every two HIV tests is accompanied by a counselling session, and within the particularly at-risk target groups for HIV prevention, too few people are volunteering to be tested. To counter this trend, the Federal Office of Public Health and its partners are launching the VCT project 2007.

The VCT project 2007 is being supported and managed by the Federal Office of Public Health (FOPH) in cooperation with the Swiss National AIDS Commission (EKAF), the Swiss AIDS Federation (AHS) and the Swiss Medical Association (FMH). Its aim is, on the one hand, to ensure that people infected with HIV become aware of this at an early stage – which allows for optimal treatment – and, on the other hand, to ensure that the prevention opportunity presented by the test situation is exploited to maximum effect by means of good pre- and post-test counselling. This also implements Goal 6 of the National HIV/AIDS Programme (NHAP) 2004–2008: to improve individual prevention counselling. The priority accorded to this goal has shifted from «important» to «urgent» on the back of the latest epidemiological developments.

Better and more selective testing

Changes to HIV testing policy in the USA – where demands for blanket testing without explicit consent are growing louder every day – are having an impact which is being felt in Switzerland too. However, in a broad-based consultation process on VCT 2007, Swiss experts have further consolidated the existing consensus on the testing issue, a consensus based on the principle that it is not more tests that we need, but better and more selective tests.

Cornerstones of the testing policy

1. We need more HIV tests within the following target groups as defined in the NHAP: men who have sex with other men, sex workers and migrants. The level of testing for the general population is adequate. One in every two adults has already had an HIV test. 300,000 tests are carried out every year. As HIV is concentrated within certain population groups in Switzerland (known as a concentrated epidemic) our testing policy should be aimed more specifically



Voluntary Counselling and Testing (VCT), such as that practised at this HIV/AIDS counselling centre in Neuchâtel, will be promoted during 2007.

cally at confronting these people with the testing issue.

2. Every test must be accompanied by effective counselling.

Every test carried out without counselling is a missed opportunity to encourage prevention (many people take the test because they have exposed themselves to a risk situation – without counselling, they will not change their behaviour). 99.7% of tests turn out negative. A change towards more preventive behaviour depends on the counselling provided. No more than half of all those tested receive counselling before and after the test.

3. Specific VCT programmes need to be set up for target group members.

VCT is the name given to internationally approved and standardized content and procedures for pre- and post-HIV test counselling. The counselling offered is adapted to clients' needs and results in an individually practicable reduction in the infection risk. VCT programmes help participants transform their knowledge of HIV infection risks into practical protective behaviour. A VCT counselling and testing programme must include

the following: a counselling session before and after the test, informed consent to the test after the pre-test session, confidentiality of results and continuous quality assurance.

4. Prevention counselling must be stepped up at general practitioner level.

At least 50% of HIV tests are carried out in private practices. For people in the NHAP target groups in particular, failure to discuss the infection risk taken and thus to exploit the prevention opportunity offered can have serious consequences.

5. In order to better utilize prevention potential among those infected with HIV, after a positive HIV test these people should be offered a structured aftercare programme (over several sessions) carried out in accordance with mandatory quality standards.

Today, people with HIV live longer and more healthily. Prevention measures targeting people with HIV complement those aimed at people without and help counter the risk of infection with resistant viral strains.

Comprehensive measures

What resources will the VCT project 2007 employ in pursuit of its goals?

- The online «Check Your Love Life» tool will show the sexually active population whether test-related counselling should be obtained and where to go to obtain it.
- The Love Life campaign for 2007 will refresh the general population's knowledge regarding HIV tests and present the «Check Your Love Life» tool (www.check-your-love-life.ch).
- Specific VCT programmes are being developed for the NHAP target groups.
- The regional AIDS Federation branches will be offering VCT programmes.
- A structured aftercare programme is being developed for people diagnosed with HIV; this programme will be run in accordance with mandatory quality standards.

The planning and consultation phase of the project has been completed. The next step is for working groups – together with experts in the relevant fields – to start developing the individual instruments and guidelines.

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AIDS Forum with VCT offer

On 30 November, the Kultur-Casino in Berne will host the Swiss AIDS Forum. The morning session will focus on the VCT project 2007, and will include a «VCT offer» exercise to allow the participants not only to gain an intellectual insight into test-related counselling, but also to physically experience it for themselves.

For all information relating to the AIDS Forum, please go to: www.bag.admin.ch/aids

Prevention returns to the spotlight

AIDS Conference 2006, Toronto. The delegation of the Federal Office of Public Health (FOPH) draws initial lessons for AIDS-related work in Switzerland from the 16th International AIDS Conference.

The search for the right prevention strategy was a key topic in Toronto this year. Prevention thus came back into the spotlight after the dominance during the first years of the new millennium of the important and still elusive goal of making HIV treatments accessible worldwide. It is now evident that the only way to achieve a lasting reduction in the number of infections is via a combination of both treatment and prevention.

Controversy over HIV testing

The benefits of routine HIV testing were the subject of much debate in Toronto, the question being whether voluntary testing, informed consent

and test-related counselling can be sacrificed in favour of ensuring earlier access to treatment. This question is of particular relevance for countries with high levels of HIV infection. However, this measure is also being envisaged by countries with low infection levels, such as the USA. The FOPH still sees no benefit to Switzerland from routine testing. In 2007, it will be focusing its activities on HIV test-related counselling (see above).

The surge in new infections among men who have sex with men, which is also manifesting itself in Switzerland, was lamented by many of the conference delegates. Many countries are working on new prevention approaches, and particularly Inter-

net-based projects. But a strategy to reverse the trend has not yet been found, and the prevailing feeling is one of helplessness. Switzerland is currently working together with the target group to develop measures.

HIV prevention in prisons

The urgency of addressing HIV prevention in prisons was also stressed by many of the delegates. The prisons project initiated by the FOPH in early 2006 is currently investigating what action is required in Switzerland.

At the level of medical prevention measures, intensive discussions took place on the subject of new approaches for both women and men. Male circumcision as a risk-reduction measure is probably only meaningful

in countries with a high prevalence of HIV. For women, protective microbicides which can be used "invisibly" and independently of male partners are expected to become available in the next few years, and may open up new options for Switzerland as well.

It became clear in Toronto that there is no such thing as the prevention measure; rather, the best result can only be achieved by combining a number of different approaches. In this light, it would seem that Switzerland is on the right track with its National HIV/AIDS Programme.

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