

# spectra

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## Transgender

### 2 A vulnerable group

People whose gender is at odds with their body have a tough time in our society. Besides their personal and medical problems, they have to contend with stigmatisation and any number of obstacles and forms of discrimination, and they struggle for recognition by the authorities. There is a frighteningly high prevalence of HIV among trans women who are active as sex workers. The first Swiss HIV&STI forum on the sexual health of trans people has been held in Biel/Bienne and sheds light on the topic.

### 4 National Dementia Strategy

Around 107,000 to 125,000 people with dementia live in Switzerland. According to estimates, this figure will rise to over 190,000 by 2030 and to about 300,000 by 2060. Dementia is a very demanding condition and a serious burden on families and the community. For the first time, there is now a National Dementia Strategy 2014–2017 that lays down goals and measures at a nationwide level to improve the care of dementia patients and identify the condition at an early stage.

### 4 Get vaccinated against measles

Though measles is now a rare disease in these parts, Switzerland is still a long way from achieving its stated goal of eliminating the virus by 2015. There are gaps in vaccination coverage, particularly in adults under 50 years of age. The recently launched campaign "Don't miss out – get your measles vaccination now" calls on this age group to go and get themselves immunised. Any such step will be exempt from the health insurance deductible until 2015.



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# Sexual health and transgender people: uncharted waters?

**A neglected and vulnerable group.** Many international studies reveal a high level of vulnerability in the health of the transgender community, especially to HIV and other sexually transmitted infections.

A current meta-analysis of 29 North American studies estimates that the prevalence of HIV among trans women (male to female) in large cities of the United States ranges from 11.8 to 27.7 per cent and can be as high as 35 per cent among trans sex workers. The equivalent estimate for trans men (female to male) is only 2 to 3 per cent.

No epidemiological data are available on the prevalence of STIs in Switzerland's transgender community. Only a 2008 study conducted by the Agnodice Foundation in trans women active as sex workers in Lausanne presents a worrying picture of the risks facing this population group and exposes its specific vulnerabilities. In particular, these concern the sharing of needles for injecting hormones or silicone to give the body a more female appearance, and unprotected sexual contacts in the course of their work. Trans sex workers are often highly marginalised and they are frequently victims of blackmail and violence – including police violence. Excessive drug and alcohol use due to pressures on the part of their clients is

widespread. Their mental health is particularly at risk. On average, depression and attempted suicide occur more frequently than in the population as a whole. The clients of trans women sex workers have a distinct profile: they look for a female body, that has a functioning penis capable of erection and ejaculation. The Agnodice Foundation's study came to the conclusion that the 50 trans women active as sex workers in the Lausanne region engaged in about 30,000 sexual contacts a year.

These findings prompted the Federal Office of Public Health (FOPH) in 2012 to commission a "Rapid Assessment" of the scale of the risks to which this population group is exposed from the University of Lausanne's Institute of Social and Preventive Medicine (IUMSP). In addition, recommendations were to be drawn up on how the group's health needs could be satisfied.

## **Towards better recognition of human and sexual rights of trans people in Switzerland?**

In the same year, the Federal Office of Justice announced that official gender status could also be changed if the necessary irreversible sex reassignment and loss of reproductive capacity could be achieved without surgical interventions (sterilisation; construction of sexual organs), for instance by long-term

hormone treatment. In Switzerland, transsexuals can ask to have their official gender status brought into line with their gender identity, even if it does not tally with their genitalia. In other words, there are – quite legitimately – increasing numbers of men with female sex organs and women with male sex organs in Switzerland.

In order to link up its National Programme on HIV and Other Sexually Transmitted Infections 2011–2017 with the Declaration of Sexual Rights formulated by the "International Planned Parenthood Federation (IPPF)", the Federal Office of Public Health hosted a Swiss HIV & STI forum on the sexual health of trans people in Biel/Bienne on 24 April 2013. The objective of the forum was to raise awareness and promote further training of sexual health professionals (physicians, nursing staff and counsellors) in relation to transgender issues and to present the findings of the Rapid Assessment carried out by the IUMSP Lausanne.

## **Swiss HIV & STI forum 2013: sexual health for transgender people**

The focal point of the Swiss HIV & STI forum 2013 was the presentation by Dr. Viviane Namaste, professor at the Simone de Beauvoir Institute of Concordia University in Montreal. Her research

demonstrates the invisibility of trans people in health policy, the difficulties they have in accessing institutions, the lack of epidemiological monitoring and the vulnerability of migrant or sex-worker trans people at various different levels. According to a number of estimates, the prevalence of HIV in these groups is significantly elevated.

The findings of the Rapid Assessment were presented by Dr. Raphaël Bize. They confirm the need to develop HIV/STI prevention measures for trans sex workers. They also reveal gaps in the existing health data and emphasise the hostility frequently encountered in the sociocultural and institutional context towards trans women and trans men. The IUMSP recommends launching prevention measures within the community of trans sex workers and among their clients. It also recommends continuing education for health professionals on transgender issues and integration of the variable "transgender" into the HIV/STI notification system, the statistical recording tools of the VCT centres (BerDa) and the health surveys of the general population.

The second part of the forum consisted of three workshops. The first workshop targeted healthcare providers and highlighted ways, in which they could improve the services they offer trans

## **Forum**

### **"Counselling trans people is only a small, but nonetheless vital piece of the puzzle."**

A special unit for trans people (Fachstelle für Transmenschen) has been in service at Checkpoint Zurich since March 2012. It was set up in cooperation with the Transgender Network Switzerland (TGNS) to advise people, whose gender identity does not match that assigned to them by birth. It is the only paid unit in German-speaking Switzerland that offers trans people independent counselling by other trans people, though there is a second such unit at Checkpoint Vaud to serve French-speaking Switzerland. Besides counselling trans people themselves, the unit also provides advice for their relatives and people who, for other reasons (e. g. professional), have questions about trans\* issues (the asterisk refers to all of the identities within the gender identity spectrum).

### **The response has been overwhelming.**

In the first ten months alone, the unit counselled about 100 persons, the large majority of them trans people. Approximately 70 counselling sessions were conducted by e-mail, 26 face-to-face and a number by telephone. This means that the capacity limit of the unit, which is financed to the amount of 0.2 full-time equivalents, has already been reached. In addition, once a month on average,

the unit has provided external institutions with information (between 90 and 120 minutes) on various aspects of trans\* issues and on how to handle the specific needs of trans people.

### **"How do I get hormone treatment?"**

Even though by no means all trans people opt for medical gender-reassignment procedures, the most frequently asked question concerns hormone treatment. If the mandatory health insurance is to reimburse hormone treatment, a doctor's prescription is required. Most doctors require a note from a psychiatrist or psychotherapist that the treatment is indicated and confirming that the person is trans\* and that there are no compelling reasons for not prescribing hormone treatment. It is particularly important to ensure that trans people have realistic expectations about the treatment and are able to deal with its consequences. Supportive therapy is still considered mandatory, even though experts long since agree that this mandatory nature significantly impairs the therapeutic relationship. Trans people often feel under pressure to prove their gender identity, but it is simply not possible to diagnose somebody as trans\* – it is a diagnosis that can be based exclusively on the statements of the person concerned. An

additional problem of mandatory treatment is the fact that specialists with trans\* experience are few and far between and therefore often have long waiting times to get a counselling session.

Apart from this, the counselling sessions have covered a wide range of issues:

- "I think I feel more like a woman, but I'm not sure how to find out."
- "Where and how can I ask for my papers to be changed and what conditions would I have to satisfy?"
- "I want to live as a man. So what lies ahead for me? What can medicine do and what can it not do?"
- "Where can I find specialists?" (In endocrinology, gynaecology and urology, psychiatry and psychotherapy, dermatology for epilation, speech therapy, etc.)
- "I'm right in the middle of my training. Should I come out now or should I wait until afterwards?"
- "My parents will throw me out if I insist on living as a man. Where can I go?"
- "I've found out that I had surgery for intersexuality, when I was a child, but I don't have any precise details. My identity doesn't match the gender I was brought up as. What can I do?"
- "Can I change my papers without my marriage being dissolved? I'm from Argentina and my wife is Swiss."

As these questions show, trans people often need help, particularly because the ways in which they can live in Switzerland according to their own sense of gender identity are still very opaque and riddled with bureaucratic obstacles. A further problem is the poor acceptance of trans people, both privately and in the jobs market. Information and visibility campaigns implemented at various key places offer very great potential for improving the situation of each individual trans person. Counselling trans people is only a small, but nonetheless vital piece of the puzzle, because we have to improve lastingly the life circumstances, the psychological and physical health of trans people. The units would like to do a lot more, but because counselling takes up all their capacity, they would need more funding.



Hannes Rudolph, born in Leipzig in 1977, psychologist and stage director, trans man, head of the special unit for trans people at Checkpoint Zurich since March 2012.

[www.transgender-network.ch](http://www.transgender-network.ch)



people. The second reported on the difficulties trans people experience in constructing their identity and the risks this entails. The final workshop was concerned with trans sex workers. It highlighted shortcomings in specialists' knowledge and skills, poor access to healthcare and inappropriate or non-existent prevention work.

The presentations of the Swiss HIV & STI forum and the summaries of the workshop discussions can be found on the website of the Federal Office of Public Health: [www.bag.admin.ch/hiv\\_aids](http://www.bag.admin.ch/hiv_aids) > Information for specialists > Strategy

### So what comes next?

Through the National Programme on HIV and Other Sexually Transmitted Infections 2011-2017, transsexual people are now unreservedly recognised as a vulnerable group. The Zurich and Vaud Checkpoints have developed services tailored to their needs. The Federal Office of Public Health has included trans people and people with variations of sexual development (intersex) in its supplementary forms for notifiable sexually transmitted infections. And it will in future encourage its partners to develop and implement activities aimed at combating HIV/STI particularly in the target group of trans sex workers.

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### At first hand

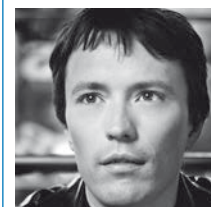
The first Swiss HIV & STI forum on the sexual health of trans people, which was organised by the Federal Office of Public Health (FOPH), marks not only an increased awareness of this topic, but also an important and welcome change in its development.

This change is partly ideological. Recognition of the existence of trans people and their needs obliges us to question our traditional understanding of gender, gender identity and sexual orientation. This in turn necessitates continuous efforts to improve the sensitisation and education that will direct our society and administrative structures towards a more humane and open-minded approach to the issue. While the transgender community is already confronted with stigmatisation on a daily basis, it faces a further social stigma that constitutes a great challenge: HIV/AIDS.

But the change is also epidemiological in nature. The FOPH-commissioned "Rapid Assessment" of the situation of trans people and the inclusion of their identity in the BerDa software for VCT puts an end to their invisibility in national statistics and in the monitoring of HIV and other notifiable sexually transmitted infections. The inclusion of the variable "Transgender" in the next Swiss Health Survey conducted by the Federal Statistical Office (FSO) would make it possible to obtain more accurate data on the health of this population group and define their needs more precisely.

Finally – and above all – the change is strategic. There is still so much work to be done, particularly in the field of sexual health. New research and prevention programmes need to be developed and implemented in close cooperation with the transgender community. Alongside HIV/AIDS, the most important issues are poor access to medical care, social discrimination and its consequences (family and social exclusion, loss of jobs, low self-esteem, drug use, marginalisation and violence) and the legal hurdles that so often attend the coming-out of transgender people. These are social obstacles that can be overcome only through far-reaching changes in society involving input from politicians and dedicated specialists.

The first step has been taken.



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### Credits • No. 101, November 2013

«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

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Contributors: FOPH, Christoph Hoigné  
Translation: BMP Translations AG, Basel  
Photos: FOPH, Christoph Hoigné, iStockphoto  
Layout: Lebrecht typ-o-grafik, 3006 Berne  
Printed by: Bütiger AG, 4562 Biberist  
Print-run: German: 6400, French: 3400,  
English: 1050

Individual issues and free subscriptions to «spectra» can be ordered from: GEWA, Alpenstrasse 58,  
Postfach, 3052 Zollikofen, tel. +41 31 919 13 13,  
fax +41 31 919 13 14, [service@gewa.ch](mailto:service@gewa.ch)

Next issue: Januar 2014

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## New system of public order fines for cannabis use

**Revision of the Narcotics Act. As of 1 October 2013, adults caught using cannabis are now fined 100 francs and no longer charged with drug use.**

The National Council and the Council of States both approved this amendment to the Narcotics Act on 28 September 2012. It applies to individuals in possession of no more than ten grammes of cannabis. If the cannabis users agree to and pay the public order fine, no charges are brought against them and no criminal proceedings are instituted.

### Minors excepted

This amendment relieves pressure on police and legal-system resources and saves costs. It also standardises punishment of cannabis use in Switzerland. The change applies only to persons over the age of 18. Any under-18s who use cannabis will, as before, be subject to legal proceedings in accordance with the Swiss Juvenile Criminal Procedure Code.

### Cannabis use and charges

Cannabis is the most widely used illegal drug in Switzerland. According to surveys of the general public conducted in 2012, 29.6% of adults have already had experience of cannabis. Respondents currently using cannabis (in the 30 days prior to the survey) account for 3% of these, i.e. approximately 200,000 people. Men (5.1%) are much more likely to use cannabis than women (1.5%). Current use is much higher (9.3%) among under-25s. No increase in use among schoolchildren has been observed in the last ten years.

In 2012, the police charged 24,129 individuals with using cannabis. Of these, 4,301 were under 18 years of age.

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# Dementia – a challenge for society and the healthcare system

**National Dementia Strategy 2014–2017.** Today about 110,000 persons suffering from dementia are living in Switzerland. And their numbers are growing. The National Dementia Strategy aims to provide a targeted response to this growing challenge.

In Switzerland, there are an estimated 25,000 new cases of dementia each year. The syndrome mainly affects elderly people aged 80 and over. One in eight people of the 80–84 age group has dementia. The number of cases starts rising as early as age 65, although relatively slowly. Just under three per cent of the 65–69 age group live with dementia. Because age is the principal risk factor of dementia and people are living for longer, the number of cases will grow steadily: according to estimates, the number of people with dementia in Switzerland will rise to over 190,000 by 2030 and around 300,000 by 2060.

The signs and symptoms of dementia do not necessarily lead to a diagnosis. It is thought that less than half the cases of dementia in Switzerland have been unequivocally diagnosed. Lack of a diagnosis, or a late diagnosis, can hinder appropriate treatment as well as counselling and support.

## Many people indirectly affected

In Switzerland, half of all people with

dementia live at home. As a result, a large number of people are also indirectly affected by the illness. These include people close to the person with dementia, such as family members, friends or supportive individuals in the community. Add to these the professionals who are in regular contact with dementia patients in their everyday work, and the total number of people on whom dementia has a direct or indirect impact probably amounts to about half a million. Two thirds of respondents in a representative survey conducted by the University of Zurich in 2012 stated that they had already had contact with dementia patients. In half of these cases the patient was a member of their immediate or wider family.

## Economic costs of around seven billion francs

According to initial calculations, the economic costs of dementia currently amount to just under seven billion francs per year. About four billion francs of this sum is accounted for by direct costs such as nursing care, doctors' visits, hospital stays and medication. The remaining three billion are the estimated market value of unpaid caregiving and nursing services provided by individuals close to the patients.

## Strategic goal: to maintain quality of life

These figures show that dementia is a



challenge for society and the healthcare system. The National Dementia Strategy 2014–2017 is being drawn up to meet this challenge. This strategy is geared to the various phases of dementia, which, depending on their characteristics, impact differently on those affected and make specific demands on the healthcare system. The main concern of the National Dementia Strategy 2014–2017 is to support the people affected and to maintain and promote their quality of life. The quality of care delivered must be of a high standard and meet the needs of the individuals involved over the entire course of the illness.

## Participative approach

Parliament provided the impetus for the National Dementia Strategy 2014–2017 in March 2012 when it referred two motions for further consideration. The strategy is being drawn up and implemented in the framework of the "Dialogue on National Healthcare Policy", a platform of the federal government and

the cantons. Responsibility for the strategy process is shared by the Federal Office of Public Health and the Swiss Conference of Cantonal Health Ministers.

The National Dementia Strategy is in line with the priorities of the "Health2020" overall health-policy strategy that the federal government approved in January this year. Two of the main pillars of this comprehensive overview are ensuring the high standard of care delivered and maintaining quality of life.

In order to draw up a sustainable and practice-compliant strategy, it is essential for priorities to be set regarding the need for action, including a guarantee that knowledge will be transferred from practice and research to politics. For this reason, a participative approach to the entire process of drawing up the strategy was chosen. Representatives from dementia support organisations, professional institutions and federations, service providers and representatives from the Confederation, cantons and municipalities are participating.

The National Dementia Strategy 2014–2017 looks set to be approved by the "Dialogue on National Healthcare Policy" in the second half of November.

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# Don't miss out – get your measles vaccine now

**Measles campaign 2013–2015.** The recently launched campaign, which has a slogan that translates as "Don't miss out – get your measles vaccine now", calls on the public to have themselves immunised against measles. The main target group is adults under the age of 50. The aim is to eliminate measles from Switzerland by 2015.

Weddings, holidays, an important public appearance – people with measles miss all these things because they have to stay at home. But measles can be avoided – two doses of the vaccine provide reliable protection against infection. This is the message of the measles campaign launched by the Federal Office of Public Health, the cantons and other partners at the end of October.

## Few cases, but there's a drawback

Few people contract measles in Switzerland nowadays. This is a positive development, but it means that public awareness of the virus and of how dangerous it can be has faded. Though vaccination coverage for measles in Switzerland is high, it is not yet high enough to eliminate the virus. The information campaign is designed to draw the public's attention to the issue and motivate

people to seek vaccination. The target is to eliminate measles from Switzerland by 2015. The country is thus aligning itself with the Europe Region of the World Health Organization (WHO), which envisages eliminating the virus in Europe by the end of 2015.

According to the "National Strategy for the Elimination of Measles 2011–2015", a measles-free Switzerland is possible if three targets and thus vaccination coverage of 95% among under-50s are achieved:

1. In future, 95% of children will have been immunised twice against measles vaccine by the time they are two and will thus be protected from the disease.
2. Gaps in vaccination coverage among under-50s will have been closed by the end of 2015.
3. Every outbreak of measles in Switzerland will be brought under control without delay and employing uniform standards and procedures.

## Closing gaps in vaccination coverage among adults

Current trends favour the first target: vaccination coverage is growing steadily among children and adolescents and thus reducing the number of fresh infections. The situation among adults is



outcome, those born in 1964 or after are called on to check their immunisation status and, if necessary, have themselves vaccinated. Such cases are exempt from the health insurance deductible, and access to vaccination is easier thanks to the provision of local services.

## Protecting ourselves and others

By being vaccinated, we protect not only ourselves from a dangerous illness but also people who, for medical reasons, are unable to be vaccinated. In addition, we make a significant contribution towards ensuring that measles is no longer inadvertently exported from Switzerland to Third World countries or to regions in which the virus has already been eliminated, for instance North and South America.

## Information platform: www.stopmasern.ch

In addition to TV adverts and posters, the campaign has also gone online with a website, [www.stopmasern.ch](http://www.stopmasern.ch). It provides physicians and anyone else who is interested with full information on the topic and an opportunity to order brochures and flyers.

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