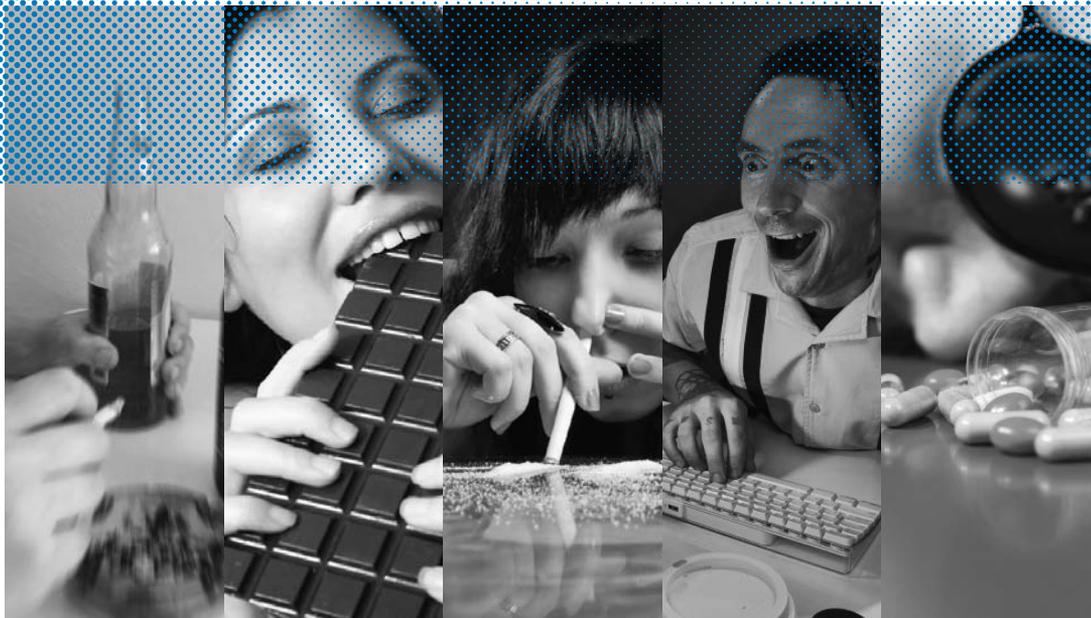


spectra

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Challenge of Addiction

2 Paradigm shift in Swiss addiction policy

Alcohol, tobacco and illegal drugs are the three areas covered by the present Swiss policy on addiction. But is the policy appropriate in view of the current situation? No. A future-oriented policy on addiction needs to offer more. More than substances, more than dependence, more than legal status, youth protection and behavioural prevention. And more than health-policy measures. The report on the «The Challenge of Addiction» lays down the framework for a new addiction policy based on a public health approach.

2 Migrant-friendly hospitals

Linguistic, cultural or social barriers often prevent efficient and proper medical treatment of migrants. In the framework of the 2008–2013 National «Migration and Health» Programme, the Federal Office of Health is helping five hospitals located in regions with a large proportion of foreign residents to become centres of excellence that provide the best possible treatment of migrants. This development is the second phase of the European «Migrant Friendly Hospitals» programme.

4 Online, Sex and Addiction

The spread of the Internet has gone hand in hand with a rise in the number of people seeking help and counselling on account of sex addiction. Though not scientifically proven, there is likely to be a connection between the two. The virtually inexhaustible and freely accessible supply of pornography and sex on the Internet may not be the cause, but it is a catalyst, of sex addiction. Experts attended an interdisciplinary conference on «Online, Sex and Addiction» in Zurich on 16 June 2010 to discuss and present papers on the facts, causes and scope for interventions.



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Moving towards a future oriented policy on addiction

«The Challenge of Addiction». An addiction policy that focuses exclusively on dependence on tobacco, alcohol and illegal drugs does not go far enough for present-day needs – and it misses the most urgent problems. To address both the current and the future realities of addiction, a broader understanding of addiction policy is required, i.e. one that employs a public-health approach. The report on the «The Challenge of Addiction» outlines the basics of such an approach.

Switzerland's current addiction policy concentrates primarily on the three areas of alcohol, tobacco and illegal drugs. A separate commission of experts exists for each of these areas. Until now, these organisations (the Federal Commissions for Alcohol Issues, Drug Issues and Tobacco Control) have had few points of intersection. In the past few years, they have – independently of one another and to varying extents – begun to pursue a public-health strategy, or at least elements of such a strategy. Now, in response to a mandate from the Federal Office of Public Health (FOPH), they have produced a report on «The Challenge of Addiction» and a new framework for a coherent policy on addiction.

Broadening the scope of addiction policy

This report essentially proposes that Swiss policy on addiction be extended to three conceptual enlargements and three new strategic directions. In terms of content, the policy should not focus exclusively on the narrow definition of dependence but should primarily take problematic consumption and the constantly changing patterns of consumption into account («more than dependence»). The rationale for this is the fact

that most of the adverse consequences of consumption of addictive substances are not due to dependence in the medical sense of the term, but to problematic consumption. In addition, the report proposes that the not very helpful distinction made between legal and illegal drugs should be discarded («more than legal status»). This is because the formulation of an effective addiction policy based on a public-health approach does not depend so much on whether a substance is or is not permitted, but on how much harm it does. In fact, legal substances such as tobacco or alcohol cause much more health-related, social and economic harm than illegal drugs. Moreover, the use of additional potentially addictive legal substances such as medicines and psychopharmaceutical products designed to enhance mental and physical performance is growing rapidly. Finally, the authors stress that a comprehensive addiction policy has to encompass not only substances but also potentially addictive forms of behaviour such as gambling («more than substances»).

Change of strategy

The new strategic direction as outlined in the report also testifies to a broad understanding of addiction policy. In future, through coherent behavioural and structural measures, it should help make the healthier choice the more attractive and more beneficial option («more than personal responsibility»). There should continue to be a focus on youth protection, but account must also be taken of the fact that the elderly account for a growing proportion of the population and that problematic consumption and dependence are by no means confined to the young («more than youth protection»). In addition, a successful addiction policy requires not only a common strategy for all addiction

policies but also cooperation with other policy areas at all federal levels and with the business community and civil society («more than health policy measures»).

Policy framework with ten guiding principles

On the basis of this broad understanding of addiction policy, the authors of the report have agreed on a cross-sectoral policy framework consisting of ten principles for a future oriented addiction policy. The principles are geared to the same goal as the report: preventing problematic consumption of addictive substances and problematic forms of behaviour, and reducing harm. The policy framework proposes possible approaches to incorporating existing sectoral and substance-specific measures into an integrated addiction-policy framework.

Principle 1: A coherent policy

Through a public-health approach, Switzerland will pursue a coherent policy in relation to the harmful and risky use of psychoactive substances and to potentially addictive behaviours.

Principle 2: Objective determined by potential harm and the actual disease burden

Action arising from addiction policy in Switzerland will be shaped and determined by the potential harm and the burden of disease caused by substances or potentially addictive behaviours affecting the individual, his or her environment and society. Such an approach thus distances itself from a simplistic distinction between legal and illegal substances and an exclusive emphasis on dependence.

Principle 3: Broader scope

Swiss addiction policy will focus not only on alcohol, tobacco and illegal drugs, but will also include medicines, addic-

tions not related to substances, and products aimed at physical and mental enhancement. The specific characteristics of the different types of addiction will need to be recognised by the policy.

Principle 4: Securing treatment and care

Addiction is an illness. People afflicted by problematic consumption, problem behaviour or dependence have a right to receive treatment and care. Their family members, partners and children are also entitled to support. There must also be access to measures for early diagnosis, counselling and support in achieving withdrawal and reintegration into society. The aim is to create and consolidate an integrated approach to services.

Principle 5: Harm reduction

Effective harm reduction measures relate to the consumers and their environment. They are provided where they constitute an option from a public health perspective. In relation to tobacco, the current evidence does not support harm reduction measures.

Principle 6: Prevention through structural measures

Addiction policy in Switzerland will put the emphasis on structural measures aimed at environments, with the objective of making the healthier choice the attractive option. To achieve this, different policy sectors will increasingly be involved in addiction policy measures.

Principle 7: Obligations for producers, distributors and retailers

Producers, distributors and retailers of products with potential for harm or addiction will be obliged to make a greater contribution to the control of supply and demand through a coordinated legal framework. This will apply at all federal levels in Switzerland.

Forum

«The Challenge of Addiction»: a productive learning process

The task was an ambitious one: to draw up a policy framework that would include not only addictive substances but also potentially addictive forms of behaviour (gambling, for instance). The way it was addressed was also ambitious: the three federal commissions set up to address the area of addiction (alcohol, tobacco, drugs) were to take on the task together. Truly ambitious was then the notion of implementing the principles formulated at the end of the report. The first step has been taken: the report and the principles are now available. The word «addiction» in the title could be misunderstood. But there is no better word for it. After all, our concern here is neither exclusively nor even primarily with addiction in the traditional sense of the word, but with individual and social

problems that result from the consumption of psychoactive substances or from patterns of behaviour that have an addictive effect. Dependence may be involved, but does not have to be.

There are also areas of tension that have to be resolved:

- On the one hand, we have the individual's freedom to consume what he wants and thus possibly engage in self-harm, but also the economic freedom to produce and distribute goods;
- On the other hand, we have the role of the state in taking regulatory action in the form of government orders to limit the adverse health-related, social and economic effects of such consumption.

In the course of our work, it became evident that there was a large measure of consensus on the basic issues among the experts of the three commissions.

But at a more detailed level, opinions diverged rather widely on how the problems associated with addiction were to be addressed. Policies on alcohol, tobacco and drugs had previously been treated as three different sectors. The reciprocal learning processes that took place as the report was being drawn up proved to be extremely productive.

But the report alone will not change addiction policy. There now has to be a follow-up process, which the report describes under the headings of dissemination, consolidation and mainstreaming. We need first of all to promote an essential change of basic attitude that should be geared to the characteristics shared by all psychoactive substances or behaviours with an addictive effect. We have to stop thinking in terms of «good» and «bad» or «legal» and «illegal». Political decisions in future should first focus

on common denominators and then, coordinated to the specific burden of problems, create a differentiated approach to regulating the individual forms of consumption that will ensure an appropriate balance between the freedom of the individual and the socio-economic burden of problems.

The report on «The Challenge of Addiction» provides the necessary foundations for this task.



François van der Linde, Chairman of the Steering Group

Principle 8: Differentiated approach to target groups

The protection of young people will continue to be an important area of addiction policy and will require consistent implementation. Addiction policy instruments must, however, be broadly directed at all target groups. Special attention must be paid to ensuring that no one should be discriminated against on grounds of social inequality or social diversity. In addition, health literacy should be encouraged through specific training programmes aimed at prevention and early detection.

Principle 9: Civil society

Responsible organisations within civil society such as sports and trade associations or professional organisations need to become increasingly active, especially in prevention and harm reduction.

Principle 10: Research, training and monitoring/evaluation

Switzerland will increase its commitment to addiction research and to training of addiction specialists. To this end, it will develop an efficient and integrat-

ed system of addiction monitoring that reflects the approach put forward in this policy framework. The Federal Council will initiate a national addiction research programme. Addiction research will be further consolidated at university level by involving medicine and psychiatry. The Federal Office of Public Health will continue the «Challenge of Addiction» process in order to disseminate, consol-

The public-health approach to addiction policy

According to the WHO, the public-health approach is an approach to health policy «that has the objective of improving health, longevity and the quality of life for entire populations through the promotion of health, the prevention of illnesses and other health-related interventions». A public-health approach is gaining in importance throughout Europe, not least because it can offer a common foundation for areas of activity that have hitherto remained separate, and it enables structural and behavioural prevention and health to be integrated into all policy areas.

idate and mainstream the contents of the report and the policy framework.

The full report «The Challenge of Addiction» and a summary version can be downloaded or ordered as a booklet from: www.herausforderungsucht.ch

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Like the multiple-cause model in the drug sector, the public-health approach to addiction policy takes account of the interactions between the individual, his or her social environment and the addictive substance or addictive behaviour. But because of the effects on health and the problems they cause, its measures incorporate not only addiction but also problematic consumption. There is broad consensus among healthcare specialists on such a coherent public-health approach to addiction policy and there have been repeated calls for this approach to be adopted in Switzerland as well.

In discussions of policies on addiction, Switzerland is often praised as a pioneer. However, Swiss policy on addiction is facing new questions and challenges that are not only a result of changing social realities (the 24/7 society, the speed of change in society and the unlimited availability of substances) or of new problems on the practical front (e.g. overlapping of drug and alcohol scenes, polydrug use). Rather, practical experience and scientific findings are nurturing the realisation that appropriate responses to the diverse range of problems associated with addiction can be drawn up more successfully if an integrated approach is used.

A steering group consisting of the president and two delegates of each of the three non-parliamentary commissions – the Federal Commissions for Alcohol Issues, Drug Issues and Tobacco Control – has addressed these questions in depth. On 1 June, the commissions submitted their joint report, «The Challenge of Addiction – Foundations for a Future Oriented Policy on Addiction in Switzerland», to the Federal Office of Public Health. For health-policy reasons, the new policy framework broadens the scope of addiction and proposes a change of strategic direction. It concludes with ten guiding principles for a policy that encompasses all forms of addiction and which are aimed at initiating a debate in society about new approaches to the problem.

Reason enough, then, for this issue of «spectra» to introduce you to the policy framework, the report and the possible early consequences for Swiss addiction policy.

I wish you every enjoyment in reading it.



Andrea Arz de Falco
Head of Public Health Directorate,
Vice-Director, Swiss Federal Office of
Public Health

Five Migrant Friendly Hospitals in Switzerland

Migration and Health. As part of the «Migrant Friendly Hospitals» project, five centres of excellence for migrant friendly medical care are to be developed in Switzerland.

The 2008–2013 National «Migration and Health» Programme continues the Federal Office of Public Health's efforts to achieve hospital healthcare that is better geared to the migrant population and its specific needs. A second stage of the «Migrant Friendly Hospitals» project is therefore to be implemented. The aim of the pilot project is to develop a number of hospitals located in regions with a large proportion of foreign residents into centres of excellence for the treatment of migrants. The hospitals are to incorporate criteria for optimum care of the migrant population in their quality assurance process. In addition, it is important that the measures envisaged and their evaluation and further application should be sustainable.

The following hospitals and groups of hospitals have been selected by the FOPH on the basis of their funding proposals:

- Basel University Hospital
- Solothurner Spitäler AG & Aarau Cantonal Hospital
- Zurich Pediatric Hospital in conjunction with Basel University Pediatric Hospital and the Eastern Switzerland Pediatric Hospital, St Gallen
- Vaud University Hospitals
- Geneva University Hospitals

Specialist and financial support

A fund endowed with two million francs



will provide financial support for these hospitals as they draw up and implement strategies that, for instance, promote their staff's transcultural skills, optimise the use of professional intercultural translation and improve the quality of treatment for the migrant population. Formulation of the strategies should be completed by the end of March 2011, and implementation is scheduled for the period between June 2011 and June 2013.

Evaluanda, an agency specialising in organisation analyses, counselling and project evaluation, has been mandated by the FOPH to help the participating hospitals draw up migrant-friendly intervention programmes. It is currently holding training workshops for project managers and is also available for coaching as required.

When drawing up their strategies, the hospitals can also obtain guidance from the recommendations of the manual «Diversity and equality of opportunity. Fundamentals for effective action in the

microcosm of the health care institution» and from other aids provided by the FOPH, including a list of quality criteria and a guide to self-evaluation.

Positive response from H+

The H+ Hospital group supported the FOPH in its preparations for the second stage of the «Migrant Friendly Hospitals» project. The Group welcomes the fact that the FOPH is launching the new project and offering support. According to H+, «dealing with diversity and equality of opportunity is a management task that has to be implemented in the individual institutions. To ensure quality, it is essential that the patients' needs be taken seriously. This presupposes, among other things, good linguistic understanding.»

Further information:
www.miges.admin.ch
> Healthcare provision > projects

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Internet pornography: a catalyst of sex addiction

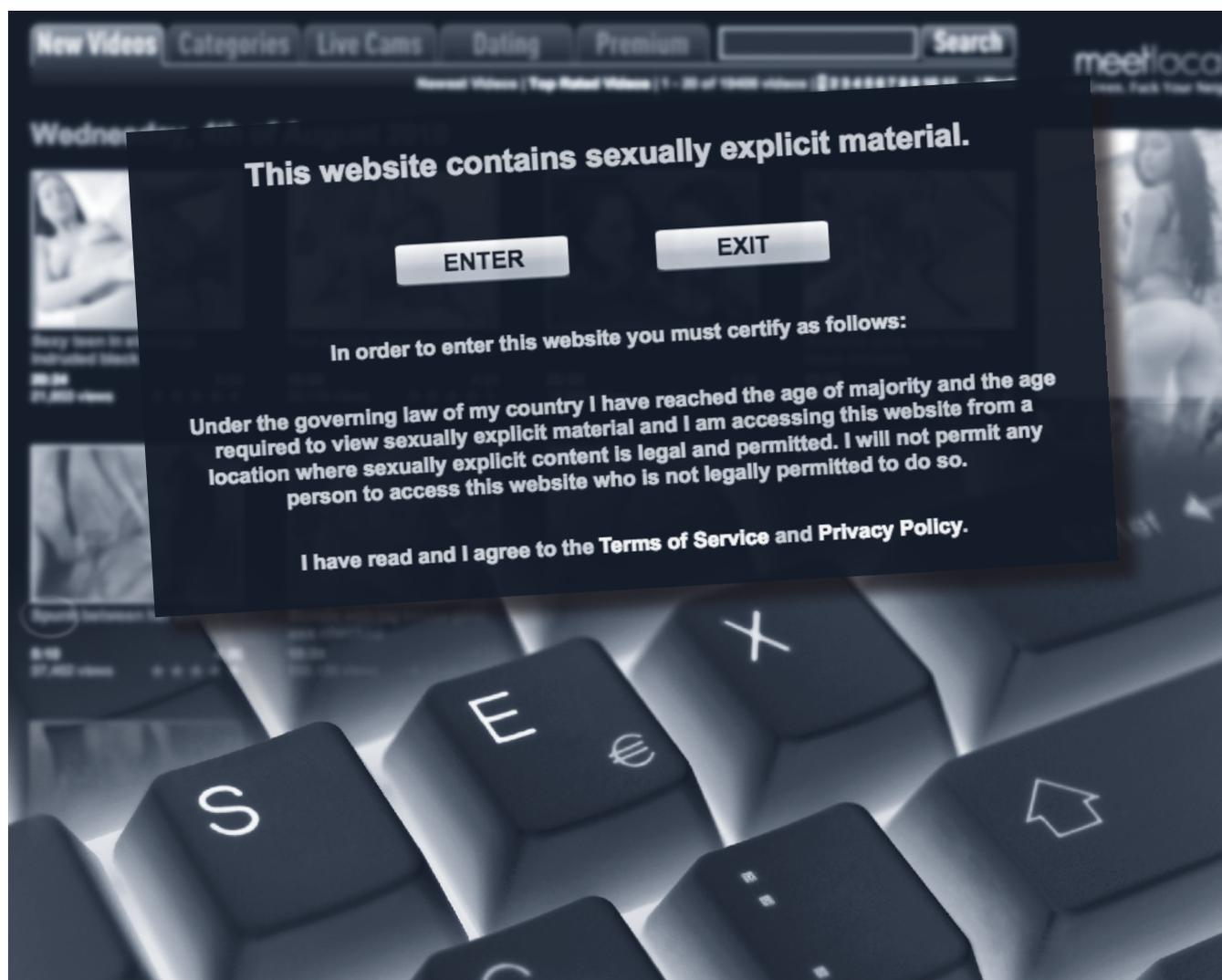
Behavioural addictions. Online sex addiction is regarded as the most common form of Internet overuse. Its consequences for users, their partners and families, young people and society as a whole are hard to estimate. It poses new challenges in many specialist areas. The Fachverband Sucht, an association of addiction experts and organisations, hosted an interdisciplinary conference to discuss the topic on 16 June 2010 in Zurich.

The spread of the Internet means that audiovisual representations of erotic material, sexuality and pornography have become accessible to the general public to a hitherto unknown extent. Pornography can be accessed online at any time, in unlimited quantity and in relative privacy. A very large proportion of men – but also some women – view sexual images in the form of photos, videos and live webcams. Some of them do so excessively, in a way that can be classified as dependent. Factors such as social taboos, grey areas in the law and fear of exposure also play a part. Experts from the fields of social work, psychology, medicine, spiritual welfare, education and the law attended the interdisciplinary conference on «Online, Sex and Addiction» in Zurich to discuss and present papers on the facts, causes and scope for interventions.

Opportunities and risks

Ease of access from home, anonymity, low cost, variety, fast long-distance communication across national boundaries, the possibility of taking on virtual identities, limited scope for control and censorship: these factors, according to physician and psychotherapist Dr. Andreas Hill, make the Internet particularly important for sexuality. They create many opportunities such as enrichment of sexual fantasies and experimentation in a safe setting. Hill also considers that, particularly for shy people with little self-confidence or with disabilities, the Internet provides new opportunities for social and sexual contact. Prof. Nicola Döring, Professor of Media Design and Media Psychology at Illmenau University of Technology, is also convinced that there are positive aspects to (legal) online pornography. In particular, the Internet makes it possible for people to act out their sexual inclinations and preferences, which they would not do outside the net for fear of rejection. This, she states, often has a liberating effect and enhances self-acceptance. In addition, she went on, the Internet enables sexual minorities to connect with like-minded people and enjoy mutual support.

But the point at which the effects become adverse is soon reached. The main problem with online pornography is its unlimited availability, which makes it a powerful catalyst of addictive sexual behaviour. According to Andreas Hill, it of-



fers vulnerable individuals a very simple escape from real relationships, whether sexual or non-sexual. The consequences are growing isolation and loneliness. Moreover, real-life sexuality and relationships may not be able to keep up with the virtual sex world, resulting in hurt feelings and serious pressures on couples' relationships. The consumption of hardcore pornography in particular can aggravate aggressive and deviant sexual impulses and lower the threshold of inhibition about engaging in real life in fantasies that involve self-harm or harm to others.

Consequences for young people

As sex educationist Bruno Wermuth showed, pornography is virtually taken for granted among young people. In a study conducted by the University of Fribourg, 48% of 12-year-old boys and 30% of girls of the same age claimed that they had seen pornographic material. Among 15-year-olds, the figures were 88% of boys and 38% of girls. Wermuth went on to say that frequent and regular viewing of online pornography can have an adverse impact on young people's ideas of sexual realities. Among the boys the most common effect is for them to feel pressure to perform sexually, while girls feel that they must have a perfect body. In addition, Dr. Andreas Hill cited a study showing that the deliberate search by young people for online pornography was associated with poor emotional ties with a parent figure, de-

linquent behaviour, problematic use of substances and depressive symptoms.

At what point can preventive measures be applied?

According to a number of speakers, the ability to handle online sex constructively is key to the prevention of online sex addiction. For Nicola Döring, media literacy in the form of competence in dealing with pornography, and sex education are the best means of prevention. Daniel Süss, Professor of Media Psychology at Zurich's University of Applied Sciences, emphasised the growing need for an approach to media education that directly addresses issues such as por-

nography, sexuality and stereotyping. Media would, in fact, have the greatest impact in areas in which people have no experience of their own, no discussion of problems with others and no clear attitudes of their own. So what we have to do is promote the ability to judge media, and what they offer us, critically and the ability to enjoy what does us good.

Further information and downloads of the presentations:
www.fachverbandsucht.ch

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