

spectra

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Counselling

2 LOVE LIFE takes the HIV test as its topic

The new LOVE LIFE campaign shows it erotically, humorously – and beyond any shadow of doubt: the past is present in every relationship. An HIV test at the right time and place and, of course, with proper counselling, is a good start to an untroubled sexual relationship.

2 Migration and public health

The goal is unchanged: equal opportunities for migrants. By and large, the global evaluation of the federal «Migration and Public Health 2002 – 2007» strategy has been positive. The strategy has increased awareness of the prevailing problems and operates with relevant goals and good approaches to problem-solving. Work on drawing up a successor strategy for the 2008 – 2013 period is already in progress.

3 The year of voluntary counselling and testing

In Switzerland, one adult in two has been tested for HIV, and 300,000 tests are performed every year. But no more than half of those tested receive counselling before and after the test, even though every HIV test is an opportunity to discuss AIDS prevention. This will change: to ensure that counselling and testing meet the high requirements in terms of quality and effectiveness, the Federal Office of Public Health and its partners have launched the «VCT Project 2007».

4 Substance-abuse prevention

School-aged children in Switzerland are smoking less, drinking less alcohol and consuming less cannabis than four years ago. This gratifying development is the main finding of the latest survey of Swiss schoolchildren. This means that the Swiss government's «fourfold policy» is paying off. But consumption levels of alcohol and cannabis are still high and it's too early to speak of a turnaround. Changes in alcohol consumption patterns, particularly binge drinking, are especially worrying. There's still a lot to be done in this area.



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When the past puts a strain on a relationship

2007 LOVE LIFE STOP AIDS campaign. Taking an HIV test is a preventive as well a diagnostic measure because test counselling includes discussion of risky behaviour and the need for people with HIV to protect others. The new LOVE LIFE campaign focuses on the actual HIV test and thus on people's sexual past – which has a bearing on every couple's relationship.

«If the past puts a strain on your relationship»: the slogan of the new LOVE LIFE STOP AIDS campaign launched by the Federal Office of Public Health and the Swiss AIDS Federation in April 2007 is a reminder that everyone has a sexual history that should not be ignored. For the first time, the HIV test itself is a topic. The 2007 campaign illustrates the continuing resonance of people's past relationships. It shows different couples in intimate situations in the bedroom or

bathroom. But, far from being alone, they are surrounded by earlier partners, demonstrating that the past, including people's sexual history, is very much present in any current relationship. To stop the past from putting a strain on any new relationship, couples are encouraged to protect themselves by using condoms in the initial phase. If the relationship endures and the two partners are faithful to each other, joint testing can rule out any HIV infections.

The right test at the right place
People who do not intend to engage in a new relationship may also be concerned about the HIV risk associated with their own sexual histories. Anyone interested in finding out whether they should take the test can visit www.check-your-lovelife.ch, an Internet-based counselling tool enabling them to complete a scientifically compiled questionnaire on their sexual behaviour which will determine whether an HIV test is advisable for



them. The site also provides recommendations on where the test can be taken.

HIV test now a topic in its own right

This is the first time in the history of AIDS prevention campaigns that the test itself features as a topic. This is a step in the direction of a less inhibited approach to HIV testing: anyone who engages in risky behaviour in a risky environment, i.e. in a group with a high proportion of people with HIV, is encouraged to take the test at a specialised testing centre. Anyone else can find out at check-your-lovelife.ch whether they should take the test at their GP's or at a testing centre. The website shows – independently of any interest in an HIV test – everything we always wanted to know about sex in a concise and humorous manner.

Contribution to AIDS prevention
As before, the test is voluntary and con-

fidential and – thanks to good counselling – can help prevent the spread of HIV. Use of a rapid HIV test enables counselling and testing to be conducted in a client-friendly manner, with one single visit sufficing for counselling, testing and communication of the result. The duration and depth of the counselling varies according to the risk assessment. More information on VCT (voluntary counselling and testing) can be found in the article on page 3.

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www.check-your-lovelife.ch
www.lovelife.ch



Evaluation: The federal «Migration and Public Health» strategy

Evaluation of the federal strategy on migration and public health. The «Migration and Public Health 2002 – 2007» federal strategy is ambitious and far-reaching, but its goals are relevant and its approaches to problem-solving good. It has also lent visibility to the prevailing problems. This is the gist of the global evaluation, the findings of which have been used to optimise the strategy. They have also been incorporated into the ongoing efforts to draw up a successor strategy for the 2008 – 2013 period.

Within the framework of the federal strategy on migration and public health, the Federal Office of Public Health (FOPH) has been cooperating since 2002 with other federal agencies to implement numerous measures and projects aimed at ensuring equality of access to healthcare and prevention services and to information on the healthcare system. The conception and implementation of the federal strategy on «Migration and Public Health» have been subjected to an external evaluation (by Büro Vatter, INFRAS and IDHEAP). Throughout the entire duration of the federal strategy,

the findings of the evaluation were taken into account at both the programme and the project level when decisions had to be taken on optimising measures and continuing with projects.

Suitable approaches to problem-solving
All in all, the global strategy has emerged well from the evaluation. Its goals are described as relevant and its approaches to problem-solving as, by and large, appropriate. The Federal Government's starting point was a sound and coherent, albeit rather vague and highly ambitious, concept. Though limited resources and difficult political, economic and institutional operating conditions have prevented the concept from being fully implemented, appropriate priorities representing an integrative approach have been set. The goal has been to institutionalise the needs of migrant communities in the structures of the healthcare system.

The implementation of the strategy has been largely successful. The evaluators identified major problems only in communication, but improvements have since been carried out in that area. Otherwise, the evaluation found functioning implementa-

tion structures and rated the overall project work positively. Specific achievements have triggered change at various levels.

Making problems visible

According to the evaluation report, the strategy has succeeded in lending greater visibility to the problems that exist in the field of migration and public health and, by this means, prompted other players to take action. All in all, the evaluators consider that the Federal Government's strategy has done the right things in the right way – but can do even better in future.

Successor strategy being drawn up

In cooperation with the Federal Office for Migration and the Federal Commission for Foreigners, the FOPH is drawing up the federal strategy on «Migration and Public Health» Phase II (2008 – 2013) for submission to the Federal Council in spring 2007. The evaluation is providing important pointers on the direction to be taken by the strategy and on the implementation structures needed:

- Keep a broad approach to problem-solving based on a comprehensive, public-health perspective
- Keep equal health opportunities as

- the vision
- Define the problems more precisely in the light of new findings
- Formulate the goals more clearly and focus more on feasibility
- Strive for thematic continuity in the areas in which action is being taken and ensure the sustainability of projects and activities that have been successful to date
- Improve both support for the strategy and networking within the FOPH.

By incorporating these recommendations into the formulation and implementation of the second phase of the «Migration and Public Health» strategy, the global evaluation is fulfilling one of its core purposes: its findings should serve as a basis for optimising the federal strategy.

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HIV testing: for the right person at the right time and place

VCT Project 2007. One in every two HIV tests is still being conducted without counselling. This will change: to ensure that counselling and testing are conducted effectively and to a high quality standard, and to encourage people testing HIV-negative to expose themselves to less risk in future, the Federal Office of Public Health and its partners have launched the VCT Project 2007.

Voluntary Counselling and Testing (VCT) is the name given to internationally approved and standardised content and procedures for pre- and post-HIV test counselling for the purposes of preventive intervention. VCT consists of a risk-history assessment, a fast HIV test and post-test counselling. 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, the Swiss AIDS Federation and the Swiss Medical Association. 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, 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.

Credits

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Hubert Crevoisier during a counselling session at Dialogai's Checkpoint in Geneva.

More efficient and more selective testing

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. There are four main goals:

1. More efficient testing of groups with a higher prevalence of HIV infection (as defined in the NHAP: men who have sex with other men, sex workers and migrants): to reduce cases of AIDS in previously untested individuals.
2. More effective counselling of people who, though not belonging to a high-prevalence group, wish to be tested as a result of risky behaviour: to encourage them to change their behaviour.
3. More tests in accordance with VCT rules at the instigation of GPs (provider-initiated testing) and in line with indications for an HIV test (pregnancy, STIs, unexplained symptoms): to exploit the test's diagnostic potential and the opportunity to discuss prevention.
4. Structured follow-up of people with HIV in relation to prevention and treatment (case management by the attending physician): to exploit the prevention potential of people with HIV and facilitate effective care (lab work and treatment)

Specific test facilities for target groups, anonymous test units at hospitals and test facilities at the regional AIDS Federation branches complement one another and ensure optimum provision.

No test without counselling
Every test must be accompanied by effective counselling. Any 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. 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), the testing policy should be aimed more specifically at confronting these people with the need for testing.

Comprehensive measures

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

- The online «Check Your Love Life» tool (see article on page 2) shows the sexually active population whether test-related counselling should be obtained and where to go to obtain it.
- The Love Life campaign for 2007 refreshes the general population's knowledge regarding HIV tests and presents the «Check Your Love Life» tool.
- Specific VCT programmes are being developed for the NHAP target groups.
- The regional AIDS Federation branches offer 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.

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At first hand

Counselling plays an important part in almost all approaches to prevention or health-promotion. In HIV-prevention activities twenty years ago the AIDS hotlines were manned by voluntary counsellors; nowadays professional staff from the regional branches of the Swiss AIDS Federation perform this task.

Since the establishment of the AIDS Foundation branches over twenty years ago, blueprints for improving the quality of counselling have been developed and widely implemented. Thanks to the professionalisation of counselling and to quality assurance measures, clients can now be sure of receiving sound advice. Yet the AIDS Foundation branches complain that dwindling resources are again putting this quality in jeopardy. But it seems to us that, however great the degree of professionalisation achieved, one important criterion of counselling has not yet been applied: the question of whom it is «worthwhile» counselling. As resources become scarcer, quality assurance systems have to be able to ensure that counselling is provided above all to those who really need it.

People who have questions about the HIV risk to which they are exposed fit into roughly three categories: first, the «well and worried», who are concerned despite not engaging in high-risk behaviour; second, people who have unprotected sex with partners who are not associated with a relevant level of risk (members of groups with low HIV prevalence); and third, people who engage in high-risk behaviour with partners from affected groups such as MSM, IVDU or migrants from sub-Saharan Africa. Logically, counselling should focus on the third group because it is most at risk of infection. Counselling of the «well and worried» offers little in return: investing the same time in counselling the highest-risk category can prevent many more new infections with HIV. This is obvious both economically and in terms of public health. In the context of HIV testing, we therefore recommend that counselling and testing be preceded by a risk assessment that enables the clients to be assigned to one of the three categories and the counselling to be directed to where it is most needed. And we hope that public-health concerns will increasingly be applied as a criterion to the quality of counselling.



Roger Staub
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Efforts to prevent substance abuse in the young are working, but alcohol's still the biggest problem

Swiss survey of school-aged children: 15-year-olds are smoking less, using less cannabis and drinking less alcohol than four years ago. Though prevention appears to be working, it's too early to speak of a turnaround. In particular, levels of alcohol consumption continue to be worrying: 30% of boys and 20% of girls have been drunk at least twice in their lives.

For twenty years the Swiss Institute for the Prevention of Alcohol and Drug Problems (SFA) has been keeping track of health behaviour and substance abuse in school-aged children in Switzerland on behalf of the Federal Office of Public Health (FOPH) and the cantonal authorities. The HBSC (Health Behaviour in School-aged Children) survey is being conducted under the aegis of the WHO in 41 different countries. In 2006, 591 classes comprising some 9,800 children aged 11–15 took part in an anonymous questionnaire-based survey that was representative of Switzerland as a whole.

Beer and alcopops are popular
As the survey shows, about a quarter of 15-year-old boys drink alcohol at least once every week, compared with 17% of girls of the same age. 30% of the 15-year-old boys and 20% of the girls admitted to having been drunk at least twice in their lives.

As in previous years, beer was the preferred alcohol among boys in 2006, while alcopops and beer were the girls' favourites. Alcopop consumption has declined significantly following the massive surge in 2002. Nevertheless, close to one in ten 15-year-olds still drink alcopops every week.

Political measures on pricing have had an impact. The introduction of a special tax on alcopops has lowered con-

sumption of such products. Under the new Swiss Food Ordinance, sales outlets are obliged to place notices drawing attention to the legal age limit on the sale of alcohol in a prominent position. This means that youth-protection provisions are being enforced to a greater extent, including more frequent test purchasing of alcohol. This action, in conjunction with training of sales staff, has improved observance of youth-protection laws.

Nevertheless, too many children and underage individuals are still able to purchase alcoholic drinks. Beer is in many cases still cheaper than non-alcoholic drinks. A further problem for alcohol-control efforts is the liberalisation of shop-opening hours, which means that alcohol can be bought in most Swiss cantons at any time of the day or night.

Too many school-aged children still smoke
In 2006, about 15% of 15-year-olds smoked at least every week and 10% every day. This means that the number of 15-year-old smokers has dropped significantly.

There is now a broad public consensus on the need to protect people against passive smoking. The public debate and the positive outcomes of referendums on protection against passive smoking and on restrictions on the advertising of tobacco products in a number of Swiss cantons and in other countries have helped create downward trends in smoking behaviour. Other contributory action includes a hike in cigarette taxation and nationwide information campaigns on the risks of smoking.

Cannabis: identifying abuse at an early stage
In 2006, 34% of 15-year-old boys and 27% of girls of the same age claimed that



they had already tried cannabis once. In the twelve months prior to the survey, some 25% of boys and 21% of girls had smoked pot.

Long-term trends indicate that current rates of cannabis use are back at 1998 levels, following a peak in 2002.

There are many reasons for the drop in cannabis use among 15-year-olds, but the ways in which they are connected are not always easy to elucidate. But thanks to prevention work, the public is now more critical of the effects of cannabis consumption than at the end of the 1990s. In terms of law enforcement and structural prevention, the closure of the hemp shops, in conjunction with nationwide campaigns to protect non-

smokers, was an important step. However, there continues to be a small group of regular users who develop social and psychological problems as a result of their cannabis consumption. This target group of at-risk individuals requires specific, preventive measures such as early identification in the educational and training setting, brief interventions and referral to facilities dedicated to prevention work. This is one of the key concerns of the third package of measures to reduce drug problems (MaPaDro III), which was launched by the FOPH in summer 2006.

Stepping up effective measures
Politically, there is still a considerable need for improvement if the generally positive trend is to be maintained: price hikes on cigarettes and alcoholic drinks and restrictions on the availability of such products have proved to be effective prevention measures and should be stepped up. At the same time, young people's personal resources need to be systematically nurtured, whether in the family setting, at school or in their free time. In addition, training opportunities for young people and their prospects on the jobs market need to be improved and access to services that assist them in these areas facilitated. The fact is that, despite the positive trend – and the experts agree on this – too many school-aged children in Switzerland still drink alcohol and smoke cigarettes and pot.

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Hotline counselling and support for people quitting smoking

Smoking quitline. The hotline counselling service run by the Swiss Cancer League and the Swiss tobacco control association provides a fund of information on the subject of smoking and every year helps some 1,500 smokers to plan and achieve their goal of smoking cessation and to cope when they have a relapse.

The Swiss Tobacco Ordinance lays down a series of warnings to be printed on cigarette packs. One of them refers to a counselling hotline, tel. 0848 000 181. The mandate to set up and operate the smoking quitline was given to the Swiss Cancer League, which has a great deal of experience of counselling patients and their families on its cancer hotline and which also has a professional infrastructure. The smoking quitline has been in operation since October 2005.

The Swiss Tobacco Control Fund contributed some 523,000 francs to set it up, and the operating costs for 2007 and 2008 are being funded to the tune of 432,000 francs. The quitline is available in the three national languages of German, French and Italian.

Proactive counselling on request
The quitline counsels some 1,500 people every year. The experience has been positive and the hotline is therefore being continued. What is more, proactive counselling is available: on request, the counselling team will call clients up to four times a day at prearranged times to check on their progress and provide further support in their efforts to quit smoking.

Soon available in Albanian, Portuguese, etc.
Plans for a similar service in Albanian, English, Portuguese and Serbocroat/



Sylvie Gafner from the Swiss Cancer League.

2008. This will fill a significant gap in efforts to reduce smoking among members of the different migrant communities.

Help from Europe
Through the «European Network of Quitlines», specialists from all over Europe have drawn up a code of practice and criteria on setting up and operating quitlines and selecting and training staff. The counsellors working on the Swiss quitline have been trained by members of this network. They adhere to the international standards and recommend scientifically tested methods of giving up the addiction.

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Bosnian have been drawn up, and counselling in these languages will start in early