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Prison health

2 Successful policy on drugs

The misery caused by drug abuse as manifested at Zurich's Platzspitz park seems a long-distant memory. Compared with the open drug scenes of those years, the situation has, in fact, improved greatly. Yet the cost to the economy of treating, combating and preventing the use of illicit drugs amounts to some 4.1 billion francs a year. The Swiss Government has been tackling this situation for years by implementing packages of measures to reduce drug-related problems (MaPaDro) – successfully, as the evaluation of MaPaDro III (2006–2011) confirms.

3 Improving health behind bars

Infectious diseases such as HIV or hepatitis occur much more frequently in penal institutions than in the community. Since 2008, the problem has been addressed by implementing the BIG project designed to combat infectious diseases in prisons. Applying the equivalence principle, BIG seeks among other things to make the same preventive and therapeutic healthcare services as accessible to prison inmates as they are to people living in the community. The achievements of BIG are now to be consolidated. The focus will be on harmonising healthcare provision in Swiss penal institutions and on setting up a centre of excellence for prison healthcare.

4 Flu vaccination campaign

The idea was that, by the end of 2012, 75% of members of risk groups, 50% of medical and healthcare professionals and 50% of individuals in close contact with risk groups would be vaccinated against seasonal flu. These are several of the current (2008–2012) flu campaign targets. But in some cases the vaccination coverage has not yet been even half-way achieved, despite inherently effective communication media and a successful communication strategy. The evaluators are therefore more critical of the unrealistic matching of targets to resources than of the quality of the campaign.



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Success in managing the problem of drug abuse

MaPaDro III. The Federal Government's Third Package of Measures to Reduce Drug-related Problems (MaPaDro III 2006–2011) has been effective. An evaluation of the project has confirmed this. The following is an overview of the most important areas of progress in managing drug use and its consequences.

Gone are the days of open drug scenes like those of the 1980s. For the general public and politicians alike, their disappearance seems to indicate that the problem of drug abuse is under control. But drug use continues to be a social problem. About half of today's 15–16 year olds have already had experience of cannabis. Some 26,000 adults regularly use heroin and/or cocaine. Approximately 250 people die each year as a result of abusing hard drugs. In addition, there has been a rise in the use of new psychoactive substances (designer drugs, medicines) in recent years. The cost to the economy of treating, combating and preventing the use of illicit drugs amounts to about 4.1 billion francs a year. MaPaDro III is designed to counter these trends. Its main goals are to

- reduce drug use
- reduce the negative consequences for drug users
- reduce the negative consequences for society.

MaPaDro III (2006–2011) is being implemented by the Drug Section of the Federal Office of Public Health (FOPH) in cooperation with the Federal Office of Police (fedpol) and the Federal Office of Justice in accordance with an action plan drawn up by the FOPH. Below is an overview of the key activities and events of the last few years:

Revision of the Narcotics Act

The most important development in Swiss drug policy was the approval by parliament of the revised Narcotics Act (BetmG) in 2008, which created a legal framework for Swiss drug policy and its four pillars of prevention, therapy, harm reduction and repression. The four-pillar (or "fourfold") model had already been developed for MaPaDro I (1991–1996), while MaPaDro II (1998–2002) institutionalised it at the cantonal and municipal levels. The four-pillar model has now been consolidated and further developed in MaPaDro III.

Early identification and early intervention

The development, dissemination and institutionalisation of early identification and early intervention (E+E) were and continue to be of great importance in the prevention of substance abuse. This approach is designed to identify children and young people at risk and institute supportive measures at an early stage. Among other measures, the E+E pilot programme was launched in schools and municipalities. It requires them to



develop an E+E management system with which to define, for instance, the processes, tasks and responsibilities of the different players involved. In conjunction with specialist institutions, work tools are developed, examples of good practice disseminated and exchanges of experience organised for this purpose.

In addition, the Fachverband Sucht (an association of addiction experts and organisations) and GREA (Groupement romand d'études des addictions/association of addiction management professionals in French-speaking Switzerland), supported by the FOPH, have published E+E brochures presenting a model for addressing early identification and early intervention in children and young people, along with recommendations and examples of good practice. And in 2012, Lucerne University of Applied Sciences and Arts will issue a publication on the legal framework of such activities for schools and municipalities.

Consolidation of therapy Improving the quality of substance abuse management

The quality standard, QuaTheDA (quality, therapy, drugs, alcohol), had originally been confined to residential facilities in the field of substance abuse, but is now applied to outpatient measures as well. This step has greatly improved the quality of low-threshold addiction-management services. Currently, 88 sponsor organisations running a total of 180 facilities are certified to the QuaTheDA quality standard.

Regular surveys of client satisfaction now also include outpatient services. Client satisfaction is a key indicator of the improvement potential of any quality management system. QuaTheDA had previously been limited to the quality of structures and processes. Now an approach that measures the quality of outcomes has also been developed. This means that the QuaTheDA project can

be extended to include the third dimension of quality, i.e. that of outcomes (QuaTheDA-E).

Substitution treatment

Methadone- and buprenorphine-assisted treatment: this form of therapy involves substituting a legal medicine prescribed by a physician, e.g. methadone or diacetylmorphine, for an illegal opiate. The treatment is supplemented by psychosocial measures. The approach is used in about two thirds of dependent heroin users (approx. 17,000 in Switzerland). Sixty percent of substitution therapies are prescribed by primary healthcare providers. With a view to improving the quality of treatment, the Swiss Society for Addiction Medicine drew up recommendations on the medical aspects of substitution treatment. The FOPH then supplemented the recommendations with legal and structural considerations. These recommendations have been recognised by the professional federations and the Association of Cantonal Medical Officers and thereby provide the conditions necessary for harmonising the practice of substitution treatment in Switzerland (further information available at www.bag.admin.ch > Topics > Alcohol, tobacco, drugs > Drugs > Drug policy > Substitution treatment for opioid dependence). In a further step, the recommendations were rounded out with practical instructions for family doctors (www.praxis-sucht-medizin.ch).

Heroin-assisted treatment

Heroin-assisted treatment (HAT) is intended to help seriously dependent heroin users who cannot be reached with other therapeutic measures. It involves the regulated and monitored prescription of pharmaceutical-quality heroin and is underpinned by psychosocial care and medical treatment. Following on many years of experience and scientific support, the revised Narcotics Act (BetmG) and the Narcotics Addiction Or-

dinance (BetmSV) created the legal framework for heroin-assisted treatment. HAT is now provided in 23 centres throughout Switzerland. The number of patients receiving it has been stable for years and now totals about 1,300.

Harm reduction breaks new ground

The FOPH has a mandate to support the cantons, municipalities and institutions in their efforts to implement harm reduction measures. The focus of such support (contact points, needle exchange facilities, etc.) had previously been on ensuring the survival of dependent heroin users. However, changed user habits meant that the scope of harm reduction measures had to be extended (for instance to nightlife and leisure activities). The FOPH, together with experts in addiction management and prevention, therefore compiled examples of good practice in the implementation of harm reduction measures. Work on a publication designed to make this knowledge available to a broader specialist public is currently in progress.

Next steps

MaPaDro III was evaluated in 2011. The evaluators came to the conclusion that significant progress had been made in relation to all three main goals in the implementation of MaPaDro III. Against this backdrop, the MaPaDro III action plan is now being adapted to address the changes in the problem situation. The measures are being brought into line with the revised Narcotics Act, current trends in practice and new forms of drug use and addiction (e.g. poly-drug use). The new action plan, supplemented by fedpol measures, will be published on the FOPH website, probably towards the middle of this year.

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Growing focus on prison health

BIG – combating infectious diseases in prisons. The aim of the BIG project launched in 2008 is to bring health care in penal institutions into line with that of the community. The experience gained with BIG has been positive, and therefore the project is now to be institutionalised on a sustainable basis.

Studies show that infectious diseases such as HIV, hepatitis or tuberculosis occur much more frequently in penal institutions than in the community. In 2008, the Federal Office of Public Health (FOPH), the Federal Office of Justice (FOJ) and the Swiss Conference of Cantonal Justice and Police Directors launched the BIG project in order to remedy this problem. The project pursues the following goals:

- minimise the risk of infections being transmitted in penal institutions
- minimise the risk of infections being transmitted from the community to within penal institutions and vice versa
- create equivalent standards of prevention, testing and treatment for infectious diseases in penal institutions and in the community
- create equivalent standards of drug abuse treatment in penal institutions and in the community
- ensure sustainability of the measures and tools developed

On the basis of these goals, four areas of activity were defined and appropriate measures put into effect:

1. Data gathering: Since 1 January 2011, a new form for reporting infectious diseases has enabled detailed surveys of the number and nature of infectious diseases diagnosed in prisons to be carried out.
2. Information and training: Work is currently in progress on two brochures that provide prison inmates and staff with information on infectious diseases, risk situations, protective measures and treatment options. In addition, a training course for prison staff is being developed in one canton as a pilot scheme. The aim is for the modules to be included in the syllabus of the Swiss Prison Staff Training Centre (SAZ) from 2013 on. Since spring 2011, the SAZ has offered an introductory course on law enforcement (including prison medicine) for staff who have not taken the basic SAZ training course.
3. Prevention, testing and treatment: In order to harmonise the medical care of inmates and also clearly define the roles of the different players involved, guidelines containing recommendations, standards and checklists on a range of medicine-related topics (e.g. admission forms or transmission of information) have been issued and made available to all prisons.
4. General structural conditions: Legal expert opinions have been sought in



order to clarify the responsibilities of the Federal Government and the cantons. In addition, the problem of language barriers and of their negative consequences for the health of inmates has been analysed. A nationwide telephone interpreting service has been available to prison health staff since April 2011.

Recommendations on harmonising standards

The timeframe of the BIG project had originally been limited to the end of 2010. In the course of the project, however, it became clear that it would not be possible to guarantee the further development and dissemination of its products unless further action was taken. This was also true of the dialogue between the different players in prison medicine, nursing care and law enforcement. It was the BIG project that had actually initiated this interdisciplinary co-operation, which was greatly valued by all involved. Furthermore, it became obvious that more attention had to be devoted to prison healthcare in Switzerland as a whole and that the differences between the cantons with regard to prison health needed to be minimised as far as possible.

For these reasons, BIG is being continued for the time being. The current focus is on the “Recommendations for harmonising health care in Swiss penal institutions”. Both international and Swiss law lay down several binding norms that govern prison healthcare. But, as the expert legal opinions commissioned by the FOPH have made clear, what Switzerland needs is action to ensure that these norms are applied consistently. The recommendations supported by the Swiss Conference of Cantonal Justice and Police Directors and the Conference of Cantonal Health Directors are aimed at all the relevant players in the prison healthcare system. Their objective is not structural harmonisation (out of consideration for the organisational sovereignty of the cantons), but implementation and fleshing out of the substance of the legal basis in the everyday routine of the penal system. This includes clarifying the legal situation and responsibilities of the professionals working within the healthcare

system. A further objective is to improve the knowledge and training standards of both staff and inmates with regard to health-related topics. This calls for the use of regularly updated training and information material that is coordinated and as uniform as possible.

Centre of excellence for prison health

One of the core recommendations is the creation of a Swiss centre of excellence for health issues in the penal system. The centre of excellence would secure the sought-after interdisciplinary dialogue in the long term and serve the cantons and institutions as an acknowledged platform for discussing health issues affecting penal institutions. An administrative link between this centre and the Swiss Prison Staff Training Centre (SAZ) is planned. It would be funded in the same way as the SAZ, i.e. with percentage-based cantonal contributions geared to respective prison days.

Largely positive echo

Last October, an initial draft of the recommendations was submitted for consultation to the cantons, the inter-cantonal concordat authorities, the Conference of Swiss Prison Medical Officers, and the authorities responsible for penal institutions in Switzerland. A total of 35 cantonal authorities and organisations had commented on the recommendations by the end of 2011. They all welcomed the recommendations, the establishment of a centre of excellence and its affiliation with the SAZ. The only reservations were those expressed by some cantonal law enforcement authorities with regard to the proposed financing. The BIG project will continue to have the support of the nine-member penal system and institutions commission of the Swiss Conference of Cantonal Justice and Police Directors. The recommendations and concept for the planned centre of excellence will be formally presented to the SAZ’s governing bodies. The dossier will then be examined by the Swiss Conference of Cantonal Justice and Police Directors at its autumn meeting.

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At first hand

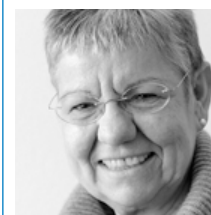
The risk of contracting an infectious disease such as HIV/AIDS, hepatitis or tuberculosis is greater in prisons than in the community. Research conducted both in Switzerland and abroad has confirmed this. While detainees do not have the right to free choice of doctor nor do they have automatic access to preventive and curative healthcare, however, it is essential that they have the same chance of enjoying the best possible health and benefiting from the same health counselling, care and support services as people who live in the community.

The equivalence principle applies here, and it is not only a moral but also a legal imperative. According to the Swiss Constitution, the Swiss Criminal Code and human rights agreements, the State is responsible for preventing impairment of health in individuals whom it holds in places of detention. It is obliged to undertake any supervisory and preventive measures judged to be reasonable. These measures are not confined to the provision of syringes or condoms. They must also ensure a healthy diet and opportunities for physical activity. Then there is the issue of protecting the mental health of detainees – one of the most controversial, and as yet unresolved, problems, in which the requirements of justice have to be reconciled with those of public health.

Switzerland is one of the countries to have pioneered prevention in penal institutions. An automatic syringe dispenser was installed in Hindelbank women’s prison as early as 15 years ago. Now Switzerland is implementing the BIG project – “Combating infectious diseases in prisons”. Its aim is to prevent the transmission of infectious diseases within prisons, but also between prisons and the community. Responsibility for the penal system and prison healthcare in Switzerland rests with the cantons. The necessary equivalence unfortunately falls short of requirements in a number of cantons. The BIG project also seeks to combat this problem by laying down minimum standards that have to be respected.

Linguistic and cultural barriers also often hinder access to healthcare: more than two thirds of all prison inmates in Switzerland are from other countries. Services such as intercultural translation and interpreting by linguists on site or over the phone facilitate such access. It is the State’s responsibility to provide these services in prisons as well.

Prison health is public health. Improving the – in some cases parlous – health situation in Swiss penal institutions is in everybody’s interests. This applies not least because diseases tend not to stay enclosed within prison walls.



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Flu prevention: objectives not (yet) achieved



Evaluation. The communication objectives relating to seasonal flu 2008–2012 have not yet been achieved. This is due more to scarcity of resources (compared with the very ambitious objectives) than to the choice and implementation of measures.

The Department for Political Science (IPZ) and the Institute of Mass Communication and Media Research at the University of Zurich have evaluated the “Communication strategy for the prevention of seasonal flu 2008–2012” on behalf of the Federal Office of Public Health (FOPH). This strategy seeks on the one hand to directly encourage target groups to undergo vaccination for their own protection (groups at risk: over 65 year olds, infants, pregnant women and the chronically ill) or to protect others (people working in health care and people in close contact with members of risk groups). On the other hand, it seeks to exert an indirect influence through the use of multipliers (doctors, health-care and home-care institutions and the mass media) in order to communicate the FOPH’s messages to the general public and the immediate target groups. A key concern of the evaluation was the effectiveness of the communication strategy towards the immediate target groups and the multipliers.

Low vaccination rates in the risk groups

The goal of the flu campaign was to achieve, by the end of 2012, a vaccination rate of 75% in the risk groups, 50% among medical and healthcare professionals and 50% among individuals in close contact with members of risk groups. These rates are still far from being achieved: following the 2010/11 flu season, the vaccination rate was only 42% in the risk groups, 22% among medical and healthcare professionals and 26% among the close contacts group. Only the 79% vaccination rate among doctors in non-institutional practice was above target. There is an overall downward trend in vaccination. Comparable data from surveys conducted in the past ten years show that vaccination rates have declined markedly in the risk groups.

Multiplication of messages works

Achievement of objectives was better with regard to the multipliers. The surveys suggest that dissemination of the flu prevention messages by doctors and health/home-care institutions worked well to very well. The majority of these people and organisations play an active role in flu prevention and regard the FOPH’s communication material as helpful and also use it. Just under half the 20 major Swiss employers surveyed use the FOPH campaign material and give it a largely positive rating.

Critical media

The multiplier effect among the media worked less well. Though coverage of the messages by the mainstream media surveyed was neutral to positive, the level of response was low. The media representatives interviewed criticised the accessibility of FOPH specialists and identified considerable scope for improving the FOPH’s media work in terms of content. The survey of the general public did not yield only positive findings either: for instance, less than a third of interviewees recognised the campaign, and only slightly more than half of these felt personally addressed by it.

What recommendations are directed at the FOPH?

The campaign largely failed to achieve its quantitative objectives by a clear margin. According to the evaluators, this was due less to the choice and execution of measures than to shortage of resources. For the follow-up strategy to be applied to the 2013/14 and subsequent flu seasons, the objectives should be reviewed and brought more effectively into line with the available resources. This will very probably mean having to define clearer priorities. For instance, they rather advise against conducting an advertisement and poster campaign on the same scale as before because shortage of resources will mean it is unlikely to have the desired efficacy and efficiency. To bring about the necessary change of trend in the vaccination behaviour of the target groups, better media work is certainly needed, as is continuation of a dual communication strategy, i.e. exerting both a direct and an indirect influence on the risk groups. In particular, new methods and an in-

crease in the intensity of the campaign are needed if the strong resistance of medical and healthcare professionals to vaccination is to be overcome. However, the flu campaign has a strong cornerstone in the efficient multiplier approach, which is functioning well. This now needs to be consolidated and improved.

Immediate FOPH measures to improve the current communication strategy for the prevention of seasonal flu

The brochure “Grippe? Impfen macht Sinn.” [Flu? Vaccination makes sense.] aimed at healthcare professionals was updated for the 2011–2012 flu season, and a new flyer entitled “Gripeschutz während der Schwangerschaft: Impfen macht Sinn.” [Flu protection during pregnancy: vaccination makes sense] has been produced as a source of information for both healthcare professionals and pregnant women. In addition, under the new slogan “Vaccinate against the flu”, the website www.impfengegengrippe.ch (formerly www.gemeinsamgegengrippe.ch) has been revised and furnished with full information material on seasonal flu. During the present flu season, the cantons were also called upon to participate in the FOPH’s web pages, set up a site of their own and link it to their cantonal website. Additional material (e.g. stickers for doctors’ practices) was provided to promote National Flu Vaccination Day on 4 November 2011. All measures had to be executed within the constraints of the limited financial resources available.

A round-table meeting with healthcare professionals and representatives of the

FOPH is planned for spring 2012 in order to promote exchanges between these parties and find a way of providing even more effective support for the work of the healthcare professionals and of persuading them that flu vaccination not only of people at risk but also of the medical and healthcare staff who have contact with patients is a “normal” part of annual prevention activities.

The findings of the evaluation and particularly the recommendations will be taken into account when the FOPH considers what the focus of the follow-up strategy is to be.

The “Evaluation of the Communication Strategy for the Prevention of Seasonal Flu 2008–2012” carried out by the Department for Political Science (IPZ) and the Institute of Mass Communication and Media Research at the University of Zurich can be downloaded from www.bag.admin.ch/evaluation/index.html?lang=en > Reports and ongoing studies > Infectious diseases.

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