Global evaluation of the Confederation's measures to reduce drug-related problems (ProMeDro)

Fourth Synthesis Report 1999-2002

University Institute of Social and Preventive Medicine, Lausanne
Unit for the Evaluation of Prevention Programmes

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Summary

ProMeDro

In 1991, the Swiss Federal Council commissioned the Swiss Federal Office of Public Health (SFOPH) to implement the ProMeDro programme of public health measures aimed at reducing drug-related problems. The programme was to last five years and was renewed in 1997 for a further period up to the end of 2001.

Swiss Federal drugs policy is based on a "fourfold model" (also sometimes referred to as the "four-pillars policy"). It stipulates that an effective drugs policy requires a balanced set of interventions in the four keystone areas of prevention, treatment, harm reduction and law enforcement (repression). ProMeDro plays an important role in the application of this policy since it comprises the Confederation's principal activities in the first three keystone areas. It brings together a set of interventions designed primarily to:

- reduce the number of new drug users and combat the development of addiction (prevention);
- improve measures enabling individuals to give up drugs (treatment and reintegration);
- improve the health and living conditions of drug users, reduce the harm to which they are exposed and maintain social integration (harm reduction).

Besides these different areas of intervention, the programme includes complementary measures (training professionals, research, epidemiology, evaluation, nationwide coordination) and a separate action plan for migrant health. The SFOPH has also established four modes of action for the programme: information and documentation; promotion of tried-and-tested models and encouragement of innovation; coordination and harmonisation, and quality promotion.

With regard to the conditions under which the programme operates, the Federal Council recently decided to go ahead with a revision of the Swiss Federal Narcotics Law aimed at bringing it into line with today's realities. The main goals of the revision are:

- to institutionalise the fourfold policy, the role of the Confederation, and heroin prescription treatment;
- to bring the legislation into line with current conditions and the actual risks associated with cannabis use;
- to strengthen efforts to protect young people;
- to reorient the work of the judiciary and the police;
- to standardise cantonal practices.

The project was submitted to the Council of States in December 2001.

Global evaluation

ProMeDro has been subject to global external evaluation since its inception. The evaluation was conducted in four stages, the most recent of which (1999-2002) is the subject of the present report. The general aims of the global evaluation of ProMeDro are:

- to provide information to improve the measures taken by the SFOPH as part of the programme;
- to help those responsible for developing and implementing the programme to take appropriate decisions;
- to facilitate the selection process wherever different options exist.

The evaluation is global in its approach, providing feedback for the on-going design and implementation of the programme. It addresses the different elements and levels of the SFOPH's strategy by means of a set of studies and analyses that together generate an overall picture of the current situation.

The studies conducted in the successive phases of the global evaluation are presented in the following table:

The approach is also user focused, i.e. the emphasis is on whether the evaluation is relevant and appropriate to the situation, on the questions and on the needs of the user(s). The SFOPH would above all like to know whether the action it takes is appropriate and how and to what extent it can be improved.

The central part of the evaluation is based on an information system that has been regularly updated. It comprises:

- further development of theories of action that make it possible to identify the SFOPH's main axes of intervention in each ProMeDro field, and the linkage of intermediate objectives and final goals;
- monitoring of process and results indicators composed of data gathered specifically during the evaluation, and external data;
- consideration of other, external evaluations mandated by the SFOPH.

Studies relating to:	1990-1992	1993-1996	1997-1999	2000-2002
Context	Media[1]	Media[2-5]	Media[6]	
	Attitudes among the population[7,8]	Attitudes among the population[9]	Attitudes among the population[10]	
			Partners[11]	
			Police work[12]	Prevention and repression II[13]
SFOPH strategy			Design/planning[14]	Innovation[15]
		Implementation[16]	Implementation[14]	Implementation[17]
			Delegation modes[18]	Institutionalisation[19]
Prevention	National awareness campaign[20]	National awareness campaign[21]		
		Secondary-prevention policy[22]		
		Attitudes among young people[23]		
Treatment/Harm reduction		Monitoring of low-threshold facilities[24]	Monitoring of low-threshold facilities[25]	
		Evaluation ABfD/Lucerne[26]		
Epidemiology		Clients of low-threshold facilities I[16], II[27], III[14]		Clients of low-threshold facilities IV[17,28]
	Drug use among adolescents[29]	"Hidden" population[30,31]		Early warning system[32]
	Analysis of existing data[33]	Analysis of existing data[16]	Analysis of existing data[14]	Analysis of existing data[17]

This information system provides answers to the principal evaluation questions:

- How pertinent are the goals, both generally and by field?
- How does the SFOPH go about implementing ProMeDro?
- What control does the SFOPH exert over the development of ProMeDro?
- What problems are there and what remedies are found?
- Is ProMeDro sufficiently well integrated with the measures taken in Switzerland by other partners (cantons, organisations, institutions)? Under what conditions?
- What activities are undertaken and what are the results (intermediate outputs)?

Results

Epidemiology of drug use

The main tools for evaluating changes in the use of different substances and in related problems are: cross-sectional studies conducted among the general population, schoolchildren, adolescents and drug users; statistics on residential and outpatient treatment (methadone, heroin); registers of drug-related deaths and of notifiable infectious diseases; data relating to enforcement of the Federal Narcotics Law (charges).

Heroin

Lifetime use of heroin increased slightly in different age groups of the adult population as a whole at the end of the 1980s before levelling off – or even declining – from the second half of the 1990s. Moreover, according to population surveys, much of the heroin use reported seems to have been of short duration. The age at which heroin is taken for the first time does not appear to be falling. Similar trends are exhibited by indirect indicators of the number of heroin users (data on law enforcement and treatment admissions, surveys conducted in low-threshold facilities).

Cocaine

Population surveys reveal an increase in lifetime use of cocaine from 2,7% in 1993 to 3,3% in 1998, while current use of this drug is stable. Indirect indicators of cocaine use (data on law enforcement and surveys conducted in low-threshold facilities) present a more varied picture: according to the data, cocaine use is probably increasing among recreational users but showing a slight (recent) decline overall among heroin addicts, though very considerable variations exist at geographical and individual level.

Cannabis

The situation as regards cannabis use is clear and the data concord. Lifetime use has recently risen, and users tend to start at a progressively lower age compared with the early 1990s. This development is particularly marked in 15 year olds, of whom 30,8% claimed in 1998 to have used cannabis, more than three times as many as the 8,5% who made a similar claim in 1990. Likewise, the age at which cannabis is taken for the first time fell from 16,5 years in 1992 to 15,8 years in 1997. Two thirds of this cannabis use is repeat use. The most recent survey conducted in 2000 shows, inter alia, that 6,5% of 15-19 year olds use cannabis every day. Among older subjects (17-30 years), the increase is slightly less marked, a proportion of the lifetime use being accounted for by earlier generations who have probably stopped using cannabis. All in all, more than a third of this age group have used soft drugs at one time or another. These data are confirmed by indirect indicators such as the increase in the number of police charges. Finally, there has also been an increase in the content of active ingredients in the cannabis preparations on the black market.

Other illegal drugs

Data on other illegal drugs (synthetic stimulants, hallucinogens) are sparser: they are gathered less systematically and no repeated population surveys on this subject are available. Two surveys currently being conducted among young people will shed some light. The few surveys conducted to date in techno circles point to the existence of a population of recreational users, who nevertheless consume large amounts of drugs and often also mix them.

Health and social indicators

Notable progress has been made in this respect, particularly in reducing damage to health and in maintaining the social situation of drug users at an acceptable level:

- in surveys conducted among the clients of low-threshold facilities, the proportion of i.v. drug users is in decline, as is the proportion of those who have only recently begun injecting drugs. The average number of injections per week is also falling , as is the number of multiple drug users;
- the number of users undergoing treatment continues to increase. However, rather than indicating an increase in the number of dependent users, this development points more to an increase in the proportion of users receiving care and hence to a reduction in the severity of the problems;
- the number of drug-related deaths is declining, particularly in the context of AIDS-related mortality;
- the number of new cases of HIV has dropped sharply since 1989 and appears to be levelling off at around 70 a year;
- in contrast, the prevalence of hepatitis, especially hepatitis C, is high, particularly among clients of low-threshold facilities;
- sharing of injection equipment (syringes and needles) has shown a slight upward trend in recent years. Though in decline, sharing of other injection paraphernalia is still common and probably represents a particularly high risk of contamination with the hepatitis C virus, which is transmitted more readily than HIV;
- condom use is stable or falling slightly, and levels of protection are high (casual partners, prostitutes' clients), except with long-term partners;
- the number of homeless drug users is declining;
- on the other hand, access to employment has not improved in recent years;
- the number of people benefiting from social insurance (disability pension, unemployment benefit) has increased, as have the numbers benefiting from social assistance. In contrast, the proportion of people declaring illegal earnings has declined.

Follow-up and assessments of ProMeDro (1999-2002)

Separate subchapters of the report are devoted to the subject matter of each of the ProMeDro fields and provide answers to the following questions:

- General situation in Switzerland: what needs have to be satisfied and what resources are available?
- SFOPH goals and strategy: what changes does the SFOPH seek through ProMeDro, and how does it go about achieving them?
- Implementation and outcome: what measures have been implemented and what is their outcome?
- Assessment of the SFOPH's action: are the SFOPH's goals and strategy in line with Switzerland's needs and resources, and do the measures implemented correspond to the SFOPH's goals?

With regard to the activities planned by the SFOPH in general, a number of goals were achieved between 1999 and 2002 (institutionalisation of heroin prescription treatment, improved use of research and evaluation studies, gradual reorganisation of residential treatment, a research study on secondary prevention, institution of a new training programme, etc.). In other areas (improvement in the quality of methadone programmes, coordination of prevention programmes, quality assurance in the fields of research and evaluation, setting up of an effective epidemiological monitoring observatory, reorganisation of coordination bodies, etc.), the goals have not yet been achieved.

For each of the ProMeDro fields, following comments can be made:
The SFOPH's various prevention programmes are generating synergies, assisted by the setting up of a Health Promotion and Disease Prevention Unit which brings the management of all the programmes under one roof. As matters stand at present, the SFOPH's prevention and health promotion programmes are still very heterogeneous and the data available are not sufficiently comparable.

The establishment of a uniform Swiss system for funding residential treatment (FiDé) has already taken several major hurdles. Another project that has grown in importance in recent years is the quality assurance system QuaTheDA, which complements the funding system and helps in reorganising the services provided by residential treatment centres.

As regards outpatient treatment, there were no developments in the quality improvement process until the final programme period. The outcome of the work done for the national conference on substitution therapies (NaSuKo) should lead to improved practices in this field, particularly as a result of the new guidelines on the indication for, and prescription of, metha-done. Also of note are the projects aimed at networking prescribing physicians, MedRoTox and MeTiTox, which have shown that peer support is an intelligent and cost-effective approach for primary care physicians. Lastly, the medical prescription of heroin has now been institutionalised.

The SFOPH's quantified targets for prisons are problematic. For one thing, regular data tracking the provision of treatment in prisons are not available; for another, the SFOPH's activities in this area no longer enjoy priority status.

The activities of the BRR, the Office for Harm Reduction in the Substance-Dependence Field, undoubtedly contribute to the achievement of the goals set in this area. This ensures the sustainability of measures taken at cantonal and municipal level and broadens access to injection equipment throughout Switzerland, but there is no way of determining the exact extent of these achievements. The current list of employment and accommodation offers, and the next evaluation of the BRR, will allow this to be measured more precisely.

Over the last ten years the SFOPH has played an active role in developing a variety of epi-demiological tools and has instituted an ambitious project to render treatment data more uniform (Act-info), but these developments are too fragmented or have suffered delays. As a result, there is still no genuine system for the coordinated monitoring of drug use and drug related problems in Switzerland.

The SFOPH has led a variety of activities aimed at promoting knowledge transfer. These include producing compilations of the results of research and evaluations performed in the framework of ProMeDro, presenting ongoing research on the ARAMIS information system, discussing studies in the magazine "spectra", and staging various conferences designed to promote exchange between researchers and intervention specialists.

The SFOPH has commissioned an evaluation of its national coordination measures with a view to improving efficiency. The results of this evaluation have not so far led to any reforms in this area, and thus measures do not appear to have been optimised.

Principal recommendations

1 To develop a coherent system for monitoring drug use in Switzerland: complete the harmonisation of the various existing tools, fill knowledge gaps (treatment indicators, warning system) and optimi-se coordination of the different activities involved (national observatory, epidemiological monitoring, research into the effects of the revision of the Federal Narcotics Law).

2 To develop a long-term framework programme for methadone treatment which will include research activities and support for projects promoting quality and information transfer among the different players involved (cantons, professionals). The know-how and experience acquired through the heroin prescription treatment programme should be brought to bear in the field of methadone substitution treatment.

3 To develop uniform, coherent and comparable prevention and health promotion programmes throughout Switzerland. The different components of the SFOPH's strategy (nationwide cover, activities centred on places frequented by young people, use of multipliers, sustain local activities, development of early detection and provision of care) should be at the very centre of the activities generated by all the programmes.

4 To update and reissue one or more inventories of services provided in the field of drug abuse in Switzerland. Such inventories are an important instrument and should be part of the SFOPH's basic set of planning tools.

5 To clarify the situation regarding assistance for drug users in prison.

Finally, the possible change in the status of cannabis resulting from the revision of the Federal Narcotics Law will necessitate a greater degree of coordination among the health programmes targeting legal and illegal drugs. There will have to be greater cooperation among the programmes set up to combat drug, alcohol and tobacco abuse.

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ProMeDro

The Swiss Confederation's programme of measures to reduce drug-related problems (ProMeDro), which is the subject of the global evaluation, is presented in this chapter. The following issues are touched on:

- **the place of ProMeDro in the Confederation's drug policy;**
- **its organisation;**
- **its aims;**
- **its priorities.**

This information should enable the reader to gain a better understanding of the content and distinctive features of the programme.

Introduction

The Confederation's programme of measures to reduce drug-related problems (ProMeDro)[1] was developed by the Swiss Federal Office of Public Health (SFOPH) pursuant to a Federal Council decision in 1991. The Council aimed to respond to the increase in drug-related problems in Switzerland, in particular an increase in the use of heroin, a growing rate of HIV infection among intravenous drug users, and the many social problems associated with open drug scenes in some towns in the German-speaking part of Switzerland.

The programme was planned to run for five years, until 1997. It was subsequently renewed, and finally ended on 31 December 2001. At the present time, the programme's component activities are continuing, but no formal decision has yet been taken regarding a further extension of ProMe-Dro itself.

ProMeDro as part of Confederation's drug policy

Since 1994, the Confederation's drugs policy has been based on a "fourfold model" (also sometimes referred to as the "four-pillars policy"). The thinking is that an effective policy in this field must be based on a balanced set of interventions in the keystone areas (or pillars) of prevention, treatment, harm reduction and law enforcement (repression)2. ProMeDro plays an important part in the application of this policy since it comprises most of the Confederation's activities in the three pillars of prevention, treatment and harm reduction. The other federal departments concerned with these three areas are the Federal Social Insurance Office (FSIO) and the Federal Statistical Office (SFSO). The keystone area of law enforcement (repression) is mainly the responsibility of the Federal Office of Police (OFP) and the Federal Office of Justice (OFJ). Coordination between these different departments is also of course part of the Confederation's fourfold policy. Many ProMeDro interventions have been concerned with ensuring good coordination, and the SFOPH has played a central role in this area.

The public-health dimension of the Confederation's action in the drugs field is not limited to the activities undertaken by the SFOPH within the ProMeDro framework. It also includes the framing of federal drugs policy (Parliament, Federal Council, referenda), revision of the Swiss Federal Law on Narcotics (LStup), international political cooperation, control of narcotics used for medical purposes, and other substance-related matters. These components of the Confederation's action are not covered by the global evaluation.

Where public-health interventions related to drug problems are concerned, the Confederation's role is defined by the Federal Law on Narcotics (Arts. 15a and 15c) and by Federal Council decisions relating to drug policy. In fact, the priority aim of federal interventions is to support the efforts of other players with a concern in this field: cantons, municipalities and private organisations (principle of complementarity).

Organisation of ProMeDro

ProMeDro[3] consists of a number of SFOPH interventions to reduce drug-related problems. Together these make up a long-term programme defined by common goals (see below), fields of intervention and four principal modes of action.

One of the characteristics of ProMeDro is that it represents a global approach to drug-related public-health problems. Consequently, it is subdivided into **fields** covering the different areas of intervention and knowledge generation relating to the drugs problem:

- the three public-health areas of the federal drugs policy: the pillars of **prevention, treatment and harm reduction;**
- complementary measures: training professionals, research, epidemiology, evaluation, national coordination;
- a separate action plan for **migrant health.**

In the past, the programme also included another complementary measure (national awareness campaign) and a separate action plan (prisons sector). For various reasons, these have lost their ProMeDro "field" status, but some of the related activities are still being pursued.

In each field (pillars, complementary measures and separate action plan), the SFOPH has developed specific objectives, strategies and measures[4]. These various elements are presented later in this report, when the progress of the work in each of the ProMeDro fields is discussed.

As well as specific approaches for each field, the SFOPH has also established four transversal modes of action which apply to the programme as a whole. These relate to the different types of action which enable the Confederation to support the efforts of the other players in Switzerland:

- information and documentation;
- promotion of tried-and-tested models and encouragement of innovation;
- coordination and harmonisation;
- promotion of quality.

On the organisational front, management of the principal ProMeDro activities is the task of the SFOPH's Substance Abuse and AIDS Unit, and staff members of the Unit's two sections – Drug Section and Policy & Research – bear the main responsibility for the application of the programme. In 2001 and 2002, the two senior managers of the programme, the head of the Substance Abuse and AIDS Unit and the head of the Drug Section, resigned from their posts. In both cases, it was several months before they could be replaced.

In terms of resources, the Confederation allocated an intervention budget enabling the SFOPH to implement its programme to reduce drug-related problems. At present, this budget stands at roughly 18 million Swiss francs per annum (for the 1998–2002 period). Part of this budget is earmarked for joint actions with the AIDS and alcohol and tobacco-abuse programmes, when objectives can be pursued in common. Finally, approximately fifteen SFOPH posts are tied up with ProMeDro activities.[5]

Goals and anticipated results

The **goals** set for ProMeDro relate to **the three public-health areas (pillars)** of the Confederation's drugs policy:

- to reduce the number of new drug users and combat the development of addiction **(prevention);**
- to improve measures enabling individuals to give up drugs **(treatment and reintegration);**
- to improve the health and living conditions of drug users, reduce the harm to which they are exposed and maintain social integration **(harm reduction).**

Success in achieving these goals should yield the following **results:**

- a significant reduction in the number of people dependent on hard drugs;
- a reduction in the seriousness of damage to health and living conditions linked to the use and abuse of drugs;
- a reduction in the social repercussions of drug-related problems.

Main priorities of ProMeDro 1998-2002

To direct activities towards achieving the goals mentioned above, the programme managers identified a number of priorities[3]. Some of these priorities are related to federal drugs policy and legislation and are not mentioned here because they fall outside the scope of ProMeDro. The others are presented below and will be discussed in more detail later in the report, when the progress of the programme is assessed.

To increase the Confederation's commitment to **primary and secondary prevention,** and to early intervention, in order to combat the development of addiction, by insisting on the need for a spectrum/system of community-based interventions to ensure that prevention measures are effective, and in particular:

- to achieve synergies between the various primary and secondary programmes initiated or supported by the SFOPH;
- to set up a research programme in personalised secondary prevention (supra-f) to measure and demonstrate the efficacy of one or more approaches to secondary prevention and their feasibility in the Swiss context;
- to redirect the thrust of SFOPH resources towards the pillar of prevention.

To consolidate the provision of **therapies** into a coordinated system, making it easier for people to **succeed in giving up drugs,** and in particular:

- to reach agreement on a uniform system of funding for abstinence-oriented therapies in the social insurance system and financial equalisation settlement between Confederation and cantons, taking into account the various therapies required, including those geared to early intervention;
- to establish a process to improve the quality of methadone substitution therapies, with the specific aim of increasing the percentage of those remaining in treatment;
- to establish heroin prescription treatment within the range of therapies for treating drug dependence;
- to improve the provision of treatment in at least one-third of prisons and remand centres, and for one-third of prison places.

To consolidate measures to **reduce harm** and **maintain social integration** for individuals dependent on or using drugs, and in particular:

- to ensure the sustainability of harm-reduction measures adopted by municipalities and cantons as part of their drugs policies, to promote the continuance of institutions and their funding, taking needs into account;
- to widen access to injection equipment in regions and towns where the supply is still inadequate, so as to cover needs throughout the country;
- to establish a process to improve the quality of measures to reduce harm and maintain social integration, with the specific aim of improving networking and cooperation with interventions in the fields of prevention, treatment and the safeguarding of public order;
- to improve the provision of measures to reduce the harm associated with drug use in at least one-third of prisons and remand centres, and for one-third of prison places (cf. 2).

To set up and ensure the effective functioning of a **national epidemiological monitoring** centre modelled on the "REITOX focal points" of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

To ensure the effective transmission of the results of **epidemiological studies, scientific research** and **evaluations** in the field of drug dependence to specialist practitioners and decision-makers.

To establish a process to **promote and manage quality**, common to ProMeDro as a whole but differentiated according to field, which will be useful to, and used by, more than half of the institutions working in the field of drug dependence and the decision-makers concerned (Confederation, cantons, municipalities, private institutions).

To optimise the **coordination and functional operation** of the various committees and platforms, in particular the Conference of Cantonal Delegates for Drug-Related Issues (CDCT) and the National Liaison Committee for Problems of Drug Dependence (CNLD).

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2

The global evaluation

Global evaluation of the Confederation's programme of measures to reduce drug-related problems (ProMeDro) first began in 1991. The development of the programme has therefore been subject to analysis and appraisal by an external institution for more than ten years. This report concludes the fourth evaluation phase, which covers the 1999-2002 period.

This chapter briefly presents the past history of the evaluation process, before describing the characteristics of the present phase, i.e.
- **the general aims of the evaluation;**
- **the conceptual framework underpinning it;**
- **the methods used and the studies performed.**

The chapter ends with a warning about causal interpretations. It is often difficult to link the SFOPH's action to changes in the epidemiological indicators of drug use. This is because other players (cantons, municipalities, private institutions) and social phenomena (changes in the drugs market, new trends among the younger generation) also affect the situation targeted by ProMeDro.

Introduction

Compared with programmes in other countries, one of the distinguishing features of ProMeDro is undoubtedly the fact that it has been subject to external global evaluation since its inception, and this work has been going on for more than ten years.

In 1991, when the SFOPH introduced its drugs programme, it asked the future evaluators to produce a report on the epidemiological indicators of drug use and its consequences that were then available or would be useful. This was followed by an assessment of the general drugs situation in Switzerland for the 1990-1992 period (phase 1)[1], which included an outline definition of the approach to evaluation: it must be global and have a strong goal-based component (the epidemiological section summarising data on the prevalence of drug use and the associated problems). More conventionally, it must also reflect the systematic gathering of information relating to the decision-making processes, activities, characteristics and effects of measures implemented by the SFOPH, and to their environment.

The second global evaluation report covered the 1990-1996 period[2,3] and combined the first two phases of the evaluators' work (1990-1992 and 1993-1996). In particular, it provided an analysis of the measures taken by the SFOPH and the cantons, and of epidemiological data for drug use in Switzerland. Following publication of this report, the SFOPH asked the evaluators to change their approach slightly and focus more specifically on activities undertaken within the ProMeDro framework. Consequently, the evaluation questions have concentrated on the SFOPH's action, with less emphasis on the general situation in Switzerland.

For the third evaluation phase (1996-1999), the evaluators adopted new methods and new tools, in particular the use of action theories or logical models to identify the specific objectives ascribed to each ProMeDro measure. The final report for the third phase[4] was therefore concerned particularly with the conception/planning of the programme and the implementation of activities in relation to the ascribed objectives.

On the whole, the fourth evaluation phase (1999-2002), which is the subject of this report, keeps to the design of the previous phase but concentrates more particularly on the implementation and achievements of the programme. In parallel, the SFOPH mandated a research team of political scientists to evaluate the political sustainability of ProMe-Dro[5]. Their evaluation will be published separately.

It should be noted that evaluations of specific projects mandated by the SFOPH since 1991 do not generally form part of the global evaluation. Moreover, they are usually carried out by other research organisations. However, the global evaluation may draw on the work of these projects, if the SFOPH so requests.

Finally, a further important aspect of the global evaluation of ProMeDro is the exploitation of data derived from evaluations, research projects and statistics generated by other Swiss research institutes.

General aims of the evaluation

The general aims of the global evaluation of ProMeDro are:

- to provide information to improve the measures taken by the SFOPH as part of the programme;
- to help those responsible for developing and implementing the programme to take appropriate decisions;
- to facilitate the selection process wherever different options exist.

Conceptual framework of the global evaluation

In accordance with the above aims, the evaluation has been designed to include the following tasks:

- continuous assessment of all the main components of ProMeDro strategy;
- providing rapid and appropriate responses, together with information identifying the factors determining success or failure, so that the ProMeDro strategy can be adjusted as necessary;
- monitoring conflicts and problems raised by ProMeDro, and identifying ways of managing them more effectively;
- exploring the characteristics of particularly vulnerable subgroups of the population, in order to facilitate the framing of appropriate interventions and be able to monitor changes;
- compensating for the lack of basic and routine data;
- maintaining flexibility in the design of the evaluation, so that new SFOPH requirements can be included;
- disseminating the results of the evaluation to all interested parties (politicians, ProMeDro managers, professionals, research workers, target groups, the general public, etc.) in an appropriate form.

The evaluation approach adopted for the third and forth phases is a **global** one[6], designed to address aspects of the **concept/planning, implementation** and **results (outputs and outcomes)**[a] of ProMeDro, as well as relevant elements of the social environment. Evaluation goes hand in hand with the concept and its implementation. It is therefore continuously constructed and updated. The different elements and levels of SFOPH strategy are addressed by means of a set of complementary analyses and studies that together generate an overall picture of the current situation.

The evaluation approach is **user focused**[7], i.e. the emphasis is on whether the evaluation is relevant and appropriate to the situation, on the questions and on the needs of the user(s). The evaluation can therefore adapt to changes in the questions being asked. This approach, which is not a fully fledged model, allows great freedom in the choice and combination of the methods used to answer the many questions raised in the course of a global evaluation.

[a] By output we mean the direct results of the programme in terms of processes (number of actions completed, number of persons affected, organisations participating in the activities, etc.); the term outcome refers to results relative to the programme's targets, i.e. its actual effects (changes in the prevalence of drug use, forms of consumption, the state of health of users, their social integration, etc.).

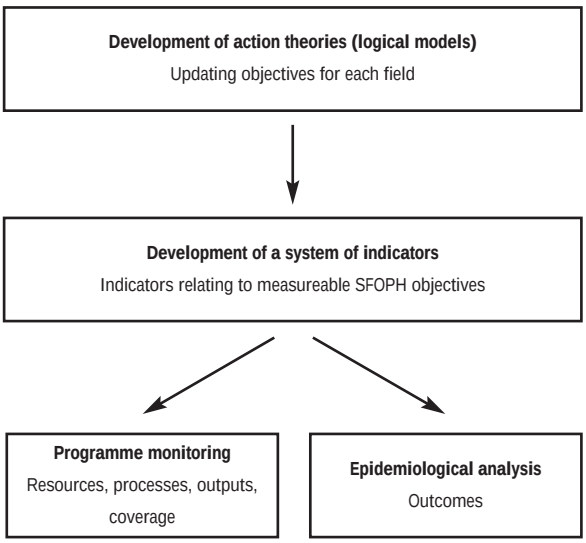
The SFOPH would like to know whether the action it takes is appropriate and how it can be improved. It would welcome regular feedback on the development, relevance, effectiveness – and efficiency – of its activities. The results of the evaluation are released at regular intervals (once or twice a year) so that the strategy can be adjusted if necessary.

The global evaluation focuses on ProMeDro **as a whole** and on **relevant/priority aspects of its component fields.** Clearly, the evaluation cannot cover all the fields in equal depth. Choices have therefore been made in consultation with the SFOPH.

Method

Figure 2.1 presents in succinct form all the studies and analyses making up the present phase of the global evaluation. By way of reminder, the full set of studies performed during the 1991-2002 evaluation period is set out in Annex 1.

Figure 2.1
Information system



The central part of the evaluation is based on an **information system** that has been regularly updated. It comprises:

- the further development of theories of action or logical models[6,8,9] that makes it possible to identify the SFOPH's main axes of intervention in each ProMeDro field and the linkage between intermediate objectives and final goals;
- monitoring of process and results indicators[10], composed of data derived from internal evaluation (monitoring performed by SFOPH collaborators using the grid proposed by the evaluation team), milestones showing the extent to which objectives have been achieved or the programme advanced (stages), and external data. Information has been gathered annually through interviews (with those responsible for each field at the SFOPH and with key- informants) in order to supplement the quantitative or factual information (milestones) with qualitative commentary explaining how the results were obtained;
- consideration of other, external evaluations mandated by the SFOPH, in particular the study of the political sustainability of ProMeDro, which was drawn on for data on the operating environment[11]. The other indicator systems currently under development were also taken into account (development of quality assurance within the SFOPH, the Swiss Federal Statistical Office (SFSO), the future Swiss Health Monitoring Centre, harmonisation of statistics, European Monitoring Centre for Drugs and Drug Addiction, etc.).

This information system is intended to provide answers to the following principal evaluation questions:

- How pertinent are the goals, both generally and by field?
- How does the SFOPH go about implementing ProMeDro?
- What control does the SFOPH exert over the development of ProMeDro?
- What problems are there and what remedies have been found?

- Is ProMeDro sufficiently well integrated with the measures taken in Switzerland by other partners (cantons, organisations, institutions)? Under what conditions?
- What activities are undertaken and what are the results (intermediate outputs), particularly as regards information deriving from indicators (information system)?

A separate chapter of this report, based on data gathered through this system, is devoted to analysing the progress of the work in the different ProMeDro fields.

Four complementary studies were completed during the present evaluation phase. They shed light on subjects deemed to be of special importance, selected in conjunction with the SFOPH:

- a study of the development of scenarios for a national warning system for illegal drugs[12];
- a study of the institutionalisation of SFOPH actions to reduce problems related to drug dependence[13];
- a study of the prevention of drug dependence among young people: the role of the police, courts and juvenile magistrates[14];
- a study of the management of innovation in the context of ProMeDro[15].

For each of these studies, specific evaluation questions were developed in conjunction with the mandating party. Summaries of these studies are presented in a separate chapter.

In addition, the global evaluation has played a support role in certain SFOPH activities. During the final phase, the evaluators assessed one of the projects supported as part of ProMeDro[16] and drafted a short report for programme managers on trends in positive HIV tests in 2001[17].

Warning about causal interpretations

It has to be borne in mind that causal links between actions undertaken and observed effects should always be regarded with a degree of caution, if only because such actions do not occur in an operational or social vacuum, but in an environment where many different players and social phenomena are at work. Similarly, these phenomena do not always have a uniform influence on the selected indicators. The data gathered are therefore subject to judgement and interpretation in order to weight the evidence. It is therefore absolutely essential to compare different sources of data (triangulation).

Table 2.1

Studies and complementary analyses performed by the evaluation programme in 1999-2002, which provide information on the processes, results and context of ProMeDro

	Processes	Results	Context
Principal UEPP studies			
Follow-up of ProMeDro action theories (series of interviews with those responsible for each SFOPH field, action theories, feedback to the SFOPH)	●		
Indicators and implementation of ProMeDro (development of systems of indicators, annual compilations of data, feedback to the SFOPH)	●	●	
Separate studies			
The development of scenarios for a national warning system for illegal drugs	●		
The institutionalisation of SFOPH actions to reduce problems related to drug dependence	●		
The prevention of drug dependence among young people: the role of the police, courts and juvenile magistrates			●
The management of innovation in the context of ProMeDro	●		
Complementary analyses, UEPP studies			
Analysis of the monitoring of the activities of low-threshold facilities	●	●	
Complementary analyses of studies of the clients of low-threshold facilities		●	
Complementary analyses, other studies			
Analysis and summary of epidemiological data		●	●
Analysis and summary of other evaluations	●	●	●

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3

Significant new developments

The Confederation's efforts to combat drug-related problems are not limited to ProMeDro. They also include changes to the Swiss narcotics legislation and efforts to control and monitor substance abuse.

During the 1999-2002 period, there were a number of new developments in these areas. The global evaluation takes into account three of these developments, which are important for an understanding of the background to ProMeDro activities. They are:

- **the institutionalisation of heroin prescription treatment;**
- **monitoring of, and a ban on, the use of "party drugs";**
- **revision of the Swiss Federal Law on Narcotics.**

The first two of these developments are described only briefly, to explain some of the related changes. The revision of the Swiss Federal Law on Narcotics is described in greater detail, to give the reader a better understanding of its origins and content.

Institutionalisation of heroin prescription treatment

A Federal Council decision in May 1992 cleared the way for trials in prescribing narcotics under medical supervision (PROVE) in Switzerland. The general conditions for the conduct of these trials were set out in an ordinance dated 21 October 1992. This laid down the number of persons able to access such treatments and the duration of the trials, initially due to terminate at the end of 1996. Further decisions regarding an extension of the trials and the distribution of available places were taken in 1995. Also in 1995, referenda on the subject of heroin prescription treatment were held at municipal (Winterthur) and cantonal (Zug) level. At federal level, the ordinance was renewed in 1996, prolonging the duration of the trials until the end of 1998.

The results of the trials, published in July 1997[1], encouraged the Federal Council to institutionalise heroin prescription treatment. At the end of 1997, the Council tabled the preliminary draft of an urgent federal order (AFU) which would allow the treatments to be continued beyond the trial period. The order came into force in October 1998[2] and was followed, in April 1999, by a new ordinance defining the conditions to be fulfilled by cantons, municipalities and specialised institutions wanting to provide heroin prescription treatment (HeGeBe). The ordinance also established the new role of the SFOPH (management of authorisations, formulation of directives and recommendations, management of the preparation/generalisation/quality of treatments, monitoring, continuing training, promotion of research, international cooperation)[3]. This ordinance was to remain in force until the revision of the Swiss Federal Narcotics Law (LStup) was completed, but in any case not beyond 31 December 2004[4].

In 1998, the Federal Democratic Union political party launched a petition for a referendum to counter the urgent federal order allowing heroin prescription treatment. As sufficient signatures were collected, the referendum was fixed for the summer of 1999. In the meanwhile, the opening of new treatment centres and treatment places was delayed. On 13 June 1999, a majority of Swiss people (54,4%) and cantons (14) rejected the referendum motion, opening the way for heroin prescription treatment to continue and develop in accordance with the rules set out in the ordinance[5,6]. The number of places and centres then gradually increased and, in July 2000, heroin prescription treatment was included in the treatments which must be reimbursed by health insurers[7]. This decision became effective two years later, when such treatment was included in the Specialities List of the Swiss Federal Social Insurance Office (FSIO).

As a result, heroin prescription treatment was included in the draft revision of the Swiss Federal Narcotics Law, currently being discussed by the Federal Parliament (see below). However, it will always be subject to specific control by the SFOPH, and will continue to be regulated by a separate ordinance, currently in preparation.

Spread and monitoring of "party drugs"

At present, there are few reliable data on the use and spread of certain stimulants and hallucinogenic substances among young people. Although the use of ecstasy (MDMA) on a relatively large scale has been established by surveys in techno circles and from police statistics, the use of many other substances (amphetamines, LSD, mescaline, GHB, ke-tamine, etc.) is often difficult to estimate from the data available [8]. This is partly because of the relatively rapid development of the drugs scene, which makes it very difficult to know exactly when new substances appear and how they spread.

Although we lack accurate data on trends in the use of these substances, we do at least know that there has been a sharp increase in seizures of illicit drugs in Europe since the early 1990s, particularly of amphetamines (in Northern Europe) and ecstasy (Ireland, Belgium and the United Kingdom). There have also been seizures of other drugs, such as 2CB, 4-MTA and GHB, but to a lesser extent [9].

Surveys in techno circles also point to the diversity of the substances used, often in parallel with other drugs, and to relatively high levels of consumption. It would also seem that drug use, particularly the use of ecstasy, begins on average at a relatively young age (see next chapter).

The effects on health of using these substances are difficult to assess. This is partly explained by the fact that the users are generally young adults in good health, and that there is no register documenting requests for help arising from substance use.

In response to this situation, in 1997 the Council of Europe launched a programme specifically targeting synthetic drugs: The European Joint Action on New Synthetic Drugs [10]. The aim of this programme is to create a mechanism ensuring the rapid exchange of information on new synthetic substances, to evaluate the risks associated with their use, and to introduce uniform control measures throughout the European Union (EU). The organisations involved are the European Commission, the Council of Europe, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), the European Police Office (Europol) and the European Agency for the Evaluation of Medicinal Products (EMEA).

The programme has three components or phases:
- an early warning system to ensure the rapid detection of new substances;
- a procedure for evaluating the risks associated with the use of these substances;
- a procedure for establishing common control and prosecution measures in all the states of the European Union.

The first phase – the "early warning system" – comes into effect when a new substance is detected in one of the European states. Its detection triggers a coordinated information gathering exercise, backed by Europol and the EMCDDA's REITOX focal points system. The essential items of information are the name, chemical content and spread of the substance.

In the second phase, a group of experts and representatives of the European Commission, the EMEA, Europol and the EU member states meet under the auspices of the EMCDDA's scientific committee to evaluate the risks associated with the new substance. The evaluation is carried out in accordance with the guidelines drawn up by the EMCDDA in 1999.

If it is established that the substance is dangerous, the Council of Europe can very quickly (in less than a month after delivery of the second-phase report) adopt a unanimous resolution making production and possession of the substance subject to control measures and legal proceedings.

Five substances (MBDB, 4-MTA, GHB, ketamine, PPMA/PMA) have so far been evaluated under this programme. Subsequently, the Council of Europe decided to introduce continuous monitoring of ketamine, active monitoring of GHB in 2001, and to impose control and law enforcement measures in relation to 4-MTA.

Switzerland, which is not a member of the EU, is not involved in this programme. However, it has taken independent measures in respect of some of these substances. As a result, the following products are listed in the SFOPH Ordinance on Narcotics and Psychotropic Substances (OStup-OFSP)[11], which came into force on 31 December 2001:

- **GHB,** which may not be manufactured, sold or used, except with a special authorisation;
- **hallucinogenic mushrooms,** the sale and use of which are subject to a total ban;
- **the peyotl cactus, 2-CB and 4-MTA,** which are subject to the same ban[12].

It should be pointed out in this respect that, since 1 January 2002, the updating of OStup-OFSP is the responsibility of Swissmedic, and it is now entitled the Ordinance of the Swiss Agency for Therapeutic Products on Narcotics and Psychotropic Substances (OStup-Swissmedic)[13].

Amendment of the Swiss Federal Law on narcotics (LStup)

Background[14]

The Swiss Federal Law on Narcotics was adopted in 1924, instituting a legal ban on certain substances (principally opiates and cocaine) in accordance with the 1912 International Convention on Opium. It was first revised in 1951. The revised legislation forbade the cultivation, manufacture, sale, distribution and possession of opiates, substances extracted from the coca leaf, and cannabis. It also introduced a system of authorisations for the legal use of narcotics. Control and **reducing the supply of drugs** were the main concerns at the time, and drug users were specifically targeted only by the ban on the acquisition of narcotics by individuals.

In the 1960s, an increase in the use of and trade in illegal drugs, mainly cannabis derivatives, LSD and amphetamines, led to the development of specialised institutions and consultation centres. Doctors and pharmacists became involved in the first prevention campaigns, and the Federal Government created a Central Office for the suppression of drug trafficking. The cantons, for their part, began to set up special police units to cope with the problem. In 1969, 500 people were charged with offences under the Narcotics Law, mainly for use of cannabis. The first seizure of heroin took place in 1972, and the first death resulting from use of an illegal drug was registered in the same year.

In 1973, the Federal Council decided to revise the Narcotics Law to bring it into line with new international agreements and current circumstances in Switzerland. The revised legislation was adopted in 1975 and, for the first time, included provisions to help drug users, in particular the possibility of prescribing them substitute drugs. This was the first time **demand reduction** had featured in the Narcotics Law, which was to be implemented by the cantons. It also contained extensive measures to reduce the supply of drugs, and particularly to combat the illegal drugs trade. On the other hand, the Law made it possible to inflict less severe punishments on users (detention or fines) and to waive a punishment or criminal proceedings if the offender agreed to follow a course of treatment.

In the late 1970s, charges for offences under LStup began to increase very rapidly (46,500 in 2000). Then, in the mid-1980s, there was a sharp rise in deaths resulting from the use of illegal drugs. The social and health problems were compounded by the fact that, as a group, people injecting drugs were badly affected by the HIV/AIDS epidemic. This situation led to new developments in social and medical aid, mainly at the local level, with the introduction of the first projects aiming to **reduce the harm caused by drug use.**

Questions regarding the drugs problem were also being asked in the Federal Parliament. As well as specific aspects of drug trafficking repression and help for drug users, these were concerned with narcotics legislation, in particular the provisions of the criminal law. In its answers, the Federal Council noted that existing legal provisions allowed judges discretion in assessing individual cases, but that it was nevertheless necessary to re-examine drugs policy and try to improve it where possible. The Federal Council also tasked the "Drugs" Subcommittee of the Federal Narcotics Commission with producing a report and recommendations on what new measures should be passed and how the Federal Narcotics Law might be revised.

Processes[15]

The **"Drugs" Subcommittee's** report was published in 1989. It recommended decriminalising the use of all narcotics, intensifying enforcement measures against the illicit drugs trade, relaxing criminal proceedings against drug-dependent small-time dealers, and encouraging methadone substitution programmes[16]. This document, which was widely debated in specialist circles, formed the basis of discussion for the Federal Council in deciding what measures to take. In February 1991, the Council decided not to revise the law for the time being, but to task the SFOPH with introducing a programme of public health measures to reduce problems related to drug use (**ProMeDro**[17])**.** The introduction of this programme was subsequently reinforced by other Federal Council decisions concerned with secondary prevention, residential treatments and the prescription of heroin.

In 1994, the Federal Council developed a policy model to complete the existing legal provisions in respect of illegal drugs. The thinking behind this "fourfold policy" is that balanced intervention in the fields of prevention, treatment, harm reduction and law enforcement is the only way to combat the problems associated with illegal drugs. The Swiss Federal Department of Home Affairs (DHA) also commissioned a committee of experts (the **Schild Commission**) to produce a draft revision of the Federal Narcotics Law (LStup). This commission delivered its report in 1996. It recommended that the use of all narcotics and acts preparatory to their use be decriminalised, and that the fourfold policy be consolidated by putting it on a stronger legal footing so as to promote better coordination between the cantons[18]. This report was released for consultation in April 1996, and was welcomed by most authorities and experts[19]. An ordinance governing the control of precursors was introduced in the same year.

Between 1997 and 1999, the legal revision process was temporarily interrupted on account of three federal referenda on the legislation governing narcotics (the **Youth Without Drugs** and **Droleg** initiatives, and the referendum challenging the federal order regulating **heroin prescription treatment**)**.** The results of these referenda were all favourable to the policy advocated by the Federal Council, and the work of revising the LStup was able to continue in the second half of 1999.

Consultation exercise[15]

Given the persistence of doubts about the wisdom of criminalising drug use and acts preparatory to it, the Federal Council released two versions of the preliminary draft law for consultation. The first (CF1) proposed decriminalisation of use and preparatory acts in respect of all narcotics, and application of the discretionary principle to the cultivation, manufacture and sale of hemp. The second (CF2) limited decriminalisation to the use of cannabis and applied the discretionary principle to the use of other substances and acts preparatory to it. In this second case, the cultivation, manufacture and sale of cannabis remained illegal.

Three other variants were proposed spontaneously by a subcommittee of the Swiss National Council's commission for social security and public health (CSSS-CN). The first of these variants (CSSS1) was similar in most respects to variant CF1. The second (CSSS2) proposed decriminalisation only in the case of cannabis. The third and final variant (CSSS3) proposed application of the discretionary principle to the use of all narcotics and to small-scale trafficking in cannabis derivatives.

The consultation exercise took place from September to December 1999. The two versions put forward by the Federal Council received the most support, particularly the first version. The results of the consultation exercise showed that two thirds of the respondents preferred general decriminalisation of the use of cannabis and acts preparatory to it. The respondents were split roughly half and half on the proposal to decriminalise the use of other narcotics and related preparatory acts. Finally, three points in the preliminary draft received confirmation: institutionalisation of the fourfold model and heroin prescription treatment, and strengthening of the leadership role of the Federal Government. The draft revision was then framed, taking into account the different opinions expressed and existing versions of the law. This draft was submitted to the Council of States in December 2001 and the procedure is now being pursued at National Council level.

Objectives and content of the draft revision

As in earlier instances, the purpose of the latest revision of LStup is to correct inconsistencies between existing legal provisions and the current social and public-health situation. The principal objective of the draft revision is therefore to **bring the law into line with current circumstances.** It aims to do this by:

- institutionalising the fourfold policy (Art. 1), the role of the Confederation (Art. 3 and 29) and heroin prescription treatment (Art. 3);
- bringing the legislation into line with current circumstances and the real dangers associated with the use of cannabis: decriminalisation of cannabis use and its production and possession for personal ends; opportunity of limiting compulsory prosecuting of cannabis production and sale to young adults aged 18 and above (Art. 19);
- strengthening measures to protect young people (Art. 1), in particular the early detection of young people at risk by referring them to institutions recognised as competent (Art. 3);
- reorienting the work of the police and criminal justice system by changing the status of cannabis (see above) and allowing discretion in whether or not to prosecute people using and simply possessing other narcotics;
- standardising cantonal practices by strengthening the role of the Confederation and specifying the new tasks of the cantons (Art. 29), and by amending criminal provisions where there have been serious discrepancies in application.

There is to be a scientific evaluation (Art. 29a) to assess the effects of introducing the new legal provisions and enable the Federal Council to make evidence-based decisions. In addition, a national observatory for monitoring addiction problems is to be set up (Art. 29c) to gather, analyse and interpret the existing statistical data.

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4

Epidemiology of drug use

This chapter takes stock of the epidemiological data for drug use currently available in Switzerland and provides an analysis of these data. It examines the information deriving from indicators of drug use and abuse, the health status and social circumstances of dependent drug users, the provision of care by the social security and health systems and, finally, charges brought by the police for offences relating to drug use.

Introduction

This chapter reviews the situation in Switzerland as regards drug use and drug-related problems. It is based on an inventory of results obtained using existing epidemiological tools[a]. The first part of the chapter is descriptive, presenting the data currently available. The second part is more analytical, providing a summary of this information. The following topics are covered:

- the prevalence and modes of consumption of heroin and cocaine, cannabis and other drugs (stimulants, hallucinogenic substances), as well as alcohol and tobacco (only among young people);
- changes in the management and treatment of drug use, the health status and social circumstances of dependent drug users;
- trends in charges brought by the police.

[a] These are described in the chapter devoted to the "Epidemiology" field of ProMeDro.

Trends in prevalence and modes of consumption

The main tools enabling us to assess trends in the prevalence and modes of consumption of different substances are cross-sectional surveys of the population in general, in particular those of an age to use drugs and those who actually use them.

The accuracy of the data gathered using these tools is subject to various bias. The first has to do with the reporting of drug use. The fact that the substances concerned are generally illegal may lead people, when questioned, to under-report or over-report their activities, depending on whether they are wary of authority or wish to be provocative. Secondly, there may be a significant margin of error resulting from the small size of the samples and the rarity of the problems analysed. Finally, it is probable that the most marginalised people are not reached by some surveys and this may lead, particularly with a substance like heroin, to the prevalence of its use being underestimated. However real though these distortions may be (and this should lead us to regard the data with caution), their impact is a good deal less significant when it comes to assessing global trends in drug use.

Heroin et cocaine

The most recent estimate of the number of persons regularly using heroin in Switzerland was made by a member of the SFOPH. It is based on triangulation of the various sources of data relating to heroin use, deaths, police charges and treatment provision. The picture that emerges is that the prevalence of heroin use was on the increase in the early 1990s, until 1993/94. During the following period (1994-1998), the trend was less clear and, depending on the source consulted, it may have declined, levelled off or increased slightly. In 1997, the number of persons dependent on this substance was reckoned to be between 23,400 and 32,000, the average figure being 28,000[1]. This estimate concurs with a slightly earlier estimate (for the period 1992-1993), which was based on the triangulation of data on heroin use, the death rate, the opinions of cantonal experts and police charges. At that time, the number of regular users was

reckoned to be between 20,000 and 36,000, the average estimate being 30,000. For various reasons, there are no estimates of this type for the regular use of cocaine.

Prevalence and trends in the general population

Data for the use of heroin and cocaine among the general population have been obtained at regular, though variable, intervals by means of two telephone surveys:

- since 1987, a periodic telephone survey of the general population conducted as part of the Evaluation of the AIDS prevention strategy in Switzerland (EPSS)[b] has provided information on lifetime use of hard drugs (heroin and cocaine), and experience of intravenous use, in the 17-30 age group;
- the Swiss Health Survey (ESS)[c], gathers data on lifetime and current use of heroin and cocaine in the 15-39 age group.

These data are also cross-validated by other surveys, performed on a more ad hoc basis (details later in this chapter).

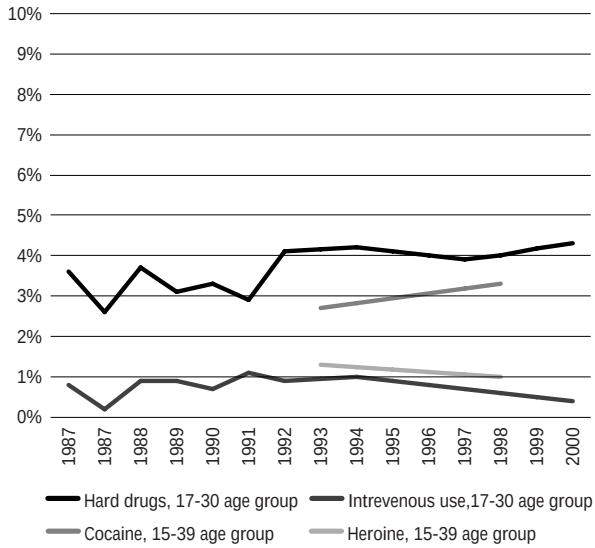
Lifetime use of heroin and cocaine

Figure 4.1 shows trends in lifetime use of hard drugs (heroin and cocaine) in the general population. Among persons aged 17 to 30, there seems to have been some fluctuation, with a slight increase from 1987 (3,6%) to 1994 (4,2%), then a levelling off until 2000 (4,3%). Over the period as a whole, the trend is significantly upwards[2]. This tendency can probably be attributed to an increase in the use of cocaine. The ESS data in fact suggest that, between 1994 and 1998, there was a downward trend in the use of heroin, while the opposite was true of cocaine[3].

Figure 4.1 also shows changes in the prevalence of lifetime intravenous use of drugs among 17-30 year olds. The proportion remained level at around 1% from 1987 to 1994. During the 1997/2000 period, there seems to have been a downward trend, as the proportion fell from 0,7% in 1997 to 0,4% in 2000. As we shall see later, this trend is confirmed by data gathered from drug users themselves.

Figure 4.1

Changes in lifetime use of illegal drugs, general population aged 15-39, in Switzerland, 1987-2000[d]



It should however be remembered that the lifetime prevalence indicator includes all instances of drug use, regardless of whether such use was occasional or regular. Nor do the data tell us at what age such use began.

[b] Conducted as part of the evaluation of the federal AIDS prevention strategy by the Institute of Social and Preventive Medicine (IUMSP), Lausanne.

[c] Conducted by the Swiss Federal Statistical Office (SFSO).

[d] Sources: IUMSP and Swiss Institute for the Prevention of Alcoholism and Other Addictions (ISPA).

Current use of heroin and cocaine

According to ESS data for the 1993-1998 period, current use of cocaine and heroin (i.e. use during the previous twelve months) remained level in the 15-39 age group. In 1998, the figures stood at 0,1% for use of heroin and 0,4% for use of cocaine, i.e. roughly one tenth of the percentage for lifetime use[3]. This suggests that a large part of the reported instances of use were of short duration.

Use of heroin and cocaine at an early age

Two surveys of young people conducted using questionnaires provide data on the use of heroin and cocaine at an early age. The national survey of the health of adolescents in Switzerland (SMASH), conducted by the IUMSP in 1992-19934, showed that 3% of boys and 1% girls aged between 15 and 20 had already used heroin and/or cocaine once in their lives. The figures for use of these substances in the previous thirty days were 1,1% in the case of boys and 0,6% for girls. The 1998 WHO survey (HBSC), conducted by the ISPA among 15 year olds in their 9th year at school, found that 2% of boys and 0,7% of girls had used cocaine at some time in their lives. In the case of heroin, the respective figures were 0,5% and 0,2%[3].

These two surveys were repeated in 2002 and so will enable us to get a better picture of present trends among the younger generation. The SMASH survey will also supplement the results of a survey of recruits for military service conducted in 1997[e], which found a higher prevalence of drug use: 7% of the men concerned had already used heroin or cocaine.

In conclusion, the general population surveys indicate the probability of a decrease in heroin use and of a slight increase in the use of cocaine. A large proportion of the instances of use reported during these surveys seems to have been of short duration. On the other hand, it is too soon to express a judgement on present trends in drug use among young people, partly because the data obtained from recruits for military service show a higher prevalence than those found in other surveys.

Modes of consumption

From surveys conducted among dependent drug users, it is possible to analyse changes in modes of consumption. In particular, the national surveys of clients of low-threshold facilities (LTFs) supplying injection equipment, conducted in 1993, 1994, 1996 and 2000, provide information about the substances and methods of administration used by clients of these facilities (Table 4.1)[2].

Most LTF clients reported intravenous use of drugs. Approximately 90% of them had injected at some time, while slightly fewer had injected during the previous six months. However, the reported level fell from 85% in 1993 to 79% in 2000. Similarly, the proportion of "new" intravenous users (i.e. those who had been injecting for less than 2 years) dropped sharply between 1993 and 2000, from 30% to 7%. The average number of injections per week was also on the decrease, from 18,9 in 1994, to 17,7 in 1996 and 13,7 in 2000. There were, however, considerable variations between different cities and cantons. For instance, the average number of injections per week in 2000 was lowest in Schaffhausen (8) and in the canton of Vaud (8), and highest in Basle (19), Bern (18) and Lucerne (17). These differences were generally linked to the prevalence of cocaine use.

[e] Presented by Martin Killias and Henriette Haas, of the Institute of Criminology of the University of Lausanne, at a hearing of the Swiss Federal Commission for Drug Issues held at Brigels on 10 June 2002.

Table 4.1

Trends in drug use by clients of LTFs in Switzerland: from 1993 to 2000, based on all samples

DRUG USE		1993	1994	1996	2000
		N = 1119	N = 907	N = 944	N = 924
		%	%	%	%
Injection	% i.v. users during lifetime	89	89	91	90
	% i.v. users during last 6 months	85	*85	86	79
	% "new" i.v. users (<= 2 years)	30	24	14	7
	average number of years injecting	6.7	7.8	8.8	11.8
	average number of injections/week		*18.9	17.7	*13.7
Lifetime use	% heroin users	99	*99	99	*98
	% cocaine users	82	*91	92	*88
	% drug cocktail users	**66	*79	85	*75
Substances during previous month	% multiple drug users	71	75	77	68
Frequency during previous month ***	% regular heroin users	61	63	67	54
	% regular cocaine users	23	27	31	27
	% regular drug cocktail users	**16	30	37	25
TREATMENT		**%**	**%**	**%**	**%**
Methadone treatment	% methadone treatment	35	45	45	56
	% heroin programme			11	4

* No existing data for Zurich
** No existing data for Bern
*** Frequency of use in relation to total number of individuals
Regular use = several times a week.

Heroin is still the most frequently used substance (several times a week for half the respondents), even though regular use seems to be decreasing slightly. The use of cocaine and cocktails[f] increased between 1993 and 1996 before decreasing again between 1996 and 2000. At the same time, the number of LTF clients following methadone substitution treatments increased, which may explain the recent decrease in the percentage of users of both substances.

International comparaison

Other European countries are having similar difficulties in estimating trends in the use of hard drugs in the general population, and national data are often not directly comparable, since data gathering methods are not standardised. According to the most recent report of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)[5], it is difficult to make any definite statement on trends in the use of heroin, epidemics of which tend to occur at different times even within the same country (for example Italy). However, as in Switzerland, the use of heroin in France and the United Kingdom seems to be levelling off or even decreasing.

On the other hand, in both Switzerland and the rest of Europe, there has apparently been an increase in the use of cocaine. In France, this tendency seems to have emerged over the 1995-1999 period, with lifetime use of cocaine in the 18-44 age group increasing from 2,8% to 3,7% in the case of men and from 0,5% to 1.2% among women. In the United Kingdom, lifetime use of cocaine among 16-29 year olds increased from 6% to 10% between 1998 and 2000.

[f] Mixture of heroin and cocaine.

Several European countries (Spain, Netherlands, Germany, Denmark) also report a probable decrease in the number of intravenous drug users[5-7].

Cannabis

Prevalence and trends in the general population

There are three surveys which enable us to measure the prevalence of cannabis use in the population and to monitor trends:

- since 1987, a periodic telephone survey of the general population, conducted as part of the evaluation of the AIDS prevention strategy in Switzerland (EPSS), has provided information on lifetime use of soft drugs in the 17-30 age group;
- the WHO survey of 15 year olds (in their 9th year of school), conducted by the ISPA (1990, 1994, 1998, 2002), gathers data on lifetime use of cannabis and makes a distinction between one-off and repeated use;
- the Swiss Health Survey (ESS), gathers data on lifetime use of cannabis, use during the previous year, and frequency (current weekly use), in the 15-39 age group.

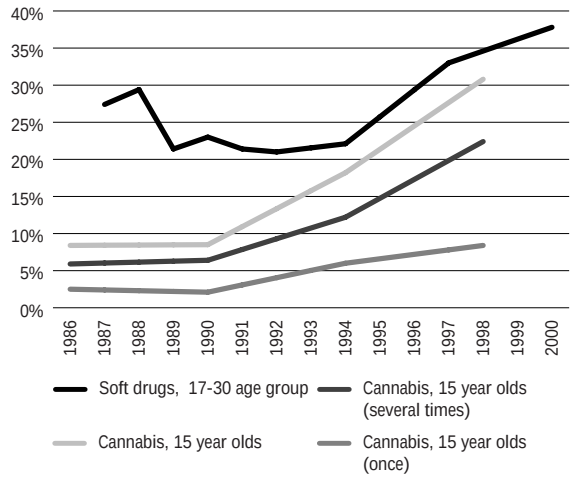
Lifetime use of cannabis / soft drugs

Figure 4.2 shows trends in lifetime use of soft drugs/cannabis in the 17-30 age group, and among 15 year olds with different levels of frequency.

The trend in lifetime use of soft drugs (mainly cannabis) in the 17-30 age group breaks down into several phases: a decrease between 1987 and 1989, followed by a period of stability until 1994, then by a sharp increase. In 2000, 37,8% of the population aged between 17 and 30 admitted having used soft drugs at some time in their lives[2]. This general trend was confirmed by data from surveys of 15 year olds (HBSC and SMASH). Here, too, the figures were steady until 1990, then began to show a gradual increase.

Figure 4.2

Lifetime use of soft drugs/cannabis, various population groups, 1986-2000[g]



According to the most recent telephone survey on the use of cannabis (2000) conducted by the ISPA (cannabis phenomenon survey)[8], 59% of 20-24 year olds had used cannabis at least once in their lives, with separate figures of 68% for men and 50% for women. It is reasonable to assume that the prevalence of lifetime use observed in the early 1990s mainly reflected the experience of earlier generations. The increase which followed was no doubt accounted for by younger people, among whom the prevalence and precocity of experimentation have developed rapidly. As a result, in 1998, 30,8% of 15 year olds reported having used cannabis at least once in their lives, as compared with only 8,5% in 1990[3].

[g] Sources: IUMSP/ISPA.

According to the ISPA data, the prevalence of lifetime use of cannabis is higher in the French-speaking part of Switzerland than in other areas: in the French-speaking area, 39% of men aged between 15 and 75 have used cannabis at least once, as against 32% in the German-speaking area and 28% in Ticino. Individuals with a higher education status are also more likely to have experimented with cannabis (30%) than others (19%). The prevalence of the lifetime use of cannabis also decreases with age: 44% in the 15-19 age group, 59% in the 20-24 age group, 35% in the 25-44 age group and only 15% in the 45-59 age group.

Current use of cannabis

The Swiss Health Survey (ESS) also provides data on trends in current use of cannabis (i.e. its use in the previous twelve months). Between 1993 and 1998, the proportion of current users in the 15-39 age group increased from 5,1% to 7%[h]. This figure is appreciably lower than the figure for lifetime use recorded among 15 year old schoolchildren in 1998. This suggests that current use among older age groups was very low. Moreover, the proportion of regular users among current users increased slightly: from 36,5% in 1993 to 42,26% in 1998[3].

The Swiss survey of young adolescents (SMASH) for 1992-93 showed a prevalence of lifetime use of between 10 and 15% among 15 year olds, depending on sex and social strata, with roughly half of them using cannabis regularly[4].

The "cannabis phenomenon" survey conducted by the ISPA reveals that roughly a quarter of 15-19 year olds (24%) and 20-24 year olds (28%) reported current use of cannabis, whereas the corresponding figures were much lower for 25-44 year olds (10%) and 45-59 year olds (4%). It also reveals that 6,5% of 15-19 year olds used cannabis every day, and 5% at least once a week.

Use of cannabis at an early age

From a secondary analysis of the ESS data, it emerges that the age at which people first use cannabis is falling. In 1997, the average starting age was 15,8, as against 16,5 in 1992-93. The rapid growth in the prevalence of cannabis use among 15 year olds in their 9th year at school confirms this trend. In addition, of the young people reporting that they had used the drug in 1998, two thirds said that it had not been a one-off experience – a result suggesting that they may have first used the drug at an even younger age (Figure 4.2)[9].

In conclusion, both lifetime and current use of cannabis among young people has increased in the last five years. Young people begin using the drug earlier and earlier, and in most cases this is not a one-off experience. On the other hand, the prevalence of use among adults over the age of 25 is lower than among adolescents. This might be a generational phenomenon, or it could be that adults give the drug up after a period of more or less regular use.

International comparison

In most European countries, use of cannabis has been on the increase since the early 1990s. Switzerland, with Denmark and the United Kingdom, is one of the countries where the prevalence of lifetime use in the general population is highest. As in Switzerland, an increase in the lifetime use of cannabis among 15 year olds has been observed in most European countries (except in the United Kingdom and Ireland, where the figures have shown a decrease[5]).

[h] Lifetime consumption for this age group stood at 26,7% in 1998, a figure only slightly lower than the 33% observed among 17-30 year olds in 1997.

Ecstasy, "party drugs", hallucinogenic substances, etc.[i]

The use of stimulants (amphetamines) and hallucinogenic drugs (LSD, magic mushrooms) is not a new phenomenon in Switzerland, since there was already a black market in these substances in the 1960s and 1970s. However, little is known of trends in their use in the 1980s and the first half of the 1990s, largely because public health officials were concerned primarily with other drugs (heroin, cocaine). With the development of techno parties and the spread of MDMA (ecstasy), there has been a renewed interest in these substances. However, the way they are used has taken two new directions. Firstly, they tend to be used on festive occasions, closely linked to new forms of leisure activity and music. Secondly, there has been a rapid diversification of the substances themselves, in particular a big increase in synthetic drugs. Consequently, it is difficult to pinpoint changes in their use with any accuracy, because the substances and their names evolve rapidly, and the users are sometimes difficult to identify.

According to Swiss Health Survey (ESS) data for the 1992-93 period, 0,22% of people in the 15-39 age group had used amphetamines and other stimulants during the previous twelve months[3]. In 1992-93, a national survey of the health and lifestyles of 15-20 year olds4 showed that 5,2% of the respondents had used hallucinogenic drugs at some time in their lives, 1,7% of them in the previous 30 days. In 1992-93, a survey of the health of schoolchildren aged 11 to 16 revealed that the prevalence of lifetime use of ecstasy was 1,5%. In 1998, the figures for 12 to 15 year olds were 1-2% in the case of ecstasy and 3% for amphetamines[10].

In 1996, the ISPA conducted a study into ecstasy use in techno circles in the French-speaking part of Switzerland[11]. This study targeted only a restricted group frequenting such circles and its objective was to gain a better understanding of the characteristics of users and the way they used the drug. The results showed that 52% of the "ravers" had already used ecstasy and that 33% of them were using ecstasy at the time of the survey. The profile of the ecstasy users revealed that 94% of them had also used other illegal drugs during the twelve months prior to the survey, and only 6% of them had used no drug but ecstasy. Among the users of ecstasy, 64% had used cocaine during the previous twelve months, 38% had used LSD, 14% heroin, and 90% cannabis. The frequency of ecstasy use was generally at once or twice a month (40%), and almost half the users (48%) described their use of the substance as irregular. 17% described themselves as regular users (i.e. using the drug once a week or more). Ecstasy use was not limited to techno parties, as 43% of users reported using the drug on other occasions, 56% of them at private parties and 40% at home. The general profile that emerged was that users were well integrated socially, fairly happy, made liberal use of other substances, and used drugs mainly as a means of pleasure.

As part of the "Pilot e" project in Bern, a hundred or so young people who attended techno parties were questioned about their drug use habits in 1999[12]. The average age at which they began using ecstasy was 18. Frequency of use during the previous 60 days amounted to more than one tablet a week for 45% of the individuals questioned. As in the ISPA survey, the data revealed that it was common for these young people to use a number of substances. As well as ecstasy, 35-40 % of the individuals questioned regularly used cannabis, 22% amphetamines, 2% cocaine, and 24% occasionally LSD.

[i] According to the authors, these categories are not well defined.

In conclusion, for the time being we have only limited data regarding the use of these substances. Surveys of the general population and of schoolchildren reveal a slight increase in their use. However, these surveys do not give us the full details of the extent of the phenomenon, partly because there is no standardised classification of these substances, and the surveys no doubt reach only a small section of the population group concerned. The SMASH survey of adolescents conducted in 2002 should shed more light on the present situation. Meanwhile, the surveys conducted in techno circles give a mixed picture. On the one hand, the users of ecstasy are generally well integrated individuals who use substances mainly as an aid to partying. On the other, their use of stimu-lants and hallucinogenic drugs seems to begin relatively early in life, and a significant proportion of them are regular users who use a number of substances simultaneously.

International comparison

Difficulties in obtaining data for the use of these substances is also evident in other parts of Europe, though certain trends do seem to be emerging. An increase in the use of recreational drugs (party drugs) occurred in the early 1990s, particularly in the United Kingdom, Germany and Spain (prevalence of lifetime use among 18-59 year olds 9%, 3% and 2% respectively). In these countries, the situation seems to have stabilised around these figures in recent years. Elsewhere, we are seeing an increase in use, particularly among young people (18-25 year olds). The general population surveys reveal a prevalence of lifetime use in most European countries of between 1% and 4% (3% in the case of France in 1998, 1% in Finland and Sweden) [5,13,14].

A European study performed in techno circles in Berlin, Amsterdam, Vienna, Prague, Madrid and Zurich revealed high levels of use of legal and illegal substances among young people in 1996. Two years later, however, a decrease in drug use (in terms of frequency, volume, number of substances) was observed in the same groups. This was ascribed mainly to bad experiences (or fewer positive experiences) with the substances concerned, incompatibility between drug use and lifestyle changes, and other social factors [15].

Use of alcohol and tobacco among young people

Among schoolchildren aged 11 to 15, lifetime use of alcohol increased significantly between 1986 and 1998 (82,1% reported having consumed alcoholic drinks in 1986, 88,2% in 1998), but it was in the mode of consumption that the biggest changes were observed. Although there was little change in the rate of daily use (between 2 and 3%), weekly use on the part of 15 year old girls doubled between 1986 and 1998 (from 8,5 to 17,4%). Beer was still the alcoholic drink most favoured by young people, with one in five partaking at least once a week. However, alcopops, first marketed in Switzerland in 1996, were increasingly popular among adolescents, particularly girls, who chose them in preference to beer (12% as against 8%). The advent of these drinks may partly explain the increase in alcohol consumption among 15 year old girls. Another tendency which emerged between 1986 and 1998 was a large increase in bouts of drunkenness. In 1986, 6% of 11-15 year olds said they had been drunk at least three times during their lives; by 1998 the figure had increased to 12%.

Use of tobacco has increased significantly since 1986, particularly among 13 year olds, with regular use (i.e. at least once a week) increasing from 2% in 1986 to 5% in 1994 and 7% in 1998. Among 15 year old schoolchildren, the situation is even more worrying. In 1998, a quarter of them were regular smokers, as compared with 15% in 1986. Almost one 15 year-old school attender in five (18%) also reported smoking every day in 1998. Total consumption had also increased. In 1998, 90% of these tobacco users smoked at least one cigarette per week or per day, as against 60% in 1994. Finally, there was a particularly large increase in smoking among girls [3,10].

In conclusion, a clear picture emerges from the data for young people's use of legal drugs, with rising figures for all the relevant indicators: precocity, prevalence, frequency and volume of consumption. The various surveys performed in 2002 will show whether this is an ongoing trend.

Public attitudes to the drugs problem in Switzerland

Four telephone surveys were conducted in the late 1980s and the first half of the 1990s to gauge Swiss public opinion in respect of drug-related problems. The first survey, in 1989, found that supplying injection equipment as a way of reducing the risk of contracting AIDS was well accepted by the general public. The three subsequent surveys, in 1991, 1994 and 1997, revealed that drug addiction was perceived as one social problem among others, and drug addicts as marginalised sick people who tended to inspire fear. In 1997, seven Swiss people out of ten agreed with the medical prescription of narcotics, and 72% were also in favour of setting up injection rooms. On the other hand, measures to liberalise the sale and/or use of soft drugs were less well accepted. Generally speaking, those who were best informed and in closest contact with drug users were the most open to liberalisation measures or the toleration of drug use (cf. Annexe)[16].

In 2000, the ISPA conducted a survey to assess Swiss public opinion on the use of cannabis and the possible decriminalisation of the drug[8]. The results showed that public opinion was divided. Use of cannabis and acts to acquire it for personal use were tolerated by 48% of the population, but disapproved of by exactly the same percentage (48%). Half the people questioned were in favour of cannabis being openly on sale, 45% against. Decriminalisation of cannabis use was approved by 53 %, as against 41%. Vice versa, maintenance of the status quo – i.e. a ban on the use, production and sale of cannabis – was advocated by 42% of the respondents, as against 54%. On the whole, young people (15-24 year olds) and men were more liberal in their attitudes. The decriminalisation of cannabis use for everyone, including the under-aged, was accepted in the German-speaking part of Switzerland (58%), as was legalisation of the sale of the drug (52%), whereas the majority in the French-speaking part and Ticino would countenance decriminalisation only in the case of adults. The study also showed that 47% of the respondents thought a liberal policy would lead to an increase in cannabis use. Moreover, 57% thought that use of cannabis was the first step towards use of more harmful drugs. However, a large majority (70%) was of the opinion that outlawing the use of cannabis had no dissuasive effect, and 61% of the respondents thought that there should continue to be a ban on cannabis in public places to avoid setting a bad example.

Changes in the management and treatment of drug use

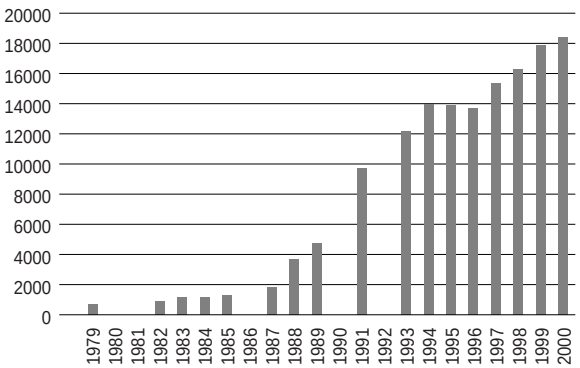
According to the statistical data obtained in Switzerland and the European Union regarding different types of treatment, in most cases patients are admitted to treatment for the use of heroin, though often with cocaine as a secondary factor. The patients generally use both substances, sometimes in conjunction with other legal and illegal drugs[1,14,17].

Methadone substitution treatment

The provision of methadone substitution therapy increased considerably in the late 1980s and early 1990s, from just under 2000 courses of treatment in 1987 to almost 14,000 in 1994. This increase was followed by a levelling off until 1996, due undoubtedly to the development of heroin prescription treatment. Since 1997, the provision of methadone therapy has begun to rise again, with 18,393 courses of treatment recorded in 2000 (Figure 4.3).

Figure 4.3

Number of methadone substitution treatments in Switzerland: 1979-2000[j]



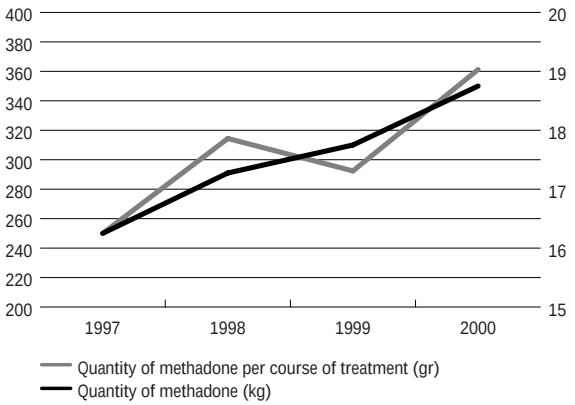
Figures for the different cantons between 1993 and 2000 also show an increase in provision in most cases (Figure 4.4). Four cantons (ZH, BE, GE, VD) account for over half the courses of treatment provided in Switzerland.

If we calculate the number of courses of treatment per 1000 inhabitants aged between 20 and 64, the highest rates are found in the cantons of Basle-City (8,86), Geneva (6,6) and Neuchâtel (6,51) (Figure 4.6). It is also worth noting that the cantons at the higher end of the scale, in terms of the total number of treatments and the rate per 1,000 inhabitants, are those with the most doctors per head of population.

As regards the dosage of methadone used, if we relate the quantity of methadone used each year in Switzerland[k] to the number of authorisations granted to provide treatment, we find a 17% increase in the quantity per course of treatment between 1997 and 2000, with a jump of 10% in the final year (2000) (Figure 4.5).

Figure 4.5

Changes in the quantity of methadone used and the quantity of methadone per course of treatment, 1997-2000



j Source: SFOPH, methadone statistics.

k Swissmedic has supplied data for the quantities dispensed each year in Switzerland. It is reasonable to assume that these quantities will be used in the medium term.

Figure 4.4

Changes in the number of courses of treatment per canton between 1993 and 2000

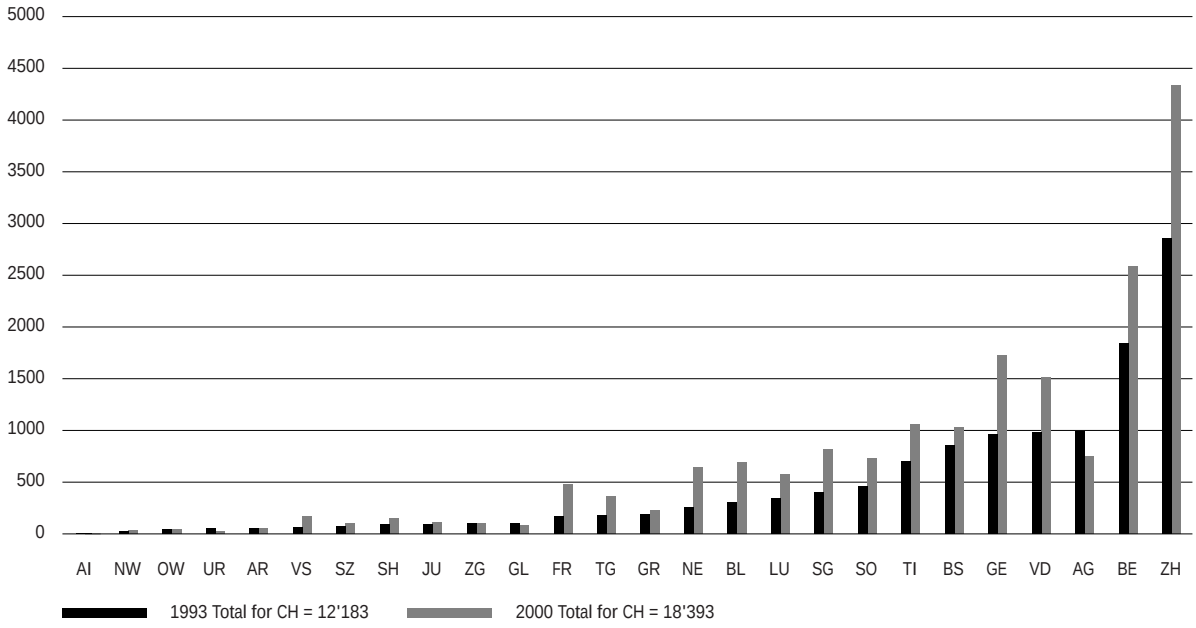
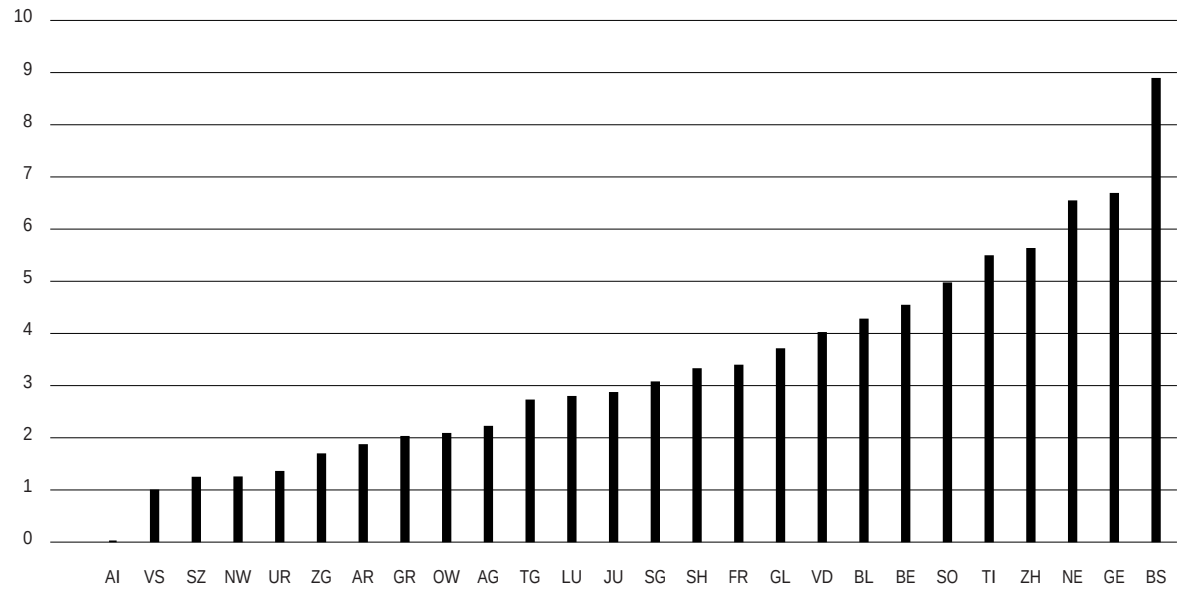


Figure 4.6

Number of courses of treatment per 1000 inhabitants aged 20-64, by canton



Heroin prescription treatment

Between 1999 and 2001, the number of patients following a course of heroin treatment increased from 937 to 1098[l]. This was due to an increase in the number of places available in approved centres. In 1999, therapy using heroin under medical prescription was on offer in eight cantons and sixteen centres. In 2001, these figures had risen to 11 and 21 respectively. The occupancy rate remained level throughout the period at around 88%[18,19].

Treatment in a residential setting

At present, it is not possible to know the overall figure for places available in residential treatment centres. The data gathered by COSTE[m] provide the best estimate currently available, according to which there were 994 places in such institutions in 2000.

Coverage in the provision of treatment

If we take as a basis the most recent estimate of the number of persons dependent on heroin, which stands at around 28,000[1], then add together the figures for those starting a course of methadone treatment (18,393, methadone statistics), those undergoing residential treatments (833, FOS statistics[n]), and those undergoing heroin treatment (1,038), we find that 72,3% of the needs were covered in Switzerland in 2000. This rate of coverage is of course an approximation. However, as it includes both an overestimate[o] (methadone statistics) and an underestimate (FOS statistics) of the number of persons in therapy, and given that estimates of the total number of heroin users seem to be in agreement, we can conclude that over 50% of the people in need have access to treatment in Switzerland.

If we compare the Swiss situation with that of other countries, the rate of coverage for substitution therapies (methadone and buprenorphine only) is estimated to be 35% in Belgium, 27-34% in Denmark, 33-63% in Germany, 41-86% in Spain, 40-50% in France, 27-29% in Italy, 40-47% in the Netherlands, 6-22% in the United Kingdom and 9-13% in Finland[20]. Switzerland, with a probable coverage rate of between 35[p] and 60%[q], is one of the countries where substitution treatments are most readily available.

Heroin prescription treatment, which is dispensed in the UK and Switzerland, is under development in North America and in a number of other European countries. The Netherlands and Germany are committed to heroin prescription programmes and other countries (Italy, France, Spain) would like to follow suit.

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l Year to 31 December.

m Swiss Office of Coordination and Assistance for Residential Drug Therapy Facilities.

n FOS, Ligue pour l'évaluation de traitements résidentiels de la toxicomanie (Research on inpatient therapy).

o The number of authorisations does not necessarily represent the number of persons undergoing treatment, as individuals can be admitted to treatment more than once.

p SFOPH estimate, V. Maag, 1997.

q 2000 estimate, based on data for patients starting courses of substitution therapy (heroin and methadone), referred to above.

Changes in the health status of dependent drug users

This section is concerned with indicators which measure the seriousness of the problems associated with drug addiction: drug-related deaths and illnesses resulting from the intravenous use of drugs, such as HIV infection and hepatitis. It also takes into account developments in practices to prevent the transmission of infectious diseases.

Drug-related and AIDS-related deaths

The Swiss Federal Office of Police (FOP) has data for drug-related deaths between 1974 and 2001. Such deaths may be due to an overdose, prolonged use, or suicide/accident while under the influence of a particular drug or more than one substance. AIDS-related deaths, on the other hand, are recorded by the SFOPH (Figure 4.7).

The two curves are slightly out of synchrony. The number of drug-related deaths reached a peak in 1992, followed by a decrease, and has levelled off at around 200 deaths per year since 1998[21]. AIDS-related deaths peaked in 1994 and have decreased steadily since then, mainly owing to the advent of antiretroviral therapies.

HIV and hepatitis

Since 1991, there has been a decrease in the number of people testing positive for HIV in Switzerland, and this is true for all categories of transmission. In 2001, the number of reported new cases exceeded that of the previous year for the first time. Among drug users, the decrease has been particularly noticeable, with the number of new cases level since 1998. For the moment, it is not possible to state that the increase in the number of new cases in 2001 was ascribable to drug users in particular (Figure 4.8, Figure 4.9).

Figure 4.7

Trend in the number of drug-related deaths between 1974 and 2001, and in AIDS-related deaths, where intravenous injection was the presumed mode of transmission, between 1982 and 2001

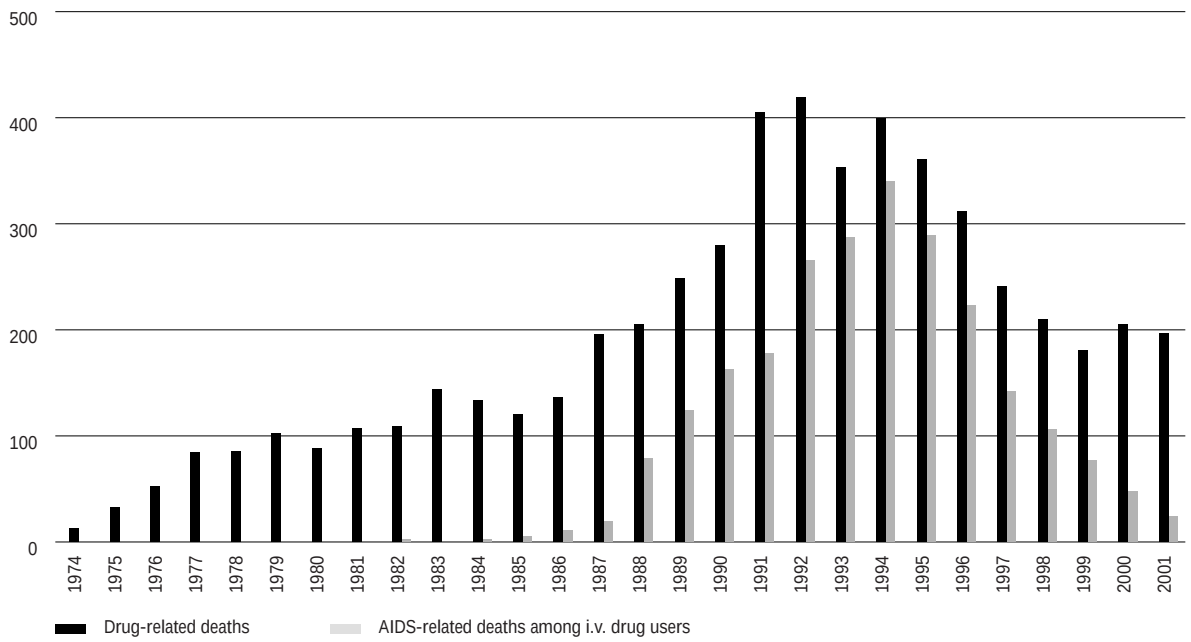


Figure 4.8

Cases of HIV reported by doctors for each category of transmission, according to year of diagnosis, 1987-2001

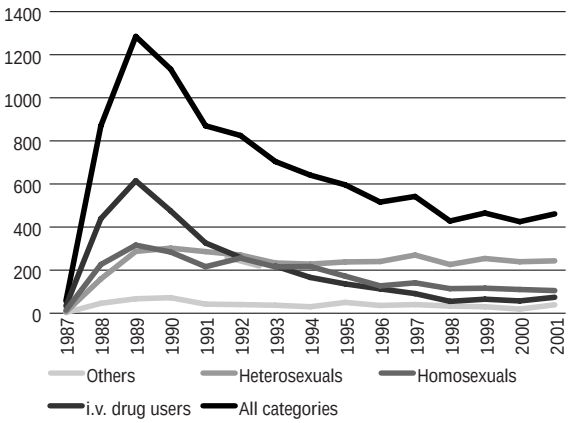
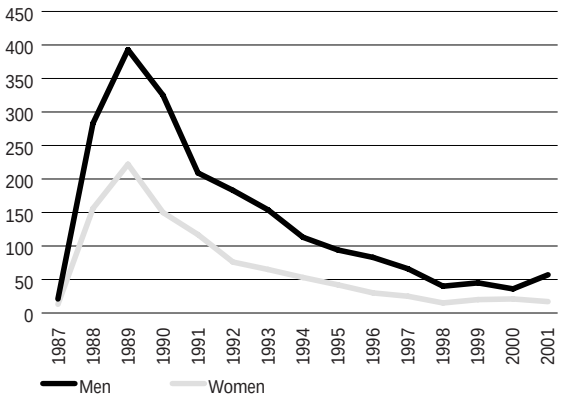


Figure 4.9

Cases of HIV reported by doctors among drug users, by sex, according to year of diagnosis, 1987-2001



Data for the prevalence of HIV are generally derived from statistics or studies in which HIV status is only such as declared by the persons concerned. In other words, the figures in question are reported rather than measured (Table 4.2).

As a group, the clients of low-threshold facilities (LTFs), and those following outpatient and residential treatments, have been massively tested. The percentage of individuals who have undergone at least one test to detect HIV is 90% or over among clients of LTFs (91% in 1994, 93% in 1996 and 95% in 2000) and in the residential treatment sector (between 90% and 93,9% for the 1997-2001 period). In institutions providing outpatient treatment, 84% of intravenous users report having undergone a test in 1996 and 86,2% in 1999.

The reported prevalence of HIV in the different types of facility (outpatient, residential, low-threshold, PROVE) fell sharply at the beginning of the 1990s. Between 1995 and 2000, the percentage of persons who reported having tested positive for HIV remained relatively level or increased slightly for each type of facility:

- among clients of low-threshold facilities, the reported prevalence increased from 10% to 11% between 1993 and 2000. Earlier data had been gathered in Zurich at the time of the open drug scenes;
- among clients taking part in trials of heroin prescription treatment, who tend to be heavily dependent on the drug, the prevalence is distinctly higher;
- among clients of outpatient facilities, 15% of drug users starting treatment tested HIV positive in 1989. The figure has varied in more recent years: 13% in 1996, 9% in 1997 and 11,4% in 1998. The prevalence for all persons in therapy was around 20% at the beginning of the 1990s. Since 1995, the figures have been considerably lower, fluctuating between 3,4% and 5%.

Although the reported prevalence of HIV has remained relatively low, that of hepatitis B and hepatitis C is very high. In 2000, 59% of the clients of LTFs said they had tested positive for hepatitis C, and 40% for hepatitis B. In the residential sector, FOS statistics for the period 1997-2000 show prevalences of 30-40% for hepatitis C and between 22,2% and 28% for hepatitis B. In 2001, the figures for the prevalence of both types of hepatitis were artificially low. This was because a much higher percentage of individuals (24%) said they were infected with an unknown form of hepatitis than in earlier years (between 2 and 3%).

Tableau 4.2

Proportion of persons tested for HIV, and of persons testing positive for HIV, hepatitis B and hepatitis C in different types of care or treatment facility in Switzerland, 1992-2001[22-31]

Facility	% HIV tests	% HIV+	% Hepatitis B+	% Hepatitis C+
Low-threshold				
ZHKA 89		25		
ZHZ 92		19		
LTF 93	88	10		
LTF 94	91	11		
LTF 96	93	11		
LTF 2000	95	11	40	59
Heroin treatment trials (PROVE)				
1993-1996		16		
Outpatient treatment				
SAMBAD 96	~84	13		
SAMBAD 97	89	9.5		
SAMBAD 98	86	11.4		
SAMBAD 99	86.2	5.9		
Residential treatment				
FOS 97	92.8	4.8	27.7	30
FOS 98	93.9	4.7	26.6	34.9
FOS 99	92.2	4.6	28	41
FOS 2000	90	3.5	22.2	39.6
FOS 2001	91	5	8.7	18

Trends in exposure to risks and in protection among clients of LTFs in Switzerland

The studies conducted in Switzerland between 1993 and 2000 among clients of low-threshold facilities which issued injection equipment made it possible to study the risk of exposure to HIV and the preventive measures adopted by the clients[22]. The proportion of i.v. drug users in this particularly vulnerable group has diminished, as has the average number of injections. There was, however, a slightly increased tendency among intravenous users to expose themselves to the risk of contracting HIV: the figure for those who had shared injection equipment in the previous six months increased from 9% in 1994 to 12% in 2000 (Table 4.3). On the other hand, there was little change in the risks they ran of contracting HIV by sexual means. The rate of condom use in relations with casual partners was comparable with that for the general population. Protective practices were also commonly adopted during prostitution activities. However, the rate of protection was low in relations with steady partners. This situation

Table 4.3

Trends in exposure to HIV and the protective measures adopted by clients of LTFs in Switzerland, from 1993 to 2000; all samples

EXPOSURE TO HIV AND PROTECTIVE MEASURES ADOPTED		1993	1994	1996	2000
		N = 1119	N = 907	N = 944	N = 924
		%	%	%	%
USE OF INJECTION EQUIPMENT					
Sharing of syringe/needle	% lifetime[a]	40	*37	44	45
	% during the previous 6 months[b]	17	9	11	12
	% in prison during previous 2 years[c]			6	9
Giving syringe/needle[b]	% during the previous 6 months		*9	9	9
Sharing of other paraphernalia[b]	*during the previous 6 months*				
	% use of shared spoon			68	51
	% use of shared filter			46	38
	% use of shared cotton-wool			3	*7
	% use of water				*26
USE OF CONDOMS[d]					
% Steady partner(s)	*during the previous 6 months*	**60**	***56**	**53**	***56**
	% always used condom	26	*24	27	*29
	% never used condom	55	*62	58	*55
	% partner not a drug user		*50	52	*52
% Casual partner(s)		**34**	***29**	**31**	***32**
	% always used condom	61	*71	67	*72
	% never used condom	14	*14	13	*15
% Female prostitution			30	24	18
	% always used condom		93	95	83
	% never used condom		0	0	5
% Male prostitution			**3**	**2**	**4**
	% always used condom		67	43	33
	% never used condom		22	29	17
% Most recent sexual encounter	% used condom		***46**	**51**	***48**

* No existing data for Zurich
a Percentage of lifetime intravenous users
b Percentage of intravenous users having injected during the previous 6 months
c percentage is calculated on the basis of all persons who have been in prison during the previous two years
d During the previous 6 months. Three usage frequencies: always, sometimes, never (amounting to 100%).

is worrying, given the fairly high prevalence of HIV among i.v. drug users and the fact that half of their steady partners are not drug users.

Sharing of the paraphernalia used to prepare injections remains common and probably gives rise to an enhanced risk of infection with the hepatitis C virus, which is transmitted more easily than HIV.

International comparison

Since the mid-1990s, the number of new cases of HIV infection among drug users has levelled off in most EU countries. However, the prevalence of HIV among intravenous users differs considerably from one country to another: in the United Kingdom, it stands at 1%, in Spain at 32%. It also varies from region to region in one and the same country (Italy). In some cases, however, there has been a resurgence of new cases (Luxembourg, Ireland).

Where hepatitis C is concerned, we have fewer data to go on, but the prevalence figures are thought to be high everywhere (between 40 and 90%).

In most countries, the trend is thought to be upwards, though in a few instances the opposite may be the case (Greece, Portugal)[5,14].

In Switzerland, the figure for sharing syringes is relatively low (roughly 10%) – one of the lowest in Europe, according to international comparison data (Table 4.4). Where other forms of risk behaviour associated with intravenous drug use are concerned (sharing spoons, cotton-wool and water), the figures are still high, in Switzerland and elsewhere.

Where sexual behaviour is concerned, the tendencies observed in Switzerland are also evident in other parts of Europe: the use of condoms has increased satisfactorily in sexual relations with clients (in the case of female prostitutes) or with casual partners, though it is less common in relations with a steady partner[32].

Table 4.4

Rates of syringe sharing (%) in different countries, 1992-2000

Countries/Cities	Location	Year	Time frame	Rate (%)
Germany[33]	Multi-centred	1992-1993	Six months	39
Australia[34]	LTF	1995	Previous month	31
UK[35]	LTF	1994	Twelve months	17-48
France[33]	LTF	1996	Previous month	13
Northern Italy[36]	Cohort	1996	Six months	15-29
Vancouver[37]	Cohort	1997	Six months	20
New York[38]	Multicentred	1997-1998	Six months	26-31
UK[39]	Multicentred	1997-1998	Previous month	42-44
Ireland[5]	Multicentred	1997-1998	Previous month	29-64
UK[5]	Community survey	1998	Six months	50
Netherlands[5]	Community surveys	1997-1999	Six months	10-17
Danemark[5]	Treatments	1998	Six months	59
France[40]	LTF	1998	Previous month	18
Luxembourg[5]	Treatments	1999	Six months	29
Northern Italy[36]	Cohort	1999	Six months	10-20
Portugal[5]	Treatments	1999	Six months	32
Spain/Catalonia[41]	LTF	2000	Six months	31

Demographic characteristics and social intergration of dependent drug users

The demographic and social characteristics of drug users in different care and treatment facilities provide information as to:

- the existence of distinct subgroups of users (at different stages of drug use or following different dependence "careers");
- the social situation of drug users;
- indirectly, changes in the number of users: if "admissions" and "discontinuations" in these different subgroups balanced out, the average age should remain stable.

Table 4.5 shows trends in a number of demographic characteristics and drug-experience patterns in various types of facility.

Table 4.5

Demographic characteristics and drug-experience patterns among users of different types of facility (Switzerland, 1993-2001) [18, 19, 22-24, 42, 25-31, 43-45]

Lieu	% women	Median or average age (m)	Median or average age (m) 1st use of drugs		% "new" users*
Low-threshold facilities[r]			**heroine**	**cocaine**	
LTF 93			18.5	19	30
LTF 94	27	27 m	18	20	24
LTF 96	27	29 m	18	19	14
LTF 2000	27	32 m	18	20	7
Heroin treatment (PROVE, HeGeBe)[s]					
PROVE 94-96	30	30.8			theoretically 0[t]
HeGeBe 96		31.5 m			idem
HeGeBe 98		31.9 m			idem
HeGeBe 99		31.9 m			idem
HeGeBe 2000		32.6 m			idem
HeGeBe 2001					idem
Outpatient treatment					
SAMBAD 95	27.7	W: 25.7 M: 26.4			
SAMBAD 96	28	27.6 m	W: 18 m	M: 19 m	
SAMBAD 97	27.8	25-29	W: 18 m	M: 19 m	
SAMBAD 98		25-29	W: 18 m	M: 19 m	
SAMBAD 99	27.7				
Residential treatment					
FOS 94	28	23-25	17-19		
FOS 95	22.9	26-28	19		
FOS 97	21.7	25	18.9		
FOS 98	22.7	28	18		16
FOS 99	25.7	28	18		14.2
FOS 2000	25.5	29	18		10.1
FOS 2001	28	28	18		12.2

* Less than 2 years in the case of LTF statistics
Less than 3 years in the case of FOS statistics

Tableau 4.6

Caractéristiques sociales (logement, emploi et source de revenus hors emploi) des usagers de divers types de structures (Suisse, 1993-2001)

Facility	% homeless	% unemployed	Source of income		
			% disability and unemploy-ment benefits	% social assistance	% illegal earnings
Low-threshold					
LTF 93	12	54			
LTF 94	15	56	22	27	[1]23
LTF 96	10	55	27	36	26
LTF 2000	10	59	29	46	18
Outpatient treatment					
ZHZOKL 92	21	59			
SAMBAD 95			W: 8 M: 6		
SAMBAD 96	W: 4 M: 4		W: 10 M: 9		
SAMBAD 97			W: 7 M: 6		
SAMBAD 98			W: 9 M: 7		
SAMBAD 99			W: 9 M: 7		
Residential treatment					
FOS 90	11	46			
FOS 95	10.1	41.7	5	39.5	[2]50.2
FOS 97	5.9	39.9	11.7	38.7	57.4
FOS 98	5.5	39.4	5	41.7	53.2
FOS 99	6.5	42.4	5.8	45.5	52.5
FOS 2000	4.5	42.2	9.1	42.2	42
FOS 2001	4.6	41.8	5.9	44.9	41.8

1 In the previous month
2 In the previous 12 months, all the time, most or the time, or periodically

It emerges that the proportion of women in the different facilities is similar, generally between 25 and 30%. On the other hand, the average or median age of users in the different types of facility varies. It is higher in low-threshold facilities and centres dispensing heroin treatment than in outpatient centres and residential treatment institutions.

If we consider the way things have changed over time, we find an "ageing tendency" in all categories of facility. This is particularly evident in the low-threshold facilities and those prescribing heroin treatment, the clients of which are oldest and also in the most precarious circumstances (a factor discussed later in this chapter). Moreover, although the average age at which people start using drugs has changed little in the last ten years, the proportion of "new" users (generally of heroin) has decreased in both types of facility for which information is available (LTF, residential).

As Table 4.6 shows, where housing is concerned the social circumstances of drug users have improved somewhat in recent years, given that there has been a decrease in the percentage of people who are homeless.

r Repeated cross-sectional surveys of clients using these facilities.
s Statistics collected at the start of treatment.
t One of the admission criteria is that patients must have been using drugs regularly for at least two years.

There has not been much improvement in access to employment, while more people are benefiting from social insurance funds (disability pension, unemployment benefit) and social assistance. At the same time, the number of people declaring illegal earnings (including earnings from the sale of narcotics) seems to be on the decrease.

LTF clients seem to be living in the most precarious circumstances, in terms of both housing and employment. Many of them also receive disability pensions (29% in 2000).

Law enforcement statistics

The statistics relating to the application of the Federal Narcotics Law (LStup), kept by the Federal Office of Police, reflect both the extent of drug use and trafficking and the scale of police activity[21]. As there are no available indicators for such activity, it is not possible to assess the extent to which observed trends in charges brought by the police correspond to changes in drug use.

The total number of charges brought in respect of drug use has increased regularly from about 9,000 for the years 1981-85 to about 35,500 in 2001, with a peak of 37,000 in 1998. However, the trends for first and repeat offences are different. The number of charges for first offences in relation to drug use, making no distinction between substances, has increased since 1996, reaching approximately 15,000 in 2001, while the number of charges brought for repeat offences has been on the decrease since 1997 (Figure 4.10).

Figure 4.10

Charges for first and repeat offences in relation to drug use (all drugs) in Switzerland from 1981 to 2001

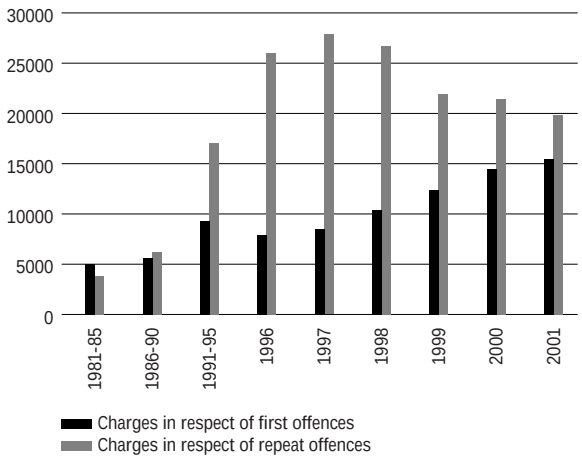


Figure 4.11 shows changes in the number of charges brought for drug use according to type of substance in Switzerland between 1974 and 2001. Different trends are evident, depending on the substance in question[u]. The number of charges brought in respect of cannabis derivatives (marijuana, hemp, hashish and oil of hashish) is continuously increasing. This trend is particularly clear over the last ten years, the number of charges reaching 32,580 in 2001. On the other hand, the number of charges for use of heroin and cocaine is tending to decrease. Having reached a peak in 1993 (20,374), charges for use of heroin decreased significantly up to 2001 (9,579). Charges in respect of cocaine reached their maximum in 1997 (10,515) and have been decreasing since then (8,206 in 2001).

[u] Note that a charge may feature more than once, depending on the number of different narcotics used. Information about charges per substance derives from a different database from that used for charges in respect of first or repeat offences.

Figure 4.11

Charges (for first or repeat offences) for drug use according to type of substance – cannabis, heroin, cocaine – in Switzerland, from 1974 to 2001

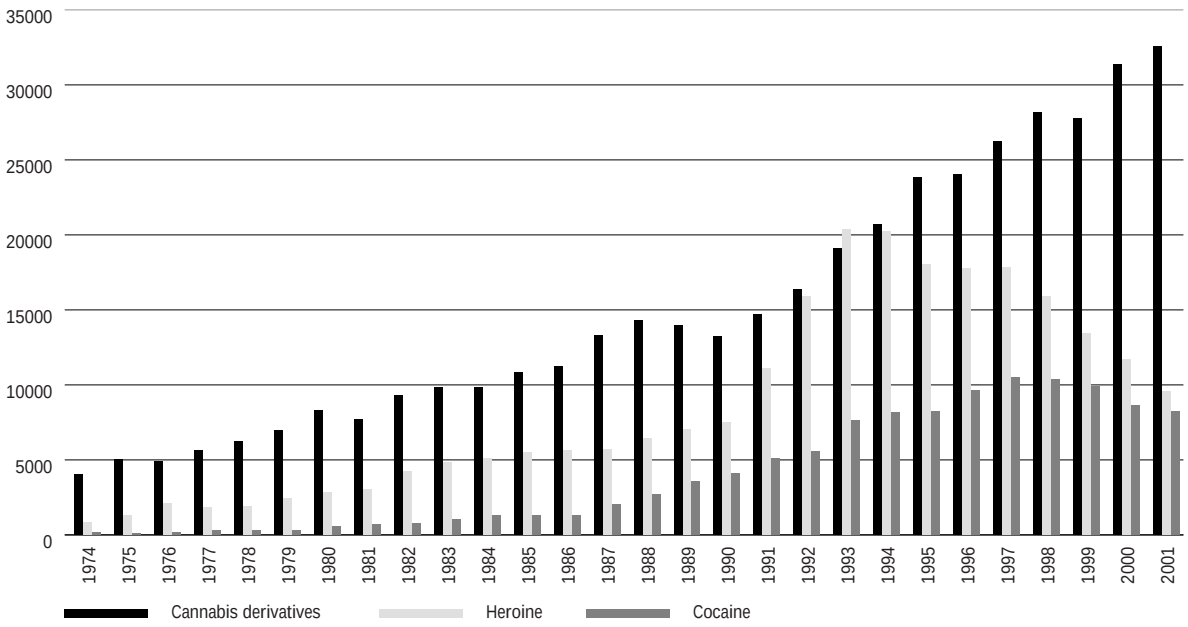
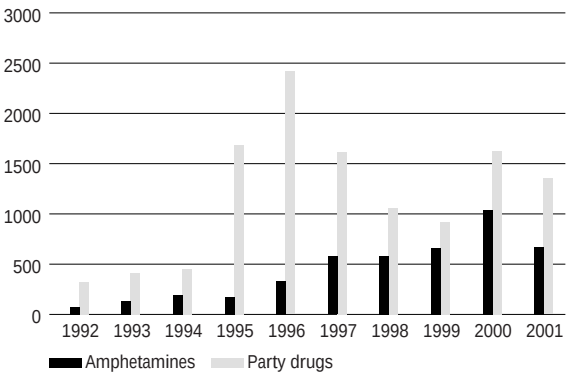


Figure 4.12

Charges (first or repeat offences) for use of amphetamines and "party drugs" in Switzerland, from 1992 to 2001.



Even though the number of charges for use of "party drugs" and amphetamines represents only a small percentage of all charges in respect of drug use, there have been variations, with a sharp increase between 1999 and 2000 and a decrease in 2001. Thus, charges for use of amphetamines increased from 662 in 1999 to 1,043 in 2000, and for ecstasy from 916 in 1999 to 1,627 in 2000 (Figure 4.12). In 2001, the number of charges for use of amphetamines decreased to 671 and for ecstasy to 1,353.

It would be very useful to have information for first offences according to substance, but this is not possible, given the way data is gathered at the present time.

Summary

The first part of this section is devoted to analysing the various indicators of the number of users of different substances, both illegal and legal; the second to analysing the consequences of the use of different drugs.

Before we begin this analysis, it will be useful to remind ourselves of the aims of ProMeDro:
- to reduce the number of dependent drug users – by both reducing the number of new users and increasing the number coming off drugs;
- to reduce the harm associated with drug use, by reducing the social and health risks to users.

Number of users

Heroin

Indicators of drug use in various age groups of the general adult population reveal a slight increase in lifetime use at the end of the 1980s, then a levelling off – or even a decrease – from the second half of the 1990s. This recent level trend is confirmed by data for present use. The large discrepancy in prevalence between lifetime use and present use (for which the figures are much lower) suggests that some of the reported instances of drug use are of an experimental nature or of short duration. We do not yet have data showing trends for drug use at an early age (by adolescents and young adults), but statistics for treatment admissions do not show any lowering of the age at which drugs are used for the first time.

Other indicators, providing indirect evidence of the number of users, point in the same direction:
- law enforcement statistics show a sharp decrease in charges brought for use of heroin since 1995. However, it should be remembered that these statistics are also an indicator of police activity, and police practices may have changed;
- the statistics for treatment admissions and surveys conducted in low-threshold facilities show an increase (LTF, HeGeBe, FOS) or a levelling off (SAMBAD) of the median or average age of drug users. There has also been a decrease in the percentage of "new" users (LTF, FOS statistics). This may indicate a decrease in the number of people becoming addicted to drugs, or an increase in the numbers remaining in therapy (ageing cohort).

These statistics do not cover so-called "hidden" users, i.e. those who do not wish to be treated, do not attend LTFs or have never been arrested by the police. However, it is worth noting that a survey conducted a few years ago showed that the truly hidden population of heroin users – and particularly those using the drug intravenously – was probably fairly small[46,47].

Current surveys of younger age groups will shed light on trends in drug use at an early age.

Finally, it is worth noting that treatment admissions (for therapies of all kinds), mainly of dependent heroin users (who may or may not also use cocaine or other drugs), have increased over the last ten years. The change in this indicator, taken together with all the other statistics, should probably be interpreted as showing a reduction in the seriousness of the consequences of drug use (more people are receiving care, sometimes more than once) rather than an increase in the number of addicts.

There is no systematic gathering of data for some indicators. We have no overall figures for treatment discontinuations. This would be very useful because, if we were able to compare the figures for treatment admissions and discontinuations each year, it would shed light on changes in the number of dependent drug users in Switzerland. Nor, at the national level, do we have a steady input of data for the "first request for treatment" indicator recommended by the European Union. This information would make it possible to distinguish between initial courses of treatment and subsequent ones, which are a common feature of the careers of dependent drug users.

Cocaine

Population surveys reveal an increase in lifetime use of cocaine, while current use of this drug is stable, suggesting that experimentation or occasional use accounts for some of this consumption.

However, indirect indicators of cocaine use present a more varied picture:

- law enforcement statistics show a decrease in charges brought by the police for use of the drug, and this decrease is more recent than that in respect of heroin (starting in 1998). However, "recreational" use of cocaine is more discreet than in the case of heroin, and is practised by more diverse population groups;
- in LTFs, the proportion of cocaine or drug cocktail users increased between 1993 and 1996, then decreased a little in 2000 (following the same patterns as police charges). A similar trend was noted in the average number of injections per week. However, where intravenous use of cocaine is concerned, the situation seems to differ considerably from region to region and individual to individual (in small groups, the frequency of injection may be very high, very "visible" and difficult to manage, given the state of excitation triggered by the drug).

These data lead to the conclusion that there has probably been an increase in the use of cocaine among the group that uses it for recreational purposes, and a slight overall (and recent) decrease among heroin users, but with very significant geographical and individual variations. We will return to this point in our discussion of modes of consumption.

Cannabis

The situation regarding cannabis is clear and the data are in agreement. Population surveys reveal that lifetime use has recently risen, and users tend to start at a lower age compared with the early 1990s. This latter development is particularly marked in 15 year olds, among whom cannabis use more than tripled between 1990 (8,5%) and 1998 (30,8%). Two thirds of this cannabis use is repeat use. The most recent survey, conducted in 2000 among 15-19 year olds, shows that 6,5% of them use cannabis every day and 5% at least once a week.

Among older subjects (17-30 years), the increase is slightly less marked, because older generations who have probably now stopped using the drug account for a proportion of the lifetime use figures. All in all, more than a third of this age group has used soft drugs at one time or another.

Lifetime experience of using cannabis decreases with age, owing probably to the fact that people stop using the drug in adulthood and to a generational effect.

Cannabis use is more prevalent in the French-speaking part of Switzerland than in the German-speaking part and Ticino.

Experts also note an increase in the content of active ingredients in the cannabis preparations on the market.

The data for cannabis use are confirmed by indirect indicators:

- the number of charges brought by the police for use of cannabis has been steadily increasing since the 1970s;
- a recent increase in charges for a first offence (regardless of the drug used) may be due mainly to cannabis;
- numbers and trends in charges brought by the police vary considerably from canton to canton, which is probably more indicative of differences in law enforcement procedures than in the prevalence of cannabis use.

Other illegal drugs

Data on other illegal drugs are sparser: they are gathered less systematically and no repeated population surveys on this subject are available. Two surveys currently being conducted among young people will shed some light. The few surveys conducted to date in techno circles point to the existence of a population of recreational users, who nevertheless use large amounts of drugs and often mix substances. The law enforcement statistics indicate an erratic trend in recent years, with a peak of approximately 3,000 charges brought by the police for use of these substances (amphetamines and "party drugs" combined).

Alcohol and tobacco

Alcohol consumption (beer and spirits) increased appreciably among young people between 1986 and 1998. The main factors were episodic (weekend) drinking and alcohol abuse (bouts of drunkenness). There was a bigger increase among girls.

The picture for smoking is similar: an increase in regular and daily tobacco use among schoolchildren, especially girls.

This evidence that young people are increasing their use of "legal" drugs, as well as cannabis, is indicative of the background[48] against which we need to interpret the probable levelling off, or even decrease, in the use of heroin. We are seeing an increase in the number of users (though some go no further than the experimentation stage) and in the level of "recreational" use of substances:

- some of which are highly addictive (nicotine) and very harmful from a health point of view;
- while the prolonged use of others (alcohol, cannabis) can have harmful effects on health, particularly the health of more fragile individuals.

This phenomenon – due simply to the growth in numbers – could in the long term lead to a renewed increase in the use of heroin and cocaine, even if a small percentage of such use is accounted for by experimentation on the part of users of other substances.

Seriousness of drug use

The analysis in this section is concerned with the social and health indicators applying to dependent drug users (mainly users of heroin and cocaine).

Health

In this field, we are seeing more or less significant and/or more or less rapid improvements, depending on the indicator in question, together with some specific problems:

- in surveys conducted among clients of LTFs, the proportion of intravenous drug users is gradually declining, as is the proportion of those who have only recently begun injecting drugs. The average number of injections per week is also falling, as is the number of multiple drug users. However, this should not hide the fact that multiple use is the rule (two-thirds of users) and that products which in theory are not injectable (e.g. diluted benzodiazepine tablets) are sometimes taken intravenously;
- the number of people in therapy is still increasing. However, for a minority of persons undergoing treatment, the philosophy of maintenance and harm reduction (individuals are not automatically excluded from treatment if they use drugs in parallel; insistence on the permanence of the therapeutic relationship) does carry an on-going risk, albeit reduced, arising from intravenous drug use (particularly of cocaine and benzodiazepines);
- the number of deaths is declining (from approximately 750 in 1994 to just over 200 in 2001); there has been a more marked decrease in AIDS-related deaths, but drug-related deaths are also in decline, having levelled off at around 200 over the last four years;

- the number of new cases of HIV has dropped sharply since 1989 (approximately 600) and seems to be levelling off at around 70 a year. The prevalence of HIV has decreased or is stable, depending on where the relevant data were gathered (between 5 and 11% in recent years, depending on the source consulted[v]);
- in contrast, the prevalence of hepatitis, especially hepatitis C, is high, particularly among clients of low-threshold facilities;
- sharing of injection equipment and the paraphernalia used to prepare injections has decreased overall, but there has been a slight upward trend in the sharing of syringes in recent years;
- the use of condoms with different types of partners is stable or has decreased slightly. Levels of protection are high (casual partners, prostitutes' clients) except with steady partners.

Social circumstances

The social situation of drug users is assessed mainly by using data relating to the employment, income and housing of drug users beginning different kinds of treatment or responding to surveys conducted in LTFs:

- the housing situation has improved, with a decrease in the number of homeless drug users;
- access to employment has not improved in recent years: 59% of the clients of LTFs and 42% of those beginning courses of treatment are unemployed;
- the number of people benefiting from social insurance (disability pension, unemployment benefit) has increased, as have those benefiting from social welfare. In contrast, the proportion of people declaring illegal earnings (mainly from drug dealing) has declined.

On the whole, then, it would seem that the "social security net" is working better, as a result of a reduction in the social risks. But there has certainly been no great progress in the reintegration of drug addicts, particularly into the world of work.

We lack overall follow-up data for treatment discontinuations, which would give us a fuller picture of the social situation. At present, our assessment is based solely on data for persons starting a course of treatment or those who are not involved in treatment. There are, however, some follow-up data[49-51], albeit limited in some cases to a few institutions[52], which indicate favourable outcomes[53].

Conclusions

The aims of stabilising/reducing the number of dependent hard drug users have been achieved where heroin is concerned. In particular, there seems to have been a decrease in the number of people becoming addicted to this substance. Where cocaine is concerned, the situation is less clear: it is possible that its use by individuals already dependent on heroin has decreased slightly, but its use for "recreational" purposes may have increased.

For all other substances, the trend is towards an increase in use.

The most obvious progress has probably been made in the area of harm reduction, particularly in reducing damage to health and maintaining some ability to function socially. However, we lack overall information on outcomes in terms of health and social integration for persons starting treatment and, more especially, those who have terminated treatment.

[v] We lack recent data for the prevalence of HIV among patients starting treatment under the heroin maintenance programme, which, in the mid-1990s, registered the highest level of prevalence.

Table 4.7

Trends in the main indirect indicators of the number of dependent drug users and the seriousness of the problems associated with addiction*: summary and hypotheses for change for 1999/2001

Indicators**	Trend	Hypotheses for change	
		in the number of dependent users	in the seriousness of problems associated with addiction
Number of police charges:		▼	▼
heroine	↘		
cocaine	↘		
Average age of users	↗	▼	●
Number of persons in therapy	↗	±	▼
Number of drug-related deaths	→	±	▶
New cases of HIV	→	●	▶
Exposure to risk of HIV	→	●	▶
Multiple addiction	→	●	▶
Frequency of injection* **	↘	●	▼
Prostitution	→	●	▶
Social integration:			
homeless	↘	●	▼
Social integration:			
unemployed	→	●	▶
social assistance or disability pension	↗	●	▶

Symbols		
	↗ **increase**	± unclear indicator
	↘ **decrease**	▲ indicator pointing to increase
	→ **level**	▼ indicator pointing to decrease
		▶ indicator pointing to levelling off
		● indicator not relevant

* Explanation of the table:
The epidemiological data are summarised in terms of trends derived from the main indicators (first two columns).
In the absence of direct indicators of the number of users and the seriousness of the problems associated with drug use, the items of information in the first two columns are used and interpreted in the last two columns as indirect indicators of these two phenomena

** Example of how to interpret the table: PROSTITUTION
2nd column: prostitution is stable
3rd column: prostitution is not an indirect indicator of the number of drug users
4th column: prostitution is an indirect indicator of the seriousness of the problems associated with addiction
As prostitution is stable, we can formulate the following hypothesis: the problems associated with addiction are not getting worse

*** Varies from canton to canton

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5

Follow-up and assessment of ProMeDro phase 4

This chapter forms the core of the present report; the information it contains is intended to answer the principal global-evaluation questions:

1. **How pertinent are the goals of ProMeDro, both generally and by field?**
2. **How does the SFOPH go about implementing ProMeDro?**
3. **What control does the SFOPH exert over the development of ProMeDro?**
4. **What problems are there and what remedies have been found?**
5. **Is ProMeDro sufficiently well integrated with the measures taken in Switzerland by other partners (cantons, organisations, institutions)? Under what conditions?**
6. **What activities are undertaken and what are the results (intermediate outputs), particularly as regards information deriving from indicators (information system)?**

The structure adopted for this chapter is designed to answer the evaluation questions while setting out the various issues and projects associated with the programme. For each of the ProMeDro fields, there is a separate subchapter covering the following topics:

1. **General situation in Switzerland: what needs have to be satisfied and what resources are available?**
2. **SFOPH goals and strategy: what changes does the SFOPH seek through ProMeDro, and how does it go about achieving them? (answers evaluation question 2)**
3. **Implementation and outcome: what measures have been implemented and what is their outcome? (answers evaluation question 6)**
4. **Assessment of the SFOPH's action: are the SFOPH's goals and strategy in line with Switzerland's needs and resources, and do the measures implemented correspond to the SFOPH's goals? (answers evaluation question 3 and 4)**

Finally, reflecting their importance in the programme framework, the fields (pillars or keystone areas) of prevention, treatment and harm reduction are described and analysed more fully than are the other fields.

Prevention

The role of prevention is to forestall the emergence of health problems (primary prevention) or to avoid their becoming more severe (secondary prevention). The aim of health promotion, on the other hand, is to bolster the resources which promote the physical, mental and social well-being of groups and individuals. The tools most commonly used to achieve these ends are information, awareness raising and efforts to motivate the public. These may target individual behaviour patterns and/or the situations in which they appear, and address different groups or settings. Generally, the approaches, strategies and tools adopted are a combination of several of the elements mentioned above.

General situation in Switzerland

Article 15a of the Swiss Federal Law on Narcotics (LStup) stipulates that prevention of narcotics abuse is the responsibility of the cantons. It is their duty to provide information and encourage consultation, and create the institutions needed for this purpose. Consequently, the prevention of drug dependence has developed at cantonal (and also at municipal) level, often through the work of private organisations in receipt of public funding.

Prevention has not been a major topic of local political debate. The cantons and municipalities have not often issued statements or passed resolutions on this subject, and it has rarely given rise to controversy[1]. The only exception, of course, is the current plan to revise the Narcotics Law, and in particular to decriminalise the use of cannabis.

Where the Confederation is concerned, prevention is one of the pillars of its drugs policy: In accordance with the provisions of the law, its activity in this field takes the form of supporting the efforts of the cantons and municipalities.

Needs

The rapid growth in the use of heroin, observed in the late 1980s and early 1990s, seems to have levelled off. However, there are not yet any signs of a significant reduction in the number of people using opiates and cocaine in Switzerland. The patients undergoing treatment now tend to be older, which could indicate a decrease in the number of persons starting to use drugs, particularly heroin.

A different dynamic emerges from the indicators measuring the use of tobacco, alcohol and cannabis. They reveal a sharp rise in the use of these substances among young people, and a decrease in the age at which they first do so. These observations have various implications. Firstly, the general increase in use is bound to have an impact on public health in the medium and long term. This impact could be aggravated by the lowering of the age at which people start, as we know that this has consequences for their ability to control and give up the habit, particularly in the case of tobacco. Finally, the increasing number of substances used, and an increase in the incidence of drunkenness, could eventually lead to a renewed rise in the use of more powerful drugs with more harmful short-term effects. However, this hypothesis has not yet been verified. Currently, then, there are many challenges to be faced in the areas of monitoring and of primary and secondary prevention.

The use by young people of synthetic stimulants and hallucinogenic drugs is still poorly documented because the existing tools are not effective in classifying such substances and registering changes in the black market. However, it would seem that the use of synthetic (party) drugs is not a passing phenomenon. The few surveys conducted at techno parties reveal that large quantities are being used, often in combination (amphetamines, cannabis, alcohol), and that users are starting at a relatively young age. Here again, there is a real need for adequate prevention measures.

Finally, there is no doubt that the prospect of cannabis use no longer being subject to criminal proceedings, together with the introduction of a controlled market of that drug, has already led to changes in the way it is used by young people. These changes may give rise to new needs in the field of prevention that will have to be addressed. This will involve the development of measures relating to notification and management at an early stage, which are also provided for in the proposed revision of the Narcotics Law.

Provision/resources

At present, there is no systematic inventory of the prevention measures taken in Switzerland. The most recent documentation on this subject dates from the 1993-1996 period[2,3]. However, it is reasonable to assume that the trends in intervention that were apparent then have continued since. Most of the new prevention projects at that time were information campaigns, addressed to a broad audience. Schools and municipalities were slightly less often targeted, and families and people in the workplace only rarely addressed. The new interventions were aimed mainly at adults (parents, teachers, multipliers). Next came projects geared to adults and young people together, or just to young people, while projects targeting children were uncommon. Efforts were also made to strengthen secondary prevention, in-service training for teachers, health promotion, and coordination among the cantons.

Generally, it should be stressed that the development of prevention measures in Switzerland over the last ten years has been characterised by closer coordination and the networking of different activities. Local projects, often targeting a particular substance (alcohol or illegal drugs), have been drawn together and have adopted a more global vision of the problems associated with dependence.

At national level, a number of organisations have developed special skills. The Radix Health Promotion Foundation performs and supports activities throughout Switzerland, mainly at the local and regional levels. The Swiss Institute for the Prevention of Alcoholism and Other Addictions (ISPA) is very active in preventing the use and abuse of tobacco, alcohol and illegal drugs. It produces educational materials for schools, plans prevention campaigns and advises organizations. Promotion Santé Suisse (Swiss health promotion foundation)[a], for its part, works to promote good health among people living in Switzerland. This foundation, which is allocated an annual budget of roughly 17 million Swiss francs by virtue of Arts. 19 and 20 of the Federal Law on Sickness Insurance (LAMal), initiates and supports various health promotion projects.

SFOPH objectives and strategy

Objectives

The long-term aims of prevention as an aspect of ProMeDro are to reduce the number of new drug users and combat the development of addiction. Achievement of these aims is intended to help reduce drug use and attenuate the social repercussions of drug-related problems. To this end, measures to prevent addiction must support the development of personal and social skills in children and adolescents, and work to create a social environment which makes the use – and particularly the abuse – of drugs appear pointless and unattractive[4].

Strategy

To achieve its objectives, the SFOPH's strategy is to intervene in the **life settings of young people,** with prevention programmes developed for municipalities and neighbourhoods, sports clubs, socio-educational institutions for young people, youth organisations, leisure centres, families and young people at risk. A new programme is also being planned for the techno scene. The aim of these programmes is to **institutionalise prevention** in the different settings, targeting the young and **multipliers** (teachers, instructors, monitors, educators, parents) who frequent them. Generally, the target of these activities is not drug use, but the early detection of young people at risk (secondary prevention) and/or the promotion of healthy activities. When drug use is targeted, the approach is generally one which embraces all (legal and illegal) substances, with the exception of cannabis. Because of the changes, which may result from the revision of the Narcotics Law, a decision was taken to focus special attention on the use of this substance in the context of existing programmes.

On the organisational front, since 1 January 2002 all the programmes forming part of ProMeDro have been managed by the SFOPH's new Health Promotion and Disease Prevention Unit. A new job has also been created for cannabis-use prevention.

The programmes developed by the SFOPH are based on the principle: "Conceived at national level – applied at regional level"[5,6]. They provide an overall framework, intended to ensure **national coverage,** within which the cantons, municipalities and specialised agencies can include projects which meet their particular needs. In the long term, they are expected to adopt and pursue these activities on their own initiative.

[a] Formerly the "Fondation suisse pour la promotion de la santé" (Swiss foundation for health promotion) and "Fondation 19".

In terms of method, there are three aspects to putting these programmes into effect: the general **leadership,** co-funding and coordination of programmes is the task of the Confederation; their **implementation** is dependent on cooperation (based on a mandate) with a national or regional institution or association active in the life settings targeted by each programme; finally, the prevention activities themselves are generally **performed** by local associations working together with the principal players in the prevention field. This method, based on alliances between the SFOPH and the concerned players, is intended to **institutionalise prevention** in the life settings of young people.

Implementation and achievements

The SFOPH has initiated many activities in the prevention field and there are no standard indicators for presenting their overall implementation and achievements It should also be pointed out that the resources invested vary from one programme to another. For instance, in 2000 the programme targeting young people at risk and those promoting health in schools accounted for the lion's share of the resources available. These were followed by programmes in sports clubs, municipalities and neighbourhoods, youth associations and leisure centres. Finally, the most limited investment was devoted to programmes in socio-educational institutions for young people and those addressed to parents.

Addiction prevention programmes in municipalities

Setting	Target group	Objectives	Management
Municipalities and neighbour-hoods	Young people and those associated with them in their life setting	To offer counselling, coordination and financial support for projects at municipal level; to promote and multiply tried-and-tested prevention models; in future, special attention will be given to local continuing training and multiplier-training projects aimed at preventing cannabis use.	Radix Health Promotion Foundation

The management of this programme was relocated from Zurich to Bern in order to respond better to the needs of the French-speaking part of Switzerland. During its most recent mandate (1998-2001), the programme received 456 applications for financial support from local prevention projects. More than two-thirds of these (357) were selected and given support. As a result, the programme covered all the Swiss cantons and extended to 580 municipalities (out of approximately 3,000). Other towns were reached by promoting special projects deemed to be of high quality[b]. The new mandate (2002-2005) involves reduced support for small projects and more activity at municipal level, to be achieved by identifying and training local multipliers. This new approach is geared to the anticipated revision of the Narcotics Law and, more particularly, the setting up of structures for identifying and providing care for young people at risk.

[b] Two quality projects have benefited from targeted support. For further information, go to the following web sites: www.femmestische.ch and www.preventfete.ch. The FemmesTISCHE project has been conducted in 16 Swiss towns, and 4,500 women from 125 municipalities have taken part.

[c] Carried out by the Swiss Graduate School of Public Administration (IDHEAP).

[d] *Höhere Fachschule für Sozialpädagogik.*

[e] Groupement romand d'études sur l'alcoolisme et les toxicomanies (Study group for alcoholism and drug abuse in the French-speaking part of Switzerland – GREAT).

[f] See the ProMeDro "Training" field.

Sports club programme: Dependency and Sport / LaOla

Setting	Target group	Objectives	Management
Sports clubs	Persons practising a sport and instructors	To train sport instructors and support sports clubs and federations in their prevention activities.	SFOPH and Swiss Olympic

Until 1999, the Dependency and Sport Programme was managed by the Swiss Federal Office of Sport (OFSPO) and its main activity was training instructors in sport clubs with a view to preventing dependence among young people. This programme has been enlarged and renamed LaOla. From now on, in addition to the OFSPO's training activities, the Swiss Olympic umbrella association is responsible for supporting prevention activities in six national sports federations (gymnastics, basketball, skiing, snowboarding, football and handball). These have a membership of 9,718 clubs and 1,124,800 individuals.

Roughly 6,000 sport instructors have been reached by the SFOPH through Young People + Sport winter sports courses. However, there are no official figures for the training of instructors in other disciplines. Swiss Olympic, for its part, has produced various LaOla educational aids (web site, banners, bar, passport, documentation, brochures) for the sports federations concerned. All that is known is that diverse activities have been organised by the individual federations, including prevention training modules for instructors, a charter for competitive sportsmen and women, alcohol-free zones (no drinking, no smoking) and reductions in the price of non-alcoholic drinks at sports events. There is no quantified data available, but the implementation of the programme is currently under evaluation[c].

Programme in institutions concerned with the social education of young people: Fil rouge

Setting	Target group	Objectives	Management
Socio-educational institutions for young people	Staff and residents	In German-speaking Switzerland, to provide educational teams with coaching on addiction prevention issues to improve their skills in detecting problems at an early stage; in French-speaking Switzerland, the same but achieved by providing training and discussion forums.	HFS Lucerne[d]+ GREAT[e] Fil rouge Assoc.

In the French-speaking part of Switzerland, discussion forums have taken place in five regions. All in all, 73 meetings were held between 1998 and 2001, mainly in the cantons of BE, JU, NE, GE and VS. The number of institutions reached increased from 45 to 87 (out of a total of about 100) over four years. In addition eight training symposia, open to all educational institutions in French-speaking Switzerland, were attended by between 35 and 120 persons, depending on the topic. Seven institutions asked Fil Rouge to provide tailor-made training courses. A new "prevention agent" training cycle was established, reaching eleven people in a first wave of implementation, ten in a second wave. Finally, 94 people took part in other training activities staged between 1998 and 2001. However, there was a downward trend in the attendance of these activities, possibly because saturation point had been reached in the provision of dependence-related training in the French-speaking part of Switzerland[f].

Conversely, the programme objective in the German-speaking part of Switzerland was not to reach all homes and educators, but to improve the work in a limited number of institutions. Consequently, 23 homes

located in three regions (Bern, Lucerne and Basle/Schaffhausen), accommodating 680 members of staff and 750 young people, participated in the coaching system on offer. According to the evaluators[7], the activities included pilot projects (10 activities), transfer of knowledge (17 training courses), project work in teams (42 activities) and interventions with young people (32).

Programme in young people's organisations: Voilà

Setting	Target group	Objectives	Management
Young people's organisations	Children and adolescents	To encourage health promotion activities during holiday camps by training youth leaders and multipliers of prevention messages.	CSAJ[g]

A feature of the Voilà programme is the large amount of voluntary work involved: some 30,000 hours a year are put in by volunteers. The SFOPH's contribution goes mainly towards organising the programme and providing facilities and training, and to promoting and institutionalising the programme at cantonal level. This process should have been completed in 2001, but the goal has not yet been achieved. Funding from the SFOPH and other partners has therefore been renewed for a further two years.

The figures for this programme show a slight decrease in the number of camps being run, with a corresponding fall in the number of people reached by this programme's prevention and health promotion activities. On the other hand, the number of cantonal organisations taking part has increased: from twelve in 1997 to nineteen in 2001.

Population reached				
	1999	2000	2001	Trend '99/'00/'01
Number of Voilà camps	522	471	447	↘
Participants in Voilà camps	17320	14735	13956	↘
Youth leaders at Voilà camps	4762	5119	4408	↗ - ↘
Leaders and helpers who received initial or continuing training	1890	1253	1'194	↘
Number of cantonal organisations taking responsibility	18	18	19	→ - ↗

[g] Conseil suisse des activités de jeunesse (umbrella organisation for Swiss youth organisations).

Programme in leisure centres: funtasy projects

Setting	Target group	Objectives	Management
Young people's leisure activi-ties (Leisure centres)	Adolescents and young people	To provide logistical and financial support for health promotion projects and to train leaders.	funtasy projects Association

Funtasy projects target young people who cannot be reached through leisure activities organised by sporting or young people's organisations. During the evaluation period, the programme provided financial and logistical support for small-scale projects throughout Switzerland. In addition, in 2001 twelve socio-cultural monitors from the French-speaking part of Switzerland who work in leisure centres were trained in health promotion. Since 2002, the accent has been on promoting tried-and-tested models in the leisure sector and on ongoing professional training.

The objective is to institutionalise prevention/health promotion, mainly in leisure centres.

Most of the projects supported by funtasy projects took place in 2000 – the year in which the highest number of people were reached. Over the period, the average number of young people who participated in organising these projects fell from fifteen to six. In 2001, fewer new projects were supported and the programme concentrated more on new activities (promotion of tried-and-tested models, continuing training).

Population reached

	1999	2000	2001	Trend '99/'00/'01
Current funtasy projects	16	42	18	↗ - ↘
Project organisers	260	200	110	↘
Young people reached by the projects (estimate)	2000	2600	1000	↗ - ↘
Funtasy project activity leaders	17	17	12	→ - ↘

Programme addressed to families: My child too... ?

Setting	Target group	Objectives	Management
Families	Parents	To provide parents with educational support by distributing brochures and offering awareness sessions.	Pro Juventute

The brochure "My child too… ?"[8] was updated and republished in seven languages. Its promotion through prevention services and institutions providing training to parents should enable the distribution of 60,000 copies by the end of 2002. Five pilot courses for parents, attended by a hundred or so people, were run in 2001-2002.

Programme for young people at risk: supra-f

Setting	Target group	Objectives	Management
Young people at risk, aged 12-20		To coordinate and provide financial support for secondary prevention projects which take care of young people for 6 months in day-centres offering a social education programme.	ISPA and Pro Juventute

Seventeen local projects have benefited from support under this programme, which also includes research on the effects of secondary prevention[h]. The support offered to young people, lasting for a maximum of six or ten months, includes help with apprenticeships and homework, the acquisition of vocational qualifications or social skills, the organisation of leisure time, and interviews with their families. Twelve projects, half in the German-speaking and half in the French-speaking part of Switzerland, are currently running and will end in 2004. Each project has to offer fifteen places and accommodate at least twenty young people a year. During the 1999-2001 period, 530 young people were reached in this way.

Prevention and health promotion programmes in schools

Schulteam (School Team)

Setting	Target group	Objective	Management
Schools	Teachers	To build teams of teachers working on a networked basis to increase awareness of the need for timely and appropriate intervention.	HFS Lucerne

Schulteam is a pilot early intervention project, initially tested in 22 schools in the German-speaking part of Switzerland. The objective for the 1999-2001 period was to initiate a process by which it could become politically and financially sustainable in the participating schools and municipalities. Seven projects involving seven municipalities and six cantons, twenty schools, 385 teachers and 3341 pupils were organised at this stage. Most of the sustainability criteria, as applied to education authorities, school managements, teams of teachers and the professional network, were fully or partly met. Only the criterion of membership of the Swiss Network of Health-Promoting Schools (RES-CH) was not met during this phase.

[h] See the ProMeDro "Research" field.

Schools and Health

Setting	Target group	Objectives	Management
Cantonal school systems	Teachers, pupils and other players	To strengthen the role of schools and make them places where pupils learn and practice behaviour which promotes good health; in the long run, the aim is to involve as many schools as possible in the Swiss Network of Health-Promoting Schools, and to increase and institutionalise health promotion activities in the school environment.	CDIP, SFOPH and Promotion Santé Suisse

The Schools and Health programme, formerly known as the Projet Santé Jeunesse (Youth Health Project), has continued its efforts to establish health promotion in Swiss schools. Two consecutive series of projects, each lasting three years (1997 to 1999 and 2000 to 2002), were selected and implemented following two competitions. All in all, 33 projects got off the ground, and 29 of these were still in operation in 2001. Almost all the cantons were involved and most of the projects had an intercantonal dimension. One project seems to have focused specifically on the topic of drug dependence.

The programme is currently being reorganised. The SFOPH, the Swiss Conference of Cantonal Ministers of Education (CDIP) and Promotion Santé Suisse are planning to continue the programme until 2010, having reorganised it and made it more professional. Thematic or regional centres of excellence will be commissioned to initiate and support school-based projects. There are plans to set up a centre of excellence for the topic of drug dependence.

Swiss Network of Health-Promoting Schools - RES-CH

Setting	Target group	Objectives	Management
Schools	Teachers, pupils and other players	To promote health in schools by encouraging participation in the network and the funding of local projects.	Radix Health Promotion Foundation

Schools belonging to the Swiss Network of Health-Promoting Schools must fulfil certain conditions, including the establishment of a "health projects" study group in the school and the development of a two-year framework programme of activities. The SFOPH and Promotion Santé Suisse, acting through Radix, have also set up two funds to support health projects in schools. Those belonging to the network can apply to one of these funds, non-members to the other. Every year, between 50 and 60 schools benefit from such funding. Finally, regional networks have been set up to support participating schools, but to date the degree of cooperation is very variable.

Population reached

	1999	2000	2001	Trend'99/'00/'01
Cantons	26	26	26	100%
Schools in German-speaking region	85	105	129	↗
Schools in French-speaking region	42	41	44	→
Schools in Italian-speaking region	2	1	4	↗
Swiss schools belonging to the Network	129	147	177	↗
Pupils involved	34200	44410	51184	↗

There was a steady increase in the number of schools participating during the evaluation period, mainly in the German-speaking part of Switzerland.

The total number of schools reached by the two schools programmes – Schools and Health and the Network of Swiss Health-Promoting Schools – is nevertheless still very limited in relation to the total number of schools in Switzerland.

Other activities

The SFOPH is also involved in various activities which may or may not be linked to the above programmes (publication of documents, prevention leaflets, selective support). However, we cannot include all these activities in this report.

Assessment of the SFOPH's action

The resources allocated to the prevention field, together with those allocated to treatment, are among the most substantial committed under ProMeDro. This indicates that the SFOPH has shown real determination to act in this field, mindful of the balance required by the Confederation's fourfold policy on drugs. Its involvement in a field which rarely gives rise to controversy will also, no doubt, have facilitated the introduction of measures in areas which more often arouse opposition, such as heroin prescription treatment or the distribution of syringes in prisons.

There are various problems associated with assessing prevention activities, particularly how to measure the effect produced. Measurement is difficult because often the effects are apparent only in the long term, and other variables, such as changes in trends and the black market, can have a profound influence on the results measured. Moreover, it is also the task of prevention to mobilise the community, and act as a backdrop or reminder of the need for responsible individual behaviour in health matters, and it is difficult to measure and evaluate the effects of these aspects of prevention work. The SFOPH has responded to this difficulty by commissioning evaluations of almost all the prevention and health promotion programmes it finances.

Generally, these evaluations are concerned with the implementation of the activities envisaged and enable the SFOPH to plan its programmes better. However, the strategy as a whole, i.e. the combined progress of the various programmes, has not yet been evaluated in this way.

Appropriateness of the objectives and strategy

One of the principal challenges for the SFOPH is how to put in place a strategy which fits a national situation consisting of differing and sometimes ill-defined prevention needs. Given this situation, the SFOPH's approach would seem to be appropriate, since the programmes it has developed are designed to supplement the activities of the cantons and municipalities. They also allow the activities to be adapted in accordance with existing provision and needs. However, the available indicators do not enable us to assess whether the programmes are plugging gaps, or whether they simply supplement what is being provided by regions where there is already a great deal of activity.

The SFOPH's partners are responsible for forming alliances with the cantons and other players with a view to funding and implementing prevention projects. This is intended to increase provision and also ensure its institutionalisation at the local level. This raises the question of whether, as the SFOPH intends, the cantons and municipalities will in the long term be able to take over the programme-generated activities on their own. A recent study on the institutionalisation/sustainability of the SFOPH's prevention programmes[9] makes it clear that the SFOPH could not stop providing support, mainly in terms of financial resources, dynamism and legitimisation, without this having negative consequences for local projects.

The general approach to prevention developed by the SFOPH also appears to be appropriate. In its determination to target young people, use multipliers and place the emphasis on early detection, it is addressing the right audience, and seems to be doing so in an appropriate way. In particular, recognition of the reality of drug use among young people makes it possible to develop a preventive apparatus which not only seeks to prevent such use but also to manage it in the best possible way.

Where substance abuse is concerned, the rapidly growing use of tobacco, alcohol, cannabis and, probably, synthetic (party) drugs among young people no doubt reveals an increasing need for prevention measures targeting all substances. Here again, the SFOPH's strategy is appropriate to the circumstances. Nor does it exclude a specific approach when a particular need arises. This has been the case with its work on cannabis, the accessibility of which is likely to change in the near future, and on party drugs, for which the SFOPH is developing a programme in the techno scene.

Finally, one consequence of the observations made in relation to prevention needs in Switzerland should be a determination to acquire further knowledge. Therefore, the SFOPH's priorities should also include the development of a drug use monitoring system, particularly an early warning system[i]; the production of a new report by the cantons specifying the services currently available[j]; and, more generally, the acquisition of knowledge regarding new drug use practices among young people.

Degree of implementation and achievements

Where achievement of the objectives directly connected with the SFOPH's prevention strategy is concerned, existing indicators show that in some cases the programmes still differ considerably in their approach, the progress made is very variable, and the volume of their achievements does not necessarily match the resources invested. Thus, for example, some programmes (Voilà, Prevention in municipalities and neighbourhoods) show a controlled and progressive development, while others (sports programme, Schools and Health) have regularly needed to be reoriented. Moreover, the number of children, young people and multipliers reached is difficult to estimate, because the activities of the different programmes are so variable and the criteria and rigour applied in gathering data so uneven. Now that a Disease Prevention and Health Promotion Unit has been set up at the SFOPH, it would undoubtedly be useful to introduce harmonised monitoring tools and take stock of the quality and achievements of each of the different programmes, paying particular attention to the resources invested.

[i] See the "Epidemiology" field of ProMeDro.

[j] See the "Coordination" field of ProMeDro.

This work is being done to some extent by harmonising programmes. The present tendency is to put more emphasis on the identification and training of multipliers or resource persons in the life settings of young people, rather than co-fund a wide diversity of small projects. Schools and Health, funtasy projects and the municipalities and neighbourhoods programme are currently being re-engineered in this way so as to be better integrated into the global strategy. This will undoubtedly make the SFOPH's activity easier to understand. Provided the information is gathered more systematically, it will also be easier to compare the achievements of the different programmes.

The following observations can be made from a comparison of the SFOPH's aims and objectives and the epidemiological indicators. A reduction in the number of people starting to use drugs, of whatever kind, has not been achieved, at least where the new generations of potential users are concerned. On the other hand, a reduction in the number becoming dependent seems to have been partially achieved in the case of the previous generation. A levelling off in the number of people using the most harmful drugs bears this out. The effort to make drug use seem unattractive has perhaps been partially successful, but only in the case of heroin. Where other substances are concerned, we are bound to note that this objective has not been achieved. Finally, we have very little information regarding the development of children's and adolescents' personal and social skills which prevention is intended to promote. The supra-f research project may, however, shed light on this subject.

The conclusion to be drawn from the above is that, on the whole, the prevention measures implemented in Switzerland – and this is also true of the law enforcement measures – have only very partially achieved their objectives. It should however be pointed out that the situation is the same in neighbouring countries, and strong trends in drug use act as an obstacle to success. Consequently, it is now vital to consider the best way of managing these trends so as to minimise their effects on public health. Early detection and management measures, together with harm reduction, will undoubtedly need to be developed. The provisions of the draft revision of the Narcotics Law point in this direction.

Principal recommendations

- Pursue the development of early detection and management measures.
- Harmonise the various programmes and systematise the way in which information is gathered.
- Evaluate the strategy and improve or eliminate the programmes which are proving ineffective.
- Make efforts to improve the monitoring system (epidemiology) and produce an inventory of prevention services in Switzerland (coordination).

Therapies and treatments

General situation in Switzerland

Although the Confederation lays down some of the framework conditions for the treatment of drug users in Switzerland, it is the cantons and the professions concerned that bear the main responsibility for delivering such treatment. Thus, the cantonal administrations organise most of the treatment services and control the practices of professionals active on their territory. The cantonal parliaments and governments are also concerned with these issues and made statements or passed resolutions on this subject on more than 400 occasions between 1991 and 2000. This is the aspect of drugs policy most frequently dealt with by the cantons, and most of the statements made and resolutions passed were in fact concerned with heroin prescription treatment[1].

Needs

The number of regular heroin users in Switzerland is reckoned to be somewhere around 28,000-30,000[10,11]. This is the population group for which the provision of treatments and therapies for drug users is primarily intended. It includes individuals with very different profiles in terms of their health status and social circumstances. In addition, the increasing use of cocaine and other substances (benzodiazepines, amphetamines) during the 1990s, and the transmission of infectious diseases (AIDS, hepatitis) among i.v. drug users, has further diversified and complicated the treatment needs of this group.

Our knowledge of the treatment needs of persons using synthetic (party) drugs and/or cannabis is for the time being very limited, or even non-existent. One possible explanation for this gap is that it is general practitioners and psychiatrists/psychologists who tend to respond to treatment needs in this area, rather than specialised institutions. This situation, where those in the front line are the first to be faced with an emergent need, is in any case a common occurrence in the drugs field. Consequently, in the absence of data gathered on a systematic basis from these care providers, it is not possible to estimate the extent of the needs in this field.

Provision/resources

Treatment services for drug users (mainly heroin users) in Switzerland can be subdivided into two sectors: on the one hand, outpatient services offering treatment with substitute drugs; on the other, detoxification centres and residential treatment facilities.

In the outpatient sector, methadone substitution is the oldest and most widespread form of treatment. Until the second half of the 1980s, the number of authorised prescriptions was fairly limited (1,804 in 1987) and the objective was to achieve fairly rapid detoxification. This situation changed at the end of the 1980s, when the concept of harm reduction came to the fore. Since then, maintenance has been one of the objectives of this form of treatment, and the number of courses of treatment provided has increased very rapidly (4,754 authorisations in 1989). These changes in accessibility criteria and treatment objectives are reflected in the directives issued by the Confederation and most of the cantons regarding the therapeutic use of methadone[12].

In 2000, 18,393 authorisations for treatment with methadone were recorded in Switzerland[k,13]. The majority of these were applied for by primary care physicians, and most of the remainder by specialised institutions[14]. The preferred model is that such institutions should evaluate and stabilise the patients with the worst problems before referring them to general practitioners, who, ideally, will also be able to count on specialist supervision.

[k] The number of authorisations issued each year does not correspond to the number of patients undergoing methadone substitution treatment. At present, there is no way of knowing the exact number.

According to a recent meta-analysis[15], our knowledge of the procedures for and effects of the prescription of methadone in Switzerland is limited, and the quality of the research in this area is not as good as it might be. In particular, there are questions regarding prescription practices. Generally, the dosages seem to be inadequate, which could result in the appearance of withdrawal symptoms and the use of opiates in parallel to allay them. Pharmacological interactions, particularly with antidepressants and drugs used to treat HIV/AIDS and tuberculosis, may also produce effects of this kind. Finally, parallel use of cocaine also has consequences for dosages of methadone[l]. Early drop-out of treatment could therefore be a consequence of inadequate dosages and management.

The prescription of buprenorphine[m] as a substitute drug has been authorised since 1999. It helps diversify the provision of substitution treatments. However, such treatment is not often given, partly because SFOPH recommendations restrict its use to a relatively small target group, partly because it is expensive.

The prescription of heroin under medical supervision (HeGeBe)[n] is intended specifically for the most heavily dependent group of drug users, those whose social and health situation is most precarious. When the programme of clinical trials was introduced, there were reckoned to be roughly 3,000 people in this category, equivalent to 10% of all regular users of heroin. The criteria for admission to treatment are age, length of time on drugs, number of previous attempts to follow treatment, and state of physical and mental health ascribable to drug use[16]. At the present time, approximately one thousand individuals are benefiting from this form of prescribed treatment in specialised clinics. Such treatment is regulated by a Federal Ordinance and is expected to be institutionalised under the present revision of the Narcotics Law.

Care provision and therapies in a residential setting are the oldest forms of treatment for drug users. The distinguishing feature of such treatment is that it aims to achieve complete rehabilitation (physical and mental health, socialisation, employment and training). Coming off drugs is therefore an essential – and often a preliminary – stage of treatment. This situation has changed somewhat in recent years because at least 48 institutions in Switzerland now allow patients to continue with substitution treatments[17].

Patients undergoing residential therapies are characterised by considerable diversity in their drug use profiles and the therapeutic routes they have taken. Individuals contending with a number of problems (social, health, personal) seem more drawn to this sector, and a large proportion of the patients are subject to legal proceedings. Otherwise, there is a general trend towards an increase in the average age and duration of drug dependence of the individuals concerned[18-20].

In 2000, this sector provided 994 places and was responding to users' needs in a more individual way than in the past. The occupancy rate is reckoned to have been stable over the last three years at around 80%[21]. A change in funding practices introduced by the Swiss Federal Social Insurance Office (OFAS) in 1996[o] led to accelerated reorganisation of this sector, and some thirty institutions closed down between 1999 and 2001[21].

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[l] Cocaine causes a large increase in the number of opiate receptors in the brain. This is why, without an adjustment in the dosage of methadone, the latter may be insufficient to maintain a satisfactory balance.

[m] Buprenorphine is primarily an analgesic. Prescribed in much larger doses, it is used in substitution treatment (Subutex©). It has partial antagonist properties and is considered to have fewer side effects than methadone. It is very widely used in France.

[n] *Heroingestütze Behandlung.*

[o] The OFAS decided to subsidise treatments only if the provisions of the Federal Law on Invalidity Insurance (LAI) were strictly applied.

The prison sector is also involved in providing treatment for drug users. Over the last thirty years, the number of charges brought by the police for drug use and drug trafficking has increased considerably. 20% of Swiss prison inmates are there for contravening the Narcotics Law. In 1997, just over 70% of prisons offered the possibility of detoxification treatment or treatments involving the prescription of methadone or heroin[22]. In some prisons, it is not only possible to continue a course of treatment, but also to begin one.

SFOPH objectives and strategy

Objectives

The SFOPH's objective in the field of treatment and therapy is to improve measures enabling individuals to give up drugs and so achieve a significant reduction in the number of dependent drug users. This objective can be achieved by increasing and improving the quantity of existing provision, with the emphasis on diversifying and tailoring treatments to the health and social needs of the individuals concerned[23].

Strategy

Because of the way responsibilities are shared under the provisions of the Narcotics Law, the SFOPH's strategy is to intervene by making structural contributions to the development of systems to help drug users in Switzerland. These contributions have mainly to do with the coordination, quality and restructuring of the way treatments are funded, in accordance with the needs identified in the various sectors: outpatient (methadone and buprenorphine), heroin prescription, residential and prison-based.

In the outpatient sector, various forms of support are given to the planners and prescribers of methadone and buprenorphine treatments. Planners are supported by the development of methadone statistics and tools for managing treatment authorisations; prescribers by the development of guidelines, training courses and support groups.

The SFOPH has provided leadership in relation to the prescription of heroin under medical supervision. Since the clinical trials phase (PROVE)[p] and the coming into force of the urgent federal order, it has continued to perform a supervisory task and supports professionals and institutions through training courses and work on treatment quality. In addition, it offers support to cantons and institutions wishing to introduce this kind of treatment.

The residential sector has been the target of a large number of measures concerning coordination, the improvement of quality, and funding. A central agency (COSTE)[q] was established in the mid-1990s to improve the coordination of activities in this sector. This agency also manages a special fund intended to enable institutions to develop or reorganise their services. Work has also been done on improving the quality of treatments, firstly in the form of a project involving the keeping of statistics on residential treatments[r], then by creating and introducing a system of quality management. Finally, following changes in the way subsidies for these treatments are allocated by the state invalidity insurance fund, work has been done on a new funding model. Until the new model comes into effect, the Swiss Federal Department of Home Affairs (DHA) has released stop-gap funding to support institutions working in this sector.

[p] *Projekt zur Verschreibung von Betaübungsmitteln.*

[q] Swiss Office of Coordination and Assistance for Residential Drug Therapy Facilities.

[r] See the "Epidemiology" field of ProMeDro.

Table 5.1

Developments in heroin prescription treatment in Switzerland

	December 1999	December 2000	December 2001	Trend
Number of patients	937	1038	1098	↗
Number of places	1065	1194	1237	↗
Occupancy rate	88%	87%	89%	→
Number of centres	16[w]	20[x]	21[y]	↗
Number of cantons	8	11	11	↗

Where prisons are concerned, the SFOPH's contribution is less systematic. It consists of just a few – mainly coordination – measures (work group, conference), which are not treatment specific[s]. However, the SFOPH has given substantial support to the two Swiss prisons where heroin is now prescribed under medical supervision.

Implementation and achievements

Methadone and buprenorphine substitution treatments

In September 2001, the SFOPH organised a national conference (NaSuKo)[t] on procedures for prescribing methadone in Switzerland. This conference was part of a process which also includes three scientific research projects[15,24,25] and the work of a panel of experts tasked with establishing guidelines – using the Rand Appropriateness Method[u] – for the indication for, and prescription of, methadone. The results of this process have not yet been published and it has not been decided whether they will appear in the form of another national report on methadone (1984, 1989, 1995) or simply in the form of guidelines.

The SFOPH also supported an intercantonal cooperation project (canton of Jura and Bern). This involved establishing a post for an itinerant specialist doctor, the aim being to provide specialised medical support for existing outpatient facilities. At the same time, there are plans to link the various facilities to a specialised medical unit. This project is an extension of the MedRoTox and MeTiTox[v] projects designed to support practitioners prescribing methadone.

Where buprenorphine is concerned, the SFOPH has taken steps to ensure that this substance can be used as a substitute drug. It also published guidelines for its use in January 2000.

Heroin prescription treatment programme

Developments in this form of treatment are shown in the table below.

Between 1999 and 2001, heroin prescription treatment was extended in Switzerland. The number of treatment places (+161), centres (+5) and cantons involved (+3) all showed an increase. At least two new centres were due to open their doors in 2002. The occupancy rate remained stable at just below 90%.

s See the "Harm Reduction" field of ProMeDro.

t *Nationale Substitutionskonferenz.*

u This method combines knowledge derived from scientific literature with case studies by a panel of experts.

v See the "Training" field of ProMeDro.

w BS (Basle), BE (Bern, Biel, Thun), GE (Geneva), LU (Lucerne), SO (Olten, Solothurn, Schöngrün prison), SG (St Gallen), ZG (Zug), ZH (Horgen, Winterthur, Zurich-crossline, Zurich-lifeline, ARUD).

x AG (Brugg), BL (Reinach), BE (Berthoud), GR (Chur).

y GR (Realta prison).

With a view to institutionalising the prescription of heroin, the SFOPH undertook to perform the various procedures required for this treatment to be registered as one of the basic services covered by health insurers. This objective was achieved in 2002.

A quality development concept, following on from the Federal Ordinance on the Medical Prescription of Heroin[26], was formulated in 2000[27]. The objective is to develop treatment directives based on inter-centre comparisons. A commission, consisting of centre managers, doctors, cantonal representatives and research workers, has been set up to identify the principal treatment quality issues. Of the nine issues identified, which included long-term treatments and parallel drug use, three were studied in 2002 and will be the subject of directives for incorporation into the loose-leaf handbook on heroin prescription treatment published in 2000[16].

Work is also being done on the in-service training of practitioners involved in heroin prescription treatment. Appropriate topics for study and groups to be targeted are selected on the basis of an annual needs analysis. Each year, an average of five topics have been tackled at ten or so training sessions attended by between 80 and 140 practitioners.

Finally, in 2002, a book in German devoted to heroin prescription treatment was published with the support of the SFOPH[28].

Residential sector

Coordination of residential therapy

The COSTE coordination agency supports institutions financially by making "booster" contributions (formerly known as "start-up aid"). Such aid is now allocated with a view to adapting existing services, particularly to meet the needs of certain categories of users, rather than opening new institutions. The terms on which these contributions are granted have also changed, with reductions in the amount of support and the period for which it is given. Thirteen projects were given financial assistance during the 1997-2002 period.

COSTE also publishes a directory of residential institutions, keeps a list of those that have closed down, and maintains a database on its web site. In addition, it conducts a quarterly data-gathering exercise to find out the occupancy rate in that sector.

Table 5.2

Projects supported by COSTE (1997-2002)

Name of institution	Period covered	Type of project[z]
Wendenpunkt, AG	1997-2000	Additional provision Integration through work
Sprungbrett, BE	1998-2000	Quality Gender
Saurenhorn, BE	1998-2000	Start-up aid Innovation
Foyer André, NE	1998-1999	Start-up aid Regional coverage
Life-Impuls, BE	1998-2000	New provision Integration
Espace Santé, Fondation Bartimée, VD	1999-2000	Broadening of service
Centre Clos-Henri, JU	1998-1999	Integration concept Networking
Casa Mobile, SO	1999-2002	Dual diagnosis Integration
Gemma, VS	1999-2001	Professionalisation Employment of patients
KWG Courtemaîche, JU	1999-2001	"Work" projects
Klein-Lilith, SO	2000-2001	Dual diagnosis
Drogenforum Innerschweiz, LU	2001-2003	Support following discharge
Klein-Lilith, SO	2002-2004	Broadening of provision targeting women and children

In the information field, since October 2000 COSTE has been managing the Infoset project. On average, this web site devoted to dependence issues registers more than 9,000 "hits" a month.

[z] As summarised by the evaluation team

Finally, with the aim of coordinating quality development for residential therapies between the different cantons, COSTE has been commissioned by the Swiss Conference of Cantonal Directors of Social Affairs (CDAS) to create a discussion forum. As a result the Cantons-Confederation Quality Platform was set up in May 2002.

Quality development (QuaTheDA)[aa]

The first component of the quality development project was published at the end of 2000. This was a specification setting out quality requirements for three dimensions of the work of residential treatment institutions: services, resources and management. The 19 quality requirements defined by the Swiss Federal Social Insurance Office (OFAS) in the field of invalidity are also included in the specification. The specification must be adopted by the various institutions which define some of the criteria and indicators applying to their work.

The second component is initial training for the institutions' quality managers. Training in this field was given to 140 participants representing 90 different institutions in the course of thirteen training days held between April 2000 and December 2001. Two further training courses were organised in 2002. A guidebook (loose-leaf) was also published and is a useful tool for applying the QuaTheDA quality management system in institutional settings.

The third component is the QuaTheDA certification procedure. To date, three agencies have been authorised by the Swiss Accreditation Service (SAS) to undertake certification and, through them, 21 institutions have already been awarded the QuaTheDA quality label[17].

Among other developments affecting the QuaTheDA system, patient satisfaction questionnaires have been formulated and were tested in sixteen institutions in both the German and French-speaking parts of Switzerland in November 2001. In addition, since institutionalisation of QuaTheDA depends on its acceptance by the cantons, a platform has been set up to disseminate information and promote coordination (see the preceding subchapter). Finally, the SFOPH is currently making plans for an evaluation of the QuaTheDA system.

Development of the funding system (FiDé)[bb]

The basic principles of this new system are the funding of services on a prospective basis, the formulation of a flat-rate pricing system, quality assurance, rules to ensure equality of treatment, consolidation of the role of the cantons, and maintenance of current funding quotas among the agencies paying for the service. Formulation of a flat-rate pricing system is the central issue. It means defining the general and specific services provided by the institutions and deciding how they should be costed.

An initial pilot project conducted in eleven institutions established four areas of intervention: daily life and capacity for integration, education and training, employment, and organisation of leisure time. Levels of service were defined for the final three of these areas. A second pilot project was conducted in eight cantons to establish the costs of the different services. This project is now over and a costing system has been established for long stays resulting from use of illegal drugs and stays of medium duration resulting from use of both legal and illegal drugs. The next stage will be to carry out a trial of these tariffs in a pilot region.

[aa] Quality -Therapy - Drugs - Alcohol.

[bb] Financement des thérapies de la dépendance (Funding of therapies for dependence).

Where legal provisions are concerned, an amendment of the regulations governing invalidity insurance (RAI) came into force in June 2002. As a result, flat-rate payments are now made to cover an institution's services, as laid down by the FiDé funding system. In addition, Article 3d of the draft revision of the Narcotics Law lends legitimacy to the current changes by giving the Confederation some responsibility for defining the way in which institutions are funded.

Assessment of the SFOPH's action

The treatment and therapy field has undergone spectacular change in the last ten years. The rapid increase and diversification of methadone and buprenor-phine treatments, the institutionalisation of heroin prescription treatment and the reorganisation of the residential sector have all been key elements in Swiss health policy to target drug use.

Appropriateness of the objectives and strategy

The SFOPH has invested considerable resources in introducing heroin prescription treatment and reorganising the residential treatment sector. On the other hand, its interventions in the prescription of methadone have been more patchy. This is a paradoxical situation, given the number of treatments dispensed in each of these sectors, but can no doubt be explained by the fact the prescription of methadone has not given rise to any great controversy. Another factor is that it can be more difficult to intervene in the non-specialised health sector than in the sector specifically devoted to drug problems.

However – as the authors of meta-analyses of the literature on such treatments have shown – there are still many questions to be answered regarding the procedures for and effects of prescribing methadone. We need more accurate information regarding dosage and management practices, detoxification procedures, early drop-out rates, problems with specific groups of drug users and many other questions.

Various cantons have developed research, training and evaluation facilities, making it possible to keep better records and improve the prescription of methadone. The national NaSuKo conference, organised by the SFOPH, was a way of drawing some of these experiences together and making them available to authorities and practitioners. This work is to be welcomed, but it needs to be taken further. The SFOPH should pursue activities in this sector on a regular basis, by drawing together existing knowledge and experience, filling in gaps, and building on projects which have proved successful. In practical terms, this means setting up a national framework programme for the prescription of methadone (and buprenorphine), equipped with adequate human and financial resources, and making it responsible for coordination, knowledge development, quality assurance and information. With more than 18,000 treatment authorisations being granted each year, the establishment of a programme of this kind is essential.

The introduction of heroin prescription treatment is one of the successes of Swiss drug policy, and the SFOPH can take much of the credit. The results of the trials (PROVE), even though they can be criticised on some methodological points, revealed the positive effect of interdisciplinary management using heroin under medical supervision on the health status, social circumstances, criminality and mortality rate of the most heavily dependent drug users[29]. This type of treatment has helped to reduce the number of drug-related deaths recorded in Switzerland since the mid-1990s.

The situation in the residential sector is very varied, since it is currently undergoing reorganisation. This is not just a result of the recent financial crisis[cc] but of a general transformation of the treatment field. This sector developed at a time when residential care provision and a socio-educational approach, with abstinence as the objective, were the norm in the fight against drug problems. However, in the mid-1980s, an increase in the number of drug users and the advent of HIV/AIDS resulted in a lowering of the accessibility threshold for the prescription of methadone and the introduction of heroin prescription treatment, which have brought new practices and new players into the field. Demand on the part of users has also changed. More than anything, therefore, the present reorganisation reflects a redefinition of tasks and the role of the residential sector in this new environment. The SFOPH has recognised these needs and become involved.

Degree of implementation and achievements

In accordance with its strategy, the SFOPH has made a structural contribution in each treatment sector. In the outpatient sector, it has supported various activities intended to improve current practice in the prescription of methadone and buprenorphine. As mentioned above, these activities need to be further developed if they are to make a lasting contribution to improving this form of treatment.

The institutionalisation of heroin prescription treatment is under way, and the SFOPH is making a major contribution by directing the process that will lead to this treatment being registered as one of the basic services covered by health insurers, by supervising the granting of authorisations (to institutions, doctors and patients), and by encouraging the development of skills and quality in treatment centres. The increase in the number of places and centres, and in the number of cantons involved, bears witness to a controlled development of this form of treatment. The main issues for the years ahead are to ensure constant improvement in the quality of treatment, achieve coordination with other sectors and, above all, make these treatments available to all drug users who could benefit from them. In addition, it is to be hoped that the methadone sector will be able to benefit from the knowledge and know-how gained from the prescribing of heroin under medical supervision.

The SFOPH's efforts in the residential sector have been concerned with identifying the clientele, as it emerges from treatment statistics[dd], defining services and integrating this sector into the new management structure for drug-related problems. The COSTE coordination agency has played an important role through its efforts to identify the services on offer, monitor their development, support the reorganisation of some institutions by providing financial assistance and, more generally, ensure the dissemination of information in this sector.

The two other main projects – the QuaTheDA quality management system and the FiDé funding system – feed into the work done by COSTE. They introduce new definitions of tasks and services in this sector and should help to develop and improve it in the long term. However, it is not yet possible to assess the effects of their work.

The SFOPH's final goal of achieving a significant reduction in the number of people dependent on drugs has not yet been achieved. However, the number does seem to have stabilised. Meanwhile, its intermediate objective of improving treatment provision in terms of both quantity and quality has been at least partially achieved. Today, with more than 50% of heroin users in treatment and a wide range of services on offer, Switzerland has one of the highest coverage rates in Europe and one of the most diversified treatment programmes.

[cc] The transitional funding allocated by the Confederation to maintain institutions is in fact greater than the amount lost as a result of the change in the system of funding by the invalidity insurance.

[dd] FOS statistics (research on in-patient therapy).

Principal recommendations

- Introduce a framework programme to continue the development of measures to improve the quality of outpatient treatment (methadone and buprenorphine).
- Encourage the transfer of HeGeBe (heroin-assisted treatment) skills to the prescribing of methadone.
- Continue the controlled development of heroin prescription treatment.
- Evaluate the situation in the residential sector, particularly when QuaTheDA and FiDé are fully implemented.
- Further coordinate the different treatment sectors.
- Develop recommendations for the prisons sector: see under "Harm Reduction".

Harm reduction

The concept of harm reduction is based on the observation that dependent drug users may for a long time be incapable of undertaking treatment leading to abstinence. During this period, the aim is to preserve their health and social integration by developing social and health services which reduce the risk of their dying or falling sick, and enable them to enjoy decent living conditions (employment and housing).

General situation in Switzerland

A feature of harm reduction is that it is generally organised on a local basis. This is evidenced by the fact that the large cities of the German-speaking part of Switzerland were the first to implement measures in this field, with the cantons some way behind. Even today, it is still the city authorities and councils which most frequently pass resolutions on such measures. During the 1991-2000 period, the city governments and legislatures took almost twice as many decisions and issued twice as many statements as their counterparts in the cantons[1]. And it is often the introduction of harm reduction measures in city neighbourhoods which fuels controversy and local confrontation[30].

The Confederation, for its part, participates in the development of interventions in this field by working to institutionalise the concept of harm reduction and by supporting the municipalities and cantons in developing their own projects.

Needs

The primary category of persons in need of harm reduction measures are heroin and cocaine users. There are reckoned to be between 28,000 and 30,000 of them in Switzerland. Those with the greatest needs are the subgroup of intravenous users, who tend to be the most marginalised.

Surveys of drug users who frequent low-threshold facilities (LTFs)[ee] give a clearer picture of the circumstances, and therefore the needs, of this population. The proportion of individuals who have recently – i.e. in the previous six months – used a syringe or needle already used by someone else is fairly low: around 10%, though there has been a slight upward trend in the last few years (9% in 1994, 11% in 1996, 12% in 2000). Sharing of the paraphernalia used to prepare an injection (spoon, water, filter) is much more common, and may well explain the current high rate of infection with the hepatitis C virus (HCV): 40% of the LTF clients questioned in 2000 reported having tested positive for hepatitis B and 59% for hepatitis C. The reported prevalence of HIV, on the other hand, is stable (10% in 1993, 11% in 2000). An international comparison made in 2001[31] showed that the prevalence rate of HIV in Switzerland was similar to (Germany) or lower (France, Italy) than that in neighbouring countries. The comparison also showed a general reduction in risk behaviour among intravenous users (sharing of syringes), the prevalence of which is currently slightly lower in Switzerland.

[ee] This category of institutions distributes syringes. It includes all the facilities in Switzerland which have an injection room.

The social circumstances of the drug users questioned in the LTFs was precarious. One individual in ten was homeless and an increasing number were unemployed and dependent on social security arrangements. Most had spent time in prison.

Provision/resources

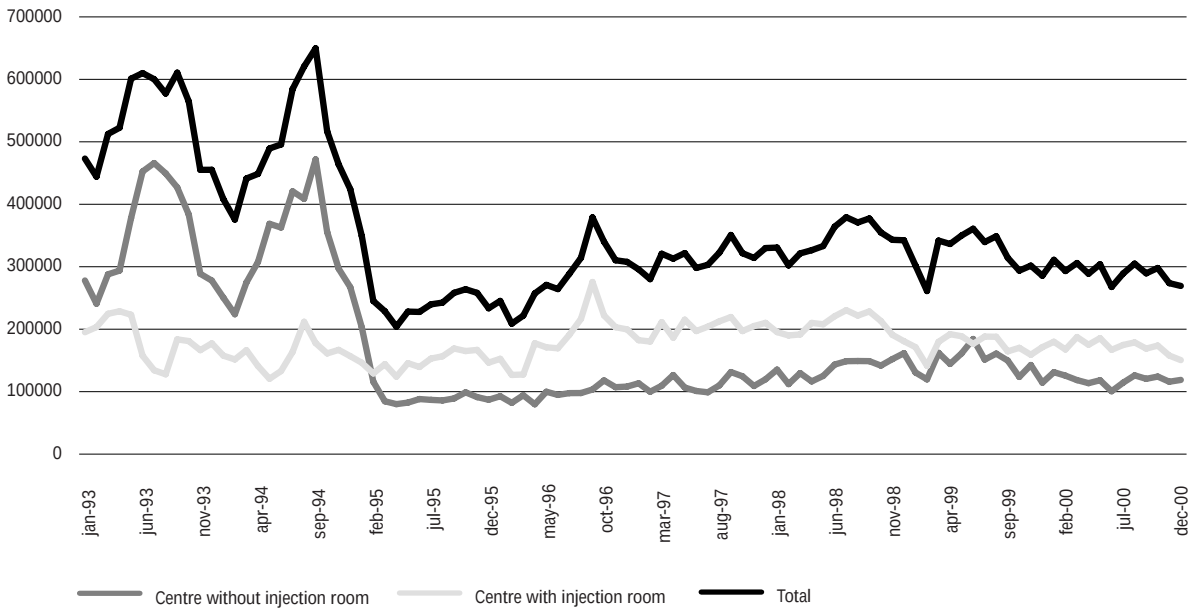
At the end of 2000, twenty-eight LTFs were taking part in a national programme to monitor the provision of injection equipment. These facilities were spread over eleven cantons[ff]. Most were in the German-speaking part of Switzerland, none in Ticino. In 2002, thirteen LTFs had an injection room[gg], and Lausanne (Vaud) was planning to open one in the near future.

Having reached a peak in 1993 and 1994, the distribution of syringes in LTFs registered a sharp drop in 1995, falling from approximately 6,400,000 syringes in 1993 to around 3,000,000 in 1995. This drop has been attributed to the closure of open drugs scenes and the massive admittance of drug users to methadone – and later heroin – treatments. Subsequently, the number of syringes distributed increased gradually until 1998 (approximately 4,100,000). By 2000, the number had declined slightly, to approximately 3,500,000.

In fifteen cantons, pharmacies were the main source of supply of syringes, but the number made available was relatively low compared with the cantons which had LTFs. The number of syringes distributed each month by pharmacies was reckoned to be 120,000[32]. Injection equipment was also supplied under the HeGeBe heroin prescription programme[hh]. It is estimated that, in the year 2000, approximately 93,500 syringes were used for this purpose each month. All in all, then, almost 500,000 syringes were distributed or sold in Switzerland every month.

Figure 5.1

Trend in the number of syringes distributed in LTFs in Switzerland (1993 -2000)*



* Number of facilities: 1993 : N=28, 1994 : N=23, 1995 : N=23, 1996 : N=24,1997: N=25, 1998 : N=27, 1999 : N= 27, 2000 : N=28.

Some prisons make injection equipment or disinfectants available to their inmates. The most recent data, published in 1999[33] and deriving from various sources, show that several establishments have taken preventive measures where injecting is concerned, either by making injection equipment available (eight establishments), or by distributing disinfectant together with instructions on how to use it (ten establishments). These establishments account for roughly one third of all detainees in Switzerland. The supply has no doubt increased since that time, but the extent of coverage at present is unknown. In addition, an evaluation of the syringe exchange programme in Realta prison[34] (where a dispensing machine was installed) showed that this was well accepted by both prison staff and inmates, confirming the results of the study conducted previously at Hindelbank women's prison[35]. The study also showed that drug use and syringe sharing do actually take place in prisons.

Many cantons have services providing assistance with housing and employment, which may or may not be specifically intended for drug users. There has been no recent analysis of the provision in this area, so it is not possible to assess coverage at the present time. However, an analysis of the situation should be available in 2002.

SFOPH objectives and strategy

Objectives

The specific goal of harm reduction in the context of ProMeDro is to reduce the seriousness of damage to the health and living conditions of dependent drug users. To achieve this goal, it is necessary to preserve and promote the health and social integration of the individuals concerned, so that they suffer the fewest possible consequences from their period of drug dependence and are one day able to return to living a normal life.

Strategy

The SFOPH's strategy in this field is to act to extend and improve existing harm reduction measures in Switzerland. Support for innovative projects, establishing networks of different types of practitioners, promoting greater professionalism and introducing quality assurance tools are the main elements of this strategy.

In operational terms, the main part of the strategy is implemented through the activities of the specialised Bureau Suisse pour la réduction des risques liés aux drogues (Office for Harm Reduction in the Substance-Dependence Field - BRR), which is funded by the SFOPH and attached to the Œuvre suisse d'entraide ouvrière (Swiss workers' support organisation - OSEO). The BRR is a centre of excellence with coordinators for both the German-speaking and the French and Italian-speaking parts of Switzerland. Its tasks are to establish networks of practitioners and to facilitate the transmission of information between them. It also administers an Incentive Fund to provide assistance with project start-ups, the aim of which is to improve the quality of institutions working in the harm reduction field. This financial support was first devoted mainly to projects in the areas of housing and employment. Since 1999, it has been extended to include harm reduction activities in the health field, particularly syringe distribution projects, a sector which was previously managed directly by the SFOPH. Projects targeting particular environments or population groups (e.g. sex workers, children) are now also supported.

Apart from interventions by the BRR, the SFOPH also implements its strategy through other activities. It may, for instance, give direct support to innovative projects and/or projects which improve institutional coverage in the harm reduction field. Specific support is also granted to projects for female drug users, to ensure that provision is made for their needs.

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ff AG, BE, BS, GE, JU, LU, SG, SH, SO, VD, ZH.

gg The thirteen facilities with an injection room are located in BE (2), BS (3), ZH (5), SO (1), SH (1), GE (1).

hh *Heroingestützte Behandlung.*

Another intervention is concerned with health promotion in prisons, including advice and information, the distribution of syringes, and testing and treatment for AIDS and hepatitis. A work group – "Santé et privation de liberté" (Health and prison) – has been set up for this purpose. It is tasked with producing a handbook of good practice and recommendations which can be used in prisons. Another activity in this field is the development of cooperation with the Swiss Centre for the Training of Penitentionary Staff, with the aim of providing in-service training on the subject of harm reduction.

Finally, the SFOPH seeks to cooperate with mediators/multipliers who are able to promote its policy at local level. Their task is to make the general public more aware of the issues of drug dependence and harm reduction, with a view to facilitating the social integration of dependent drug users. This activity is conducted in the context of a harm reduction work group consisting of experts. This group acts as a think tank and issues recommendations.

Implementation and achievements

BRR (Office for Harm Reduction in the Substance-Dependence Field)

The BRR supports the launch of new projects. It examines applications for funding, advises the initiators of new projects and administers the Incentive Fund. The maximum amount it can grant is 50,000 Swiss francs per annum, for a maximum of two years. There are various constraints associated with this funding: it must not exceed 50% of the total project budget; and it may not be used for capital investment purposes, to pay off deficits or provide guarantees in respect of deficits.

Between 1999 and 2001, the amount of money put into the fund increased by 50%, and twelve, twenty and seventeen projects, respectively, were supported in each of the three years. Roughly 80% of the grants were made to projects in the areas of employment, housing, day centres and prostitution. The French-speaking part of Switzerland, which often lags behind in organising harm reduction projects, benefited considerably from the fund's support, with approximately 40% of the money allocated to its needs (1999-2003)[ii].

Table 5.3

Distribution of projects supported by the Incentive Fund, 1999-2001

	1999		2000		2001	
	Number of projects	Cantons	Number of projects	Cantons	Number of projects	Cantons
Intervention						
Employment	4	SG, LU, ZH, NE	3	NE, LU, VS	4	BE, LU, VS
Day centre	4	NE, VD, ZH	2	NE, VD	2	BE, ZH
Housing	4	GR, BE, AG	3	BE (2), GR	2	VD, GR
Prostitution (female)			3	VD, BE, TI	3	VD, SO, BE
Prostitution (male)			1	ZH	1	ZH
Children			1	LU	1	LU
Education			2	VD	1	VD
Leisure/training			1	BE	2	BE, VD
Health			4	VD, ZH	1	ZH
Total	12	8	20	8	17	7

[ii] Source: SFOPH, unpublished.

The Incentive Fund also provided support – albeit more modest – for publications (e.g. a new edition of the "Partydrogen 2001" brochure), project evaluations (e.g. of a project using mediators in Zurich or analysis of the provision of low-threshold facilities in Switzerland) and in-service training activities.

Further, the BRR has commissioned an analysis of the provision of structures giving assistance with housing and employment in Switzerland. This will be available in 2002 and will enable us to take stock of national coverage and gaps in this area.

Finally, the BRR intervenes in the provision of in-service training courses and helps to establish networks of institutions working in this field. It also provides documentation bringing together information about projects implemented in Switzerland and a number of specialised national and international journals.

Direct support for innovative projects

As a supplement to the BRR's activities, the SFOPH has each year given direct support to a number of projects. In 2001, for instance, it funded a training project for staff working in low-threshold facilities on the subject of hepatitis C. Eight municipalities in the German-speaking part of Switzerland were involved and thirty teams of professionals took part, each team of at least two members receiving half a day's training. This project will be extended to the French-speaking part of Switzerland in 2002.

Contribution to health promotion in prisons

The "Santé et privation de liberté" work group consists of representatives of prison establishments (directors, doctors, prevention managers) and the Federal Administration (Swiss Federal Office of Justice (FOJ, SFOPH), and cantonal medical officers. This group's activities were very limited during the evaluation period and it cannot be said to have achieved its objective, particularly on account of difficulties in defining competencies and problems of cohesion. The members failed to reach a consensus on the recommendations to be issued pursuant to a report on mental health in prisons. The possibility of reorganising this group and placing it under the authority of the Swiss conference of cantonal judiciary and police directors (CDCJP) has recently been discussed. Unfortunately, cooperation with the Swiss Centre for the Training of Penitentionary Staff has not been established. On the other hand, the work of a mediator working on health issues in Saxenried prison is being supported by the SFOPH.

Internationally, the SFOPH participates in the work of the WHO "Health in Prison" group and, in September 2002 – in conjunction with the WHO and the Council of Europe (Pompidou Group) – organised an international conference on drug-related health problems in prisons.

Support for projects specifically geared to the needs of women

As part of ProMeDro, the SFOPH has funded various efforts concerned specifically with the situation of dependent female drug users. In 1995, it published its first study and organised a conference on this subject. In 1997, a work group – "Femmes et toxicodépendance" (Women and drug dependence) – was set up with the support of the SFOPH. This group established a network of fieldworkers and set up or supported various resources: a discussion leaflet for groups, authorities and specialists[36], a practical guide to new forms of intervention and quality management in low-threshold services for female drug users[37], an information pack, and an on-line directory of specialised services[ii].

[ii] www.drugsandgender.ch.

Assessment of the SFOPH's action

Harm reduction activities began in Switzerland before the introduction of ProMeDro, on the initiative of some German-speaking municipalities, in response to the threat of an epidemic of HIV/AIDS. The SFOPH recognised the importance of these activities and institutionalised their role within the programme framework. This was a decisive contribution because it led to the normalisation and coordinated development of work in the field of harm reduction in Switzerland.

Appropriateness of the objectives and strategy

The available data show that Switzerland is favoured with an extensive and relatively well-established network of measures in the harm reduction field, particularly where health is concerned. The efforts made by the SFOPH in this field would therefore appear to be appropriate to the environment concerned. The fact that projects and institutions are locally based, and the way responsibilities for combating drug abuse are shared between the cantons and the Confederation, also leads the SFOPH to play a supporting and coordinating role in harm reduction measures. In the future, it should continue to oversee the maintenance and distribution of services, support selective interventions to plug gaps in provision, and contribute to the coordination, improvement and harmonisation of measures in this field. At the present time, its efforts to reduce the infection with hepatitis should be given high priority. The new project being supported by the SFOPH indicates that it has recognised this problem.

It is somewhat difficult to assess whether the aid granted by the BRR is really being used to plug gaps in provision or simply to support cantons which are already active in the harm reduction field. The fact that the new projects it supports in the areas of housing and employment involve French-speaking cantons or cantons without a large city, and that the projects in new sectors (education, leisure, health, etc.) are associated with cantons which already make significant provision for harm reduction, suggests that the gap-stopping hypothesis is the more likely. An analysis of the support currently being given by the BRR will make it easier to answer this question. Finally, improvements in the way the BRR disseminates information, with the introduction in 2002 of a new public relations concept, should encourage equality of access to funds.

Work to improve provision for female dependent drug users has developed considerably in recent years. The SFOPH's efforts in this field are to be warmly welcomed as they fulfil the tasks it has set for itself of supporting the development of existing provision and stopping any gaps.

Important work has been done in the prison environment, but this has now reached an impasse. This is all the more regrettable in that, in the past, Switzerland has done pioneering work in the area of harm reduction in prisons by launching innovative projects (distribution of injection equipment and disinfectant, broadening the range of treatments on offer (methadone and heroin)), backed by evaluations to assess the relevance and feasibility of such interventions. While waiting for new joint efforts to be undertaken with the governing authorities of the prison system, it is important to regularly update information about the health promotion and maintenance facilities available in Swiss prisons. Regular stock-taking of this kind would no doubt also facilitate concerted action.

Degree of implementation and achievements

In recent years, the SFOPH has improved its intervention by delegating all responsibility for funding the launch of new projects to the BRR. Direct funding by the SFOPH is now more modest and only involves contributions to projects of national scope.

Where the allocation of the funds managed by the BRR is concerned, the situation appears to be satisfactory. Over three years, it has funded forty-nine projects based in eleven different cantons. Finally, the experts group on harm reduction has met regularly, and in 2000 made a statement on the confiscation of syringes by the police.

The SFOPH's ultimate goal in this field – of achieving a significant reduction in the seriousness of damage to the health and social circumstances of dependent drug users – has been achieved to a large extent. However, the indicators available reveal a mixed situation. On the one hand, HIV infection, and the risk behaviours leading to it (sharing injection equipment, unprotected sexual relations), have declined sharply before stabilising in recent years. On the other, the rate of prevalence of hepatitis B and C reported by LTF users and persons in residential treatment indicates that the HIV prevention measures have proved insufficient to prevent the transmission of these viruses. Furthermore, although access to accommodation appears to have improved somewhat, there has been little significant progress in access to employment. We may conclude that the harm reduction strategy has partly achieved its goal, but there is still work to be done.

Principal recommendations

- Remain vigilant where provision and the way it is distributed are concerned, intervene selectively to plug gaps, and support new thinking and harmonisation in this field.
- Develop activities to prevent hepatitis.
- Issue regular updates on harm reduction and treatment in Swiss prisons.

Training

General situation in Switzerland

The professions chiefly involved in managing drug-related problems are the medical profession (doctors, psychiatrists), paramedical professions (pharmacists, nurses) and those working in the psychosocial sector (specialist educators, social workers, psychologists). Most staff of outpatient and residential treatment centres for drug users fall into the latter category[38]. Other professions, such as teachers and the police, may also be involved in this field.

Needs

It is desirable that professionals likely to be faced with drug and/or dependence problems should have the basic skills required in order to cope, should be able to specialise in this field, and should have access to in-service training to keep them up to date. However, it is difficult to achieve these objectives owing to the diversity of professions and training institutions involved, and to differing cantonal practices.

Provision/resources

The initial training of most of those involved is delivered by cantonal universities or vocational colleges. Generally, it is the task of the cantons to organise these courses, though training for doctors and pharmacists also has to fulfil federal requirements. However, this situation is changing with the advent of the new Hautes Ecoles Spécialisées (Higher Education Establisments - HES), which are scheduled to be transferred to the federal administration in 2003. The time devoted to the management of drug-related problems in the initial professional training given in universities is generally limited. For doctors and pharmacists, it consists in raising their awareness of the problems in the context of generalist courses. The situation is a little different in higher education establishments training social workers, where the subject is treated as important, though courses vary from institution to institution.

Students in the different professions also acquire practical experience during placements with institutions which deal with drug users[39].

The possibility of specialising in the field of drugs and drug dependence is also limited in most professions. Efforts are however being made, particularly in medicine, to have the treatment of addiction recognised by the Swiss Medical Association (FMH) as a specialism in its own right. In the HES, there is (or may in future be) the possibility of taking post-graduate courses on the subject of dependence.

Continuing training is generally organised on a regional basis and managed by professional associations or private organisations. Schools of social work also sometimes offer short courses of training of this kind.

SFOPH objectives and strategy

Objectives

According to the Narcotics Law (Art. 15c para. 3), the Confederation is responsible for promoting the training of specialised personnel in the field of drug dependence. Consequently, the SFOPH intervenes in the field of in-service and advanced training. Its main objective is to strengthen the medico-social support network. It seeks to achieve this by:

- increasing the number of specialists with a sound training in matters relating to dependence;
- improving the professional qualifications of those involved;
- encouraging cooperation between the professions concerned[4].

Strategy

At first, the SFOPH opted for an in-service training strategy which relied on professional associations. Advanced training centres were set up for this purpose in both the German-speaking and French-speaking parts of Switzerland[kk]. However, this strategy was abandoned following the results of a study which highlighted structural weaknesses in the organisations responsible for these projects[40].

Acting on the recommendations of a second study38, the SFOPH developed another strategy, the aim of which was to structure and organise in-service training within and between professions working in the drugs and alcohol field (intra-professional and inter-professional training). It aimed to cover the needs of all those involved (specialists, those occasionally concerned with the problem, and volunteers)[41], and to institutionalise continuing training by entrusting the organisation and management of courses to cantonal universities, HES and specialised schools which are already delivering initial training. This strategy should also result in higher quality courses and, in the long run, the certification of continuing training. In addition, the principle of putting training out to tender is intended to improve the quality of the courses offered as the different institutions compete to supply the required services.

In terms of organisation, a committee of experts (CE) in dependence-related training first defines the professional fields concerned. It then appoints a body responsible for putting modules in place for each of these fields[ll]. Finally, it issues invitations to tender every two years, and grants the responsible bodies funding for implementing the training modules. These may be implemented by the responsible body itself or by a third party, which is then known as a "module provider". In the case of modules involving more than one profession, the committee of experts decides on the subject and content of the modules; when only one profession is concerned, the responsible body is given discretion in this matter.

A separate intervention, independent of the above-mentioned programme, has been developed for primary care physicians. To improve their services and increase the number of doctors involved in prescribing methadone, the SFOPH has invested resources in setting up support networks and encouraging strategic thinking on this subject[42].

Finally, the SFOPH supports a number of other in-service training activities in the prevention and treatment fields. These are described in earlier chapters of this report.

Implementation and achievements

Programme of modular courses

In implementing the new continuing training concept, the Committee of Experts has issued external mandates to formulate training profiles for each profession and for the French and German-speaking regions. Not all the profiles have been completed. Also, nine responsible bodies have been appointed; only the profession of psychologist in the French-speaking part of Switzerland is still without its organisation. The definition of training profiles has provided a framework that the responsible bodies can use in formulating their modules.

[kk] In the French-speaking part of Switzerland, the ARIA programme was run by the Groupement romand d'études sur l'alcoolisme et les toxicomanies (Study group for alcoholism and drug abuse - GREAT); in the German-speaking part, the Convers programme was managed by the *Verband Sucht- und Drogenfachleute Deutschschweiz* (German-Swiss association of addiction and drugs specialists - VSD). SFOPH support for these two programmes ended in 1999.

[ll] The principal subgroups concerned are doctors/psychiatrists, social workers, nurses, psychologists and an "others" category for workers without any tertiary-level training.

The continuing training system has nevertheless developed differently in the German and French-speaking parts of Switzerland. In the former, it has been implemented as planned. In the latter, a federation of training bodies has been established[mm] which acts as an intermediary between the committee of experts and the responsible bodies. This federation groups together all the players active in continuing training in the French-speaking part of Switzerland. Finally, in Ticino only the principal responsible body has so far been designated.

The modules cover all five of the targeted professions: doctors, psychologists, nurses, social workers and "others"[nn]. The boundary line between intra- and interprofessional modules is not always clear: the same course is sometimes offered as an "intraprofessional" module to one party and as an "interprofessional" module to another. The courses are being delivered by 21 recognised training institutions (HES, cantonal universities, etc.) and approved by the committee of experts and the SFOPH. Training modules are normally run over three days.

The number of modules provided remained stable, apart from a slight increase in 2000, owing to additional activity in the German-speaking region. In the French-speaking part of Switzerland, the courses were geared mainly to doctors (as many as five modules out of six in 2000), while in the German-speaking part social workers (50% of modules) and the "others" category (25%) received most attention. The duration of the modules was similar in both regions, the days/participant rate being 3,52 in the German-speaking part of Switzerland, compared with 3,18 in the French-speaking region.

Participation remained stable in the German-speaking part of Switzerland (17,5 persons/module on average), while there was a significant decrease in the French-speaking part (16 in 1999 as against 7,5 in 2001).

Table 5.4

Number of modules implemented and rate of participation

	Number of modules			Number of participants			Trend	
Professional categories	**1999**	**2000**	**2001**	**1999**	**2000**	**2001**	**Modules**	**Participants**
Doctors	9	11	8	173	158	117	→	↘
Psychologists	3	5	1	54	85	16	↘	↘
Nurses	1	1	1	23	12	9	→	↘
Social workers	11	7	14	173	133	223	→	↗
"Others"	1	6	6	16	98	98	↗	↗
Total	25	30	30	439	486	463	→	→

[mm] Fédération romande des Organismes de Formation dans le Domaine des Dépendances (Federation of training organisations in the field of dependence in the French-speaking part of Switzerland - FORDD).

[nn] This category includes workers in specialised drug treatment centres who lack tertiary-level training.

[oo] www.romandieaddiction.ch.

Support for primary care physicians

Between 1998 and 2000, projects to support primary care physicians were set up in various French-speaking cantons (Geneva, Valais, Fribourg and the Bern/Jura/Neuchâtel region) under the general name of MedRoTox, and in Ticino, under the name MeTiTox. Each canton or region concerned has a doctor or group of doctors acting as network coordinator.

MedRoTox/MeTiTox projects comprise the following activities[43]: telephone support in most of the cantons/regions, and discussion groups for sharing experience. Ad hoc training courses are organised and, provided they fit in with existing schedules, are well attended. As part of the effort to improve doctors' working conditions, an agreement has been negotiated with health insurers in Geneva, guaranteeing the reimbursement of private medical services for 350 patients undergoing methadone treatment. Finally, a loose-leaf handbook has been made available to doctors in all the cantons taking part.

As an extension to the support network for primary care physicians, COROMA (Collège romand de médecine de l'addiction/ addiction-medicine network in the French-speaking part of Switzerland) was established in spring 2000. Backed by a scientific centre accommodated by the substance abuse divisions of the universities of Lausanne and Geneva, it has supported the organisation of annual training days, published a half-yearly journal and developed a web site[oo]. In addition, COROMA has played an important part in creating the Swiss Society of Addiction Medicine (SSAM).

Assessment of the SFOPH's action

Appropriateness of the objectives and strategy

The SFOPH's new strategy is a response to a situation in which continuing training needs are undoubtedly great, but the knowledge required to plan for them is limited. The development of courses specific to the different professions and language regions, delivered by the institutions responsible for initial training, is therefore an appropriate course of action in the present circumstances. Moreover, the structuring of the training providers brought about by the SFOPH's programme should make for more effective evaluation of the various needs which exist in Switzerland, and better provision to meet those needs.

However, this structuring of continuing-training provision has proceeded differently in Switzerland's French and German-speaking regions. In the French-speaking part of Switzerland, we have seen the development of a federation acting as a regional intermediary, thereby transforming the principle of competition among providers envisaged by the SFOPH. The establishment of this federation expresses a desire to band together and network, which favours cooperation and an interdisciplinary approach to training. The committee of experts, for its part, aimed to institute a more decentralised approach.

This situation raises the question of whether the formula of competition between providers can be appropriate to an environment characterised by a limited number of training institutions and the need to stabilise the work of the trainers in the medium term. The existence of two different operational models – one in the German-speaking, the other in the French-speaking part of Switzerland – will enable us to see how they develop and assess their respective merits with a view to improving the training programme as a whole. An initial comment on this subject was made in the evaluation of the SFOPH's continuing training concept, in the form of a recommendation that professional associations should be more involved in defining needs and the content of training courses[44]. Moreover, the certificate in addiction created at the instigation of the FORDD[17] demonstrates how an inter-professional approach to

training is being developed in French-speaking Switzerland.

The MedRoTox/MeTiTox projects in the French-speaking part of Switzerland and in Ticino have provided support for doctors who prescribe methadone and led to the recognition of addiction problems as a concern of primary care medicine. This peer-based approach to training and support also seems to have been valued by the doctors concerned. By encouraging the development of networks for practitioners, these projects have improved cooperation, particularly between doctors prescribing methadone and cantonal medical officers. A more general advantage of these projects is that they rely on existing local resources, allow scope for flexibility, and require only limited investment. This model can therefore now be introduced to other parts of Switzerland.

Degree of implementation and achievements

The objectives of the training field of ProMeDro are to increase the number of trained specialists, improve professional skills more generally, and encourage cooperation between the professions. The efforts made in this field all contribute to the achievement of these objectives.

There are significant differences between the German and French speaking regions in the way training modules have been developed and in levels of participation. This can no doubt be explained in part by the distinctive way in which training is organised in the French-speaking part of Switzerland. The training courses offered by the FORDD members are not restricted to the modular courses funded by the SFOPH, but also include training courses devised by professional bodies and institutions. Consequently, there is competition within the Federation itself, which may explain why the modules funded by the Committee of Experts are less well attended in the French-speaking part of Switzerland. It would be a good thing to assess the different courses and so enable potential students to make an enlightened choice, in keeping with their needs and career development. However, the question arises as to whether modules with an average take-up of less than ten persons really correspond to the set objectives.

Until now, the committee of experts has not intervened in the content of the inter-professional modules. The implementation of this part of the programme has therefore been delayed, and existing gaps have not necessarily been identified. Moreover, one of the concerns of the committee of experts was to extend training opportunities to all the groups concerned, in particular professions involved only occasionally with drug dependence problems. This development has not taken place either. And yet, an extension of this kind of training to other professional categories is highly desirable, not least in view of the decriminalisation of cannabis envisaged in the draft revision of the Narcotics Law.

To date, the main aim of the programme has been to improve the professional qualifications of providers. Another – longer term – objective is to integrate the subject of drug dependence into the basic training courses delivered by cantonal universities and specialised schools. Developments in this field are still limited. The certification of continuing training, which is another of the programme's objectives, occurs only in a very few cases.

Principal recommendations

- Institutionalise the MedRoTox/MeTiTox model in all parts of Switzerland.
- Compare the development of the framework programme in the German- and French-speaking parts of Switzerland, particularly as regards stability and quality of training provision, and modify national strategy accordingly.
- Develop interprofessional modules, training for professions involved only on an occasional basis, the integration of dependence issues into basic training, and the certification of continuing training.

Research

General situation in Switzerland

Swiss policy in this field is based on the 1983 Federal Law on Research (LR), the aim of which is to encourage scientific research and the appropriate diffusion of its results. Funding is provided for independent basic research (approx. three-quarters of the resources available), the main aims of which are to ensure training and scientific excellence, and so-called "targeted" research. The latter takes the form of national research programmes (NRPs), Swiss priority programmes (SPPs) and special programmes (e.g. HIV/AIDS), the purpose of which is to generate knowledge on given subjects. Responsibility for encouraging research lies particularly with the Swiss National Science Foundation (SNSF). The subject of drug dependence has not previously been a priority among the research topics funded under this policy. Finally, the Federal Administration has resources of its own for developing research programmes to help it acquire the expertise it requires for its activities.

Needs

The increase in drug-related problems since the late 1980s has created a need for new knowledge to manage this phenomenon. Intervention by public authorities (Confederation, cantons, municipalities), institutions (clinics, homes, consultation centres) and professionals (doctors, social workers) needs to be based on sound knowledge which will ensure the usefulness and effectiveness of the measures taken. There is a need for knowledge of the target population (drug users) and its social environment, the different intervention methods (prevention, treatment, harm reduction) and their effects, and drug-related measures and policies and their consequences.

The involvement of university institutes and research centres is a necessary condition for the conduct of high-quality research programmes, since these institutions are able to commit the skills and infrastructure needed. Thus, mobilisation of the scientific community is a vital need in this field.

Finally, research in the drugs field requires financial support which is often beyond the means of municipal and cantonal administrations. Therefore, the Confederation generally needs to intervene to ensure that research programmes can be implemented.

Provision/resources

The growing involvement of the Confederation in the field of against drug-related problems has resulted in a sharp increase in the resources devoted to research, with larger budgets allocated to the research element of ProMeDro. Consequently, the SFOPH has become a key player in this field in Switzerland.

The development of research during the 1990s has helped improve the skills and further the specialisation of a number of institutions working in this field. The Addiction Research Institute (ISF) established in Zurich in 1994 is concerned mainly with research into substitution and residential treatments. The research department of the Swiss Institute for the Prevention of Alcoholism and Other Addictions (ISPA) in Lausanne concentrates on gathering epidemiological and aetiological data on both legal and illegal drugs. The Swiss university institutes of social and preventive medicine[pp], several cantonal universities[qq] and psychiatric and pedo-psychiatric departments[rr] have also developed skills connected with drug dependence.

SFOPH objectives and strategy

The SFOPH's research policy in relation to drug dependence is based on two federal provisions: firstly, the measures relating to research commissioned by the various federal departments, which specify that resources allocated to the Federal Administration's research activities must enable it to develop know-how and expertise by the acquisition of scientific data[45]; secondly, Art. 15c, para. 1 of the Federal Law on Narcotics, which specifies that it is the task of the Confederation to encourage scientific research on the effects of narcotics, the causes and consequences of narcotics abuse, and ways of combating it.

Objectives

The aim of the SFOPH's research policy is to provide the necessary data for rational decision-making which will support and guide drug-related interventions and policy. Further research objectives are to challenge preconceived ideas, develop innovative solutions, and verify them using appropriate methods. The achievement of these objectives requires cooperation on the part of players in the social field, institutions and private organisations, at local, regional, national and international level.

[pp] In particular, the IUMSP in Lausanne (Global evaluation of the Swiss Confederation's measures to reduce problems related to drug use) and the ISPMs in Bern and Zurich (research into and evaluation of tobacco addiction).

[qq] Lausanne (criminology, psychology and political economy - DEEP), Geneva (legislative aspects - CETEL), Fribourg (psychology and journalism), Neuchâtel (economic aspects - IRER), Bern (psychology, pharmacology, ethnology and in-service training), Zurich (psychology), EPF Lausanne (urban aspects - IREC), etc.

[rr] Service universitaire de psychiatrie de l'enfant et de l'adolescent (University Psychiatric Service for Children and Adolescents - SUPEA) in Lausanne, HCU Geneva (Department of Psychiatry, Substance Abuse Division), the university psychiatric outpatient departments of Lausanne, Zurich and Basle (PUK), the Bern University Psychiatric Service (UPD), etc.

Strategy

The principal research questions and issues identified by the SFOPH are:
- How do drugs act (basic research in pharmacology and neurology)?
- How many people are affected, and what are the documented effects on their health (epidemiology)?
- How does the problem of substance use begin and develop (aetiological research)?
- How is it possible to influence substance use/abuse (operational research)?
- What interaction is there between substance use and the social setting (societal research)?
- What are the effects of the measures adopted (evaluative research)?

A coordination group within the SFOPH, consisting of representatives of the principal units and sections concerned, is responsible for selecting priorities and commissioning research. External experts may also be consulted[ss].

There are two procedures for commissioning research:
- putting it out to tender, either by invitation or by organising a public competition, depending on the resources involved. The SFOPH sometimes invites applicants to cooperate among themselves;
- adopting research projects spontaneously submitted to the SFOPH[tt]. To receive funding, these must fit in with the research policy concept or be especially innovative[uu].

Implementation and achievements

The three operational research projects relating to heroin prescription treatment (HeGeBe)[vv], secondary prevention (supra-f)[ww] and detoxification treatments (Swi-De-Co)[xx], were the most important research projects funded by the SFOPH during the evaluation period. Next in importance were aetiological research and societal research projects. Very little basic research was commissioned. The epidemiological and evaluative research projects are presented in the following chapters.

Where heroin prescription treatment is concerned, data from the clinical trials (PROVE)[yy] are still being analysed and assessed. Otherwise, with the institutionalisation of this form of treatment (HeGeBe), research is being redirected towards monitoring treatment, following up the cohort of patients and evaluating psychological comorbidity in those patients.

The supra-f programme includes experimental research on the clients of twelve socio-educational aid projects in both the German-speaking and French-speaking parts of Switzerland. These projects are concerned with young people between the ages of twelve and twenty who are regarded as being at risk of developing an addiction. The principal objective of the research is to gather scientific data on the effectiveness of the secondary prevention measures to which these young people are subject. The development of adolescents using the services of supra-f projects is compared with that of a control group. The study is scheduled to run from 1999 to 2005. Intermediate results have recently been presented but have not yet been published.

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ss In particular, a panel of international experts is consulted in respect of major contracts. From time to time, experts are also invited to take part in peer reviews of articles published as part of research projects commissioned by the SFOPH.

tt This comes in the category of "independent" research, which accounts for approximately 20% of resources.

uu The selection criteria are to be found on the SFOPH's web site.

vv *Heroingestütze Behandlung.*

ww *Suchtprävention Forschung.*

xx Swiss Detoxification Coordination.

yy *Projekt zur Verschreibung von Betäubungsmitteln.*

Swi-De-Co is a multicentre study aiming to gather comparable information on detoxification treatments (heroin). The objective is to evaluate the effectiveness of such treatments using the following criteria: completion of the detoxification programme, patient comfort during treatment, drug use and improvement in psychological and social factors after detoxification. The results of this study should be available in 2002.

Of the aetiological studies, it is worth mentioning clinical studies on the follow-up of adolescents who abuse or are dependent on substances, two ethnological studies – one on the subject of "Migration and Drugs", the other on attitudes to heroin use – and a study on "drug career" biographies. The societal research projects are concerned with legal aspects of the drugs problem, trends in delinquency and the social cost of illegal drug use in Switzerland.

Since 2000, data on research projects funded by the SFOPH have been systematically stored in the ARAMIS database[zz], the purpose of which is to make the best possible use of federal research material and improve the supply of information to professionals and decision-makers.

The SFOPH seeks to make good use of the studies it has funded or co-funded by organising conferences and supporting the publication of books, brochures and scientific articles. Since 1997, it has also published a compilation of the principal studies it has commissioned[46]. This has recently been updated and published in four volumes[47-50].

Assessment of the SFOPH's action

Appropriateness of the objectives and strategy

In the research field, the SFOPH is trying to deal with two requirements: on the one hand, to support and guide the development of research into drug use in Switzerland; on the other, to commission research projects in support of its own programme. These requirements are not necessarily incompatible but are nevertheless based on two different approaches.

An examination of the SFOPH's objectives, strategy and methods reveals this ambivalence. While the objectives and strategy are concerned primarily with general needs in Switzerland, the methods used for selecting projects and agencies to take charge of them are based on an internal procedure geared essentially to the needs of the SFOPH. This being the case, it is – to say the least – difficult to see how the work performed in this field is appropriate to the needs. Nor is it possible to justify the choice of some research topics at the expense of others.

It should be noted that the formulation of strategies covering research, tendering procedures, the consultative committee of experts, the funding of independent basic research and the presentation of research findings on ARAMIS has resulted in more transparent selection and monitoring procedures. However, this does not go to the root of the problem. Decisions regarding the choice of research projects – from defining the problem to commissioning an agency to take charge of the project – are still the sole responsibility of the SFOPH, while the goal of research work continues to be that of furthering knowledge generally. As in the past, the evaluation therefore recommends the establishment of an independent decision-making committee, including independent experts as well as SFOPH members. Once again, the objective should be to bring the needs of the SFOPH into line with the real needs that exist in Switzerland, and to arrive at consensual decisions on the choice of research projects which will be useful and of high quality.

[zz] This database can be consulted on the SFOPH's web site.

Degree of implementation and achievements

The objectives of research as a component of ProMeDro are to support evidence-based decisions, challenge preconceived ideas and assist in the development of new interventions. These objectives have been achieved in part, since the SFOPH has been contributing for the last ten years to the development of knowledge in the drugs field. As a result of operational research, it has also facilitated the development of innovative approaches. The various research topics identified by the SFOPH have been tackled and new subjects (effectiveness of secondary prevention and detoxification treatments) have recently been commissioned. A large number of projects continue to be funded, and there has been an improvement in the use made of such work.

Given the number of projects funded by the SFOPH, the evaluation is not able to assess the implementation of each. On the other hand, it can assess the framework conditions under which research is conducted as part of ProMeDro. Arrangements to ensure research quality have been developed in recent years, particularly with the establishment of tendering procedures and a group of experts for consultative purposes. We cannot yet say, however, whether these arrangements are really sufficient. The problems encountered in implementing supra-f research undoubtedly show that more systematic quality assurance procedures would be helpful. With this in mind, the SFOPH might consider setting up a supervisory board for every research project it commissions.

Principal recommendations

- Set up an independent joint committee to select research projects and commission research.
- Set up supervisory boards to monitor commissioned research projects, with a view to improving research quality.
- Continue to make practical use of research supported by the SFOPH.

Epidemiology

Epidemiology is the discipline which studies the distribution of diseases in the population and the factors determining them. The results of epidemiological studies are used in managing public health measures and policies.

General situation in Switzerland

Needs

In formulating public health measures and policies in relation to illegal drugs, we need to know:
- the extent of and trends in drug use;
- the health problems and health service needs arising from drug use;
- what problems are emerging as a result of drug use;
- the risk and protection factors associated with drug problems.

The main users of epidemiological data are the public authorities, in particular those responsible for health and social matters, and professionals involved with the population group affected by drug-related problems. Finally, these data are also of interest to the general population, particularly when citizens are called to vote on drug-related laws or measures.

Provision/resources

The key tools in estimating the extent of and trends in drug use are cross-sectional behavioural surveys of the general population, the population of an age to use drugs and the population which actually uses drugs. The minimum requirement for estimates of this kind is at least two surveys carried out over a ten-year period. In Switzerland, there are four cross-sectional surveys of health-related behaviour. These cover the general population aged 15 to 74[aaa], schoolchildren (11-16 years)[bbb], adolescents (15-20 years)[ccc] and the general population aged 17 to 45[ddd]. There have also been other, less regular, surveys dealing with more specific drug-related issues (deviant behaviour, drunkenness).

There are also tools which, as well as supplementing the data on drug use, enable us to evaluate the consequences of such use and related care provision needs. These include four sets of statistics for treatment in the residential[eee], outpatient[fff], methadone[ggg] and heroin[hhh] sectors, a national survey of the clients of low-threshold facilities[iii], statistics for charges brought by the police and drug-related deaths[jjj], registers of infectious diseases and medical notifications[kkk]. However, there are no national statistics for drug-related hospital admissions.

At the present time, Switzerland has no national early warning system. Emergent problems are identified by means of monitoring tools, the sharing of information in national coordination forums, and investigations of new trends reported by professionals or the media[51].

Longitudinal studies, the tools normally used for identifying the risk and protection factors associated with a disease or behaviour pattern, are not commonly performed in Switzerland. There have been only a few operational research projects (PROVE, supra-f) and follow-ups of drug users designed according to this model[lll].

Finally, in addition to national surveys and studies, the cantons may also rely on their own data in identifying drug-related trends and problems. Such data are derived mainly from the users of social and health services based on their own territory. However, in the absence of a report drawing together the situation across the cantons, these data cannot be used for national purposes.

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aaa Swiss Health Survey (ESS): conducted on three occasions (1992, 1997 and 2002) by the Swiss Federal Statistical Office (SFSO). Secondary analyses of drug use data are performed by the Swiss Institute for the Prevention of Alcoholism and Other Addictions (ISPA).

bbb Health behaviour in school-aged children (HBSC): conducted on six occasions (1978, 1986, 1990, 1994, 1998, 2002) by the ISPA.

ccc Swiss multicentric adolescent survey on health (SMASH): conducted twice (1992, 2002) by the Bern and Lausanne university institutes of social and preventive medicine (IUMSP).

ddd Evaluation of AIDS Prevention in Switzerland (EPSS): performed annually from 1987 to 1992 and on three subsequent occasions (1994, 1997, 2000) by the IUMSP, Lausanne.

eee Statistics of the FOS (Research on In-Patient Therapy): gathered by the Addiction Research Institute (ISF) since 1995.

fff Statistiques du traitement et de l'assistance ambulatoire dans le domaine de l'alcool et de la drogue (National statistics relating to outpatient treatments in the drugs and alcohol field – SAMBAD): collected by the SFSO and the ISPA since 1995.

ggg National statistics for methadone substitution treatments: gathered by the SFOPH (systematically since 1999).

hhh Monitoring of heroin prescription treatments: performed by the ISF and the SFOPH.

iii National survey of users of low-threshold facilities which distribute syringes: conducted on four occasions (1993, 1994, 1996, 2000) by the IUMSP of Lausanne.

jjj Kept by the Swiss Federal Office of Police (FOP).

kkk Collected by the SFOPH. However, the Sentinella system of medical notifications covered the issue of drug use only once, in the early 1990s.

lll See the "Research" field of ProMeDro.

SFOPH objectives and strategy

Objectives

The SFOPH's objectives and the legal provisions under which it operates in the epidemiological field are the same as for research. The aim is to encourage the gathering and analysis of data which will make for rational decision-making in formulating measures and policy designed to reduce drug-related problems.

Strategy

To achieve this objective, the SFOPH intends to establish a national epidemiological monitoring system to provide basic data and identify present and future trends in drug use, dependence, morbidity, mortality, treatment and delinquency. The results of this work must then be passed on to the players concerned.

In practice, establishing the monitoring system means managing and funding various epidemiological tools. Different institutions are then commissioned to implement them and to summarise the data obtained. Some of these tools are managed directly by the SFOPH (methadone statistics, register of infectious diseases).

Another objective of the SFOPH, working in conjunction with the Swiss Federal Statistical Office (SFSO), is to harmonise the tools and procedures used for epidemiological monitoring. Two developments should make this possible: the introduction of a uniform system of treatment statistics[mmm], and the creation of a national observatory for drugs and drug dependence based on the European model[nnn].

Implementation and achievements

Cross-sectional surveys

Several studies have been carried out which contribute to the epidemiological monitoring system. The cross-sectional survey of 17-45 year olds (EPSS) was repeated in the year 2000, while secondary analyses of drug use were performed on the basis of the 1997 survey of the general population (ESS). Three surveys – those on the behaviour of schoolchildren (HBSC), adolescents (SMASH) and the general population (ESS) – are currently being repeated. The results should be available in 2003-2004.

[mmm] Network on Addiction Care and Therapy (Act-Info).

[nnn] The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) coordinates the REITOX network, which gathers data from fifteen European sites on drug use in the general population, the prevalence of problematic drug use, the number of requests for treatment, the mortality rate and the prevalence of infectious diseases among i.v. drug users.

Treatment statistics

The activities commissioned in relation to treatment statistics have been extended until the end of 2003. During the evaluation period, there was barely any increase in the number of participating centres and cantons.

The methadone statistics still only tell us the figures for treatment authorisations issued in Switzerland. However, fourteen cantons now use a new standardised tool (questionnaire and data capture software), which will soon give a more accurate picture of the population under treatment. The number of cantons involved in this project is rising and the new statistical system now covers almost half of the treatments dispensed in Switzerland (8,000).

The number of centres and cantons contributing to the statistics for the alcohol and drugs outpatient sectors (SAMBAD) remained constant during the evaluation period. It should however be noted that many treatments are recorded both by SAMBAD and by the methadone statistics system.

The monitoring system for heroin prescription treatments covers all the treatments currently dispensed.

The number of centres and cantons contributing to the statistics for the residential sector (FOS) has remained constant. These figures included the largest institutions operating in this field in Switzerland.

The Act-Info project, the aim of which is to work towards standardised treatment statistics, has developed less rapidly than expected. In 2001, a standard questionnaire was prepared. Pilot trials were then conducted in the various categories of institution (outpatient and residential, alcohol and illegal drugs); the questionnaire was subsequently modified to take the results into account. An invitation to tender was also issued for the development of suitable data capture software.

Other work in this field

Where the use made of the epidemiological data is concerned, it is worth mentioning the work of the ISPA and the global evaluation of ProMeDro, which take stock of narcotics use in Switzerland, and also publications based on the various cross-sectional surveys and existing treatment statistics.

An observatory for monitoring drugs and drug addiction has not yet been established, but it is mentioned in the draft revision of the Narcotics Law (Art. 29c). The form it will take, its location and the tasks it will perform have yet to be defined.

The task of preparing and supervising the revision of the Narcotics Law has given rise to various projects commissioned or performed by the SFOPH. Three international expert reports on the decriminalisation of cannabis were commissioned from researchers in Canada[52], Italy[53] and Germany[54]. In addition, a supplementary analysis of the ESS data and a survey on cannabis use in Switzerland have been completed[55]. A report on this subject was also produced by the Swiss Federal Commission for Drug Issues (CPFD)[ooo]. Finally, in accordance with Article 29a of the draft revision, an invitation to tender for the scientific evaluation of the new Narcotics Law was issued in May 2002.

Table 5.5

Participation in providing statistics

	Methadone			FOS			SAMBAD			HeGeBe		
	1999	2000	2001	1999	2000	2001	1999	2000	2001	1999	2000	2001
Centres	-	-	-	84	79	79	110	113	113	16	20	21
Cantons	8	9	14	19	18	19	26	25	24	8	11	11

Assessment of the SFOPH's action

Appropriateness of the objectives and strategy

The responsibility for management of a national system of epidemiological data on drug use must rest with the Confederation, and the SFOPH and the Swiss Federal Statistical Office (SFSO) are the departments best fitted to perform this task.

At present, Switzerland has a relatively extensive system of epidemiological tools in the illegal drugs field. The cross-sectional surveys and treatment statistics have been modified repeatedly since the late 1980s. However, though the individual tools may have improved, the system as a whole has some major limitations where monitoring is concerned. The main reason is the absence of any clear vision, and the fragmentation – i.e. a lack of coordination and uniformity – of the epidemiological tools making up the system as a whole. The objective of establishing a proper monitoring system for drug use has still not been achieved.

As it stands, the system is not sufficiently efficient and only partly meets existing information needs. Despite the existence of four cross-sectional studies and four sets of treatment statistics, the extent of and trends in drug use are only partially identified. The same is true of health problems and the health service needs arising from drug use. Emergent problems, meanwhile, are identified only on a piecemeal basis, and their identification often depends on assessments made by individuals working in the front line. Finally, the risk and protection factors associated with drug problems are tackled only occasionally and sporadically.

The first priority, therefore, is for the SFOPH to develop a monitoring model which integrates, and gives uniformity and stability to, the existing tools, and to take proper responsibility for them. It also needs to spell out the relationship between this monitoring system, the national observatory for drug addiction and the scientific research underpinning the introduction of the revised Narcotics Law. As things stand, this relationship is unclear and the various projects give the impression of being uncoordinated, each based on a separate set of principles. Finally, thought should be given to the establishment of an early warning system.

Degree of implementation and achievements

The SFOPH's objective is to establish an epidemiological monitoring system to provide data which will make for rational decision-making on drug-related measures and policies. With this in mind, it has commissioned or performed various surveys and statistical exercises on drug use and drug users. The data obtained by these means enable us to distinguish some current trends. On the other hand, a description of present developments in the use of, say, party drugs is not available, and this makes it difficult to introduce appropriate measures and policies. This is because the various epidemiological tools are characterised by a wide variety of methods, frequencies, questions and ways of presenting results, and this makes comparison and validation very difficult. It is therefore possible to identify certain tendencies, using one tool or another, but it is difficult to obtain the coordinated data required for evidence-based actions. Thus, the SFOPH has only partly achieved its objective.

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ooo See the "Coordination" field of ProMeDro.

The Act-Info project to give uniformity to treatment statistics is a good start to tackling this situation. The on-going development of standardised methods (questionnaire, software, data-capture) should increase the usefulness of these monitoring tools. However, the SFOPH and the SFSO still seem to be discussing the issue of responsibility for this project. This situation raises fears of a further delay in the performance of the work and a further instance of lack of leadership where the epidemiology of drug dependence is concerned.

Principal recommendations

- Develop a proper system for monitoring drug use in Switzerland.
- Clarify and harmonise the objectives of the different components of the existing system (epidemiological monitoring, Act-Info statistics, observatory for drugs and drug dependence, research relating to the Federal Law on Narcotics) and the roles of the various players (SFOPH, SFSO; research institutes).
- Develop an early warning system.

Evaluation

General situation in Switzerland

Evaluation of public activities became important in the 1970s, when government departments were increasingly required to demonstrate that they were managing public funds efficiently. The practice became institutionalised in the 1980s and 1990s. Today, Article 170 of the Swiss Constitution obliges the Federal Parliament to have Federal Government measures evaluated.

Needs

In the health field, a number of factors, such as the ageing of the population, the development of new technologies and people's changing expectations, have led governments to take measures to monitor increasing costs and the effectiveness of public activities. Evaluation is seen as one of the best ways to meet the information needs of decision-makers, who have to justify their decisions to an ever more demanding public[56].

The rapid growth in drug-related problems in Switzerland since the late 1980s has resulted in a corresponding increase in interventions in this field. With many new ideas circulating (injection rooms, distribution of syringes, heroin on prescription, etc.), the cantons, municipalities and Confederation have felt the need for knowledge that would enable them to introduce the best possible measures and policies. As a result, many evaluations have been commissioned. These also have a secondary function: to lend decisions relating to drugs legitimacy in the eyes of the general public. In a highly charged political situation (three federal referenda and many municipal and cantonal referenda), this function has sometimes proved to be a decisive factor in developing measures to manage drug-related problems in Switzerland.

The situation is now somewhat different, as the priority is often to institutionalise and harmonise measures introduced to combat drug-related problems. Consequently, the evaluation needs are more often concerned with the effectiveness of existing measures than with innovation.

Provision/resources

Evaluation has gradually established its position as a new discipline and become more professional. The number of researchers and publications on this subject has also increased considerably, particularly in the health field, and the discipline has been gradually integrated into courses of higher education. 1996 saw the foundation of the Swiss Evaluation Society (SEVAL) as a professional body active in this field. This society has also formulated standards for selecting and assessing evaluation projects.

In Switzerland, a large number of evaluations have been carried out in the drugs field in recent years. They have focused on both pilot projects and public programmes and policies. Some cantons, such as Vaud, have also commissioned evaluations of their measures for preventing and managing drug addiction[57,58].

FOPH objectives and strategy

Federal support in this field is defined by a 1992 ordinance governing the evaluation of projects designed to prevent drug addiction and improve the living conditions of dependent drug users. Its aim is to measure the efficiency and cost-effectiveness of projects and trials. This aim is repeated in Article 29a of the current revision of the Federal Law on Narcotics, which requires evaluation of the measures contained in the Law itself.

Objectives

The SFOPH's objectives as part of ProMeDro are to[4]:

- check whether its strategies are effective, using scientific methods;
- check the relevance of innovations which have not yet won broad scientific support;
- effectively transmit the results of evaluations relating to drug addiction to field workers and decision-makers, with a view to establishing a body of good practices.

Strategy

There are two instruments for achieving the first two of these objectives. The first is the global evaluation of ProMeDro, which began in 1991.Since the year 2000 a second evaluation is also examining the programme's political sustainability. These commissioned evaluations are used for managing ProMeDro and their results are therefore primarily addressed to the programme managers. The second, more conventional, instrument is a series of evaluations of projects geared to drug-related problems. Most of these projects are funded under the ProMeDro framework. The results of these evaluations are used for managing individual projects and are addressed particularly to the SFOPH personnel responsible for them[ppp].

[ppp] In its guidelines for the planning of evaluation work, the evaluation unit (now the Evaluation Management and Resource Centre / CCE) required that between 10 and 15% of the budget of each project be set aside to pay for an external evaluation. When an evaluation of this kind is not appropriate, 5% of the budget is allocated for internal evaluation[66].

In terms of organisation, the SFOPH began by setting up an Evaluation Service (SE), which managed the global evaluation of ProMeDro and provided technical support to staff members who commissioned project evaluations. This situation first changed in 1999, when the SE took over the management of all the evaluation mandates. Then, in September 2001, an Evaluation Management and Resource Centre (CCE) reporting directly to SFOPH management was set up. Its task is to cover all the SFOPH's fields of activity. This centre took over the duties and mandates of the Evaluation Service, previously limited to the field of AIDS and drug dependence, and extended its work to cover all the Office's activities.

Selection of the drugs-related projects and programmes requiring evaluation is now performed by a management group combining the CCE and the ProMeDro managers. This group defines priorities, needs and roles when commissioning evaluations. Criteria determining the need for an evaluation include the innovative nature of a project and/or its strategic relevance for the SFOPH.

To ensure that they are of high quality, external evaluations are monitored by a supervisory board which includes the SFOPH project manager concerned, a CCE staff member and one or more external experts. In addition, the evaluation standards drawn up by the SEVAL are used in drafting mandates and assessing the results of external evaluations. There have also been developments in the area of internal application of the results, involving all SFOPH staff concerned with evaluation.

Implementation and achievements

The mandate for the global evaluation of ProMeDro was renewed for the 2000-2003 period. It comprises, on the one hand, a follow-up and assessment of the programme as a whole and, on the other, individual studies analysing aspects of the programme in greater depth or making new knowledge available. Two studies – one devoted to the institutionalisation of projects[9], the other to the way innovation is handled[59] – were concerned with particular aspects of ProMeDro. A further two studies, concerned with the establishment of an early warning system[51] and with prevention among young people by the courts and police[60], were intended to make new knowledge available to the programme managers.

Two unplanned pieces of work – an assessment of the MedRoTox/MeTiTox projects[qqq] and a brief expert appraisal for the SFOPH, of the increase in cases of HIV infection – were also performed as part of this commission.

A new evaluation of the political sustainability of ProMeDro, was commissioned in 2000. Its brief was to describe, explain and assess the political sustainability of measures forming part of the programme at the federal, cantonal and municipal levels. Three partial studies are directed towards this end: an inventory of political decisions regarding drugs in Switzerland, an analysis of the different decision-making processes at the cantonal and municipal levels, and an analysis of a number of locally implanted networks[61]. The final report is due to be published in the summer of 2003.

Three ProMeDro fields were the subject of wide-ranging evaluations: national coordination[62], training[44] and migrant health[63]. The three evaluations have been completed and the related reports, apart from the one on national coordination, are now available to the public. The last two of these evaluations have led to some reorganisation of the fields concerned.

Three projects (or programmes) have also been evaluated: the Internetz project (migrant health)[64], and the LaOla and Schools and Health programmes (prevention)[65]. In the first case, the evaluation has been completed and is available to the public. The evaluation of the LaOla prevention in sport programme will not be completed until the end of 2003. Meanwhile, the evaluation of the Schools and Health programme was suspended in 2002 as the programme was being reorganised and given a fresh direction.

The evaluation also funded a research project on health promotion in prisons. This has been completed but the results are not yet available to the public.

[qqq] See the "Training" field of ProMeDro.

Assessment of the SFOPH's action

Appropriateness of the objectives and strategy

The SFOPH has taken an active part in developing evaluation activities in the drugs field in Switzerland. Among its contributions have been the production of a set of guidelines[66], the funding and management of the evaluation of many pilot projects (including projects external to the federal programme), and the commissioning of a long-term global evaluation of ProMeDro.

The goal of current strategy and reorganisation in this field is to refocus evaluation activities on the needs of the SFOPH. This means that certain strategic goals, such as encouraging the adoption of new intervention models in Switzerland or attempting to plug general gaps in knowledge – which were previously assigned to some project evaluations and to the global evaluation of ProMeDro – now tend to disappear. Instead, the emphasis is on actively supporting the management of activities for which the Federal Administration is directly responsible. Consequently, evaluation is now only rarely used as a tool to support projects developed externally to the programme.

Degree of implementation and achievements

The objectives of the evaluation field of ProMeDro are to check the effectiveness of strategies and innovations, and to transmit the knowledge acquired in this way to practitioners and decision-makers. The many project evaluations that have been commissioned, as well as the global evaluation, are a clear sign that the SFOPH has made considerable efforts to achieve its objectives. This is true of the latest evaluation period, as evaluations have been commissioned of both global and field-related strategies, and of innovative projects. Efforts have been made to achieve the objective of transmitting knowledge to practitioners and decision-makers. It should however be noted that the circle of persons concerned tends to be increasingly restricted to SFOPH staff.

One consequence of the new strategic orientation is that better use is made of evaluations within the SFOPH. The criteria and procedures for selecting evaluations, and the methods of management and application of the results, are now more transparent and effective than in the past. As a result, the evaluations perform clearly defined functions and are managed directly by the users.

Apart from this, the creation of the CCE gives evaluation a higher strategic status within the SFOPH, and a position where ProMeDro is only one component of the institution's many activities. It is not, of course, the task of the global evaluation of ProMeDro to comment on the implementation of a strategy which concerns the SFOPH as a whole. It is in any case difficult to assess reforms whose consequences will not be evident for some years.

Principal recommendations

- Draw the necessary conclusions from dispensing with the external global evaluation: ensure the conditions for self-evaluation within the SFOPH.
- Continue to improve the quality control and the internal and external use of evaluations commissioned.

Coordination

General situation in Switzerland

In Switzerland, tasks and responsibilities in combating drug-related problems are defined by the Federal Law on Narcotics. The cantons are in charge of enacting its provisions (Art. 15a), while it is the Confederation's duty to support them in this process (Art. 15c). As a result, each canton has adopted its own set of measures and procedures for implementing the Law[1]. Meanwhile, the municipalities – mainly the big cities and medium-sized towns – have developed their own activities in taking up the powers devolved on them by their cantons and responding to any problems they have. This situation has led to a multiplicity of practices in managing drug-related problems in Switzerland, particularly since the mid-1980s.

Needs

The diversity of drug-related public policies and measures in Switzerland has given rise to various needs in terms of local and national coordination:

- internal coordination at each political and administrative level: municipalities, cantons and Confederation. The aim here is to facilitate cooperation between the various administrative departments and institutions, so as to ensure that the existing measures are as coherent and effective as possible;
- "horizontal" coordination between the representatives of the municipalities, on the one hand, and of the cantons, on the other. The objective here is to foster cooperation and the exchange of know-how between players facing similar problems and constraints;
- "vertical" coordination between the municipalities, cantons and Confederation. The objective in this case is to foster cooperation between the different public authorities concerned with drug-related problems in Switzerland, and ensure that their activities are consistent.

The need for coordination has also become evident in other areas of the fight against drug-related problems (prevention, treatment, harm reduction).

Provision/resources

Various measures have been adopted in Switzerland to foster internal coordination within public authorities:

- the cantons and principal towns have appointed delegates responsible for narcotics issues, and joint committees to coordinate public measures in this area. The function of the joint committees is often to advise the local executives;
- in 1994, the Confederation set up a Groupe de travail interdépartemental pour les problèmes de drogue (Federal Interdepartmental Working Group on Drugs - GTID), bringing together representatives from five federal agencies. There is also the Groupe de travail "coodination avec la police" - GtCoPo, (a working group which fosters coordination and cooperation between the SFOPH and the Swiss Federal Office of Police (FOP)). The Confederation has set up the Swiss Federal Commission for Drug Issues (CFPD), whose task is to advise the Federal Council. In 1997, this body replaced the Federal Narcotics Commission.

There have been a number of developments in horizontal cooperation between the cantons, on the one hand, and the towns, on the other:

- since 1994, the Conférence des délégués cantonaux aux problèmes de toxicomanie (Swiss conference of cantonal delegates for drug-related issues - CDCT) has been the main instrument facilitating coordination between the cantons. Other intercantonal conferences, such as those bringing together cantonal medical officers or directors of social affairs, may also be involved in drug-related issues;
- since 1991, the Conférence des délégués des villes aux problèmes de toxicomanie (Swiss conference of municipal delegates for drug-related issues - CDVT) has provided a forum for representatives of the police, social affairs and health departments of the principal towns concerned by these problems. There is also a Plate-forme drogue de l'Union des villes suisses (platform on drug-related issues for the association of Swiss cities - PDUVS), which brings together members of the executives of the major Swiss cities and medium-sized towns.

Finally, a separate structure has been set up to foster vertical coordination between the Confederation, the cantons and the municipalities:

- the National Liaison Committee for Problems of Drug Dependence (CNLD) consists of 18 representatives drawn in equal numbers from the Confederation, the cantons and the municipalities.

SFOPH objectives and strategy

Since the introduction of the first Federal Law on Narcotics in 1924, coordination activities (delegates, committees) in the narcotics field have been the concern of the federal department responsible for health. Today, this task still falls within the remit of the SFOPH, and the present law (Art. 15c) stipulates that the Confederation must set up an agency to support the cantons' activities by providing documentation, information and coordination.

Objectives

The SFOPH's objectives as part of ProMeDro are to institutionalise dialogue and facilitate consensus between the federal, cantonal and municipal authorities, with a view to developing common intervention strategies. In parallel, the SFOPH seeks to involve the cantons in decisions and strategies for federal drugs policy.

Strategy

Only the internal coordination activities of the cantons and municipalities do not fall within the remit of the SFOPH. In the first half of the 1990s, the SFOPH directed its efforts towards setting up the various national coordination conferences and platforms described above. In 1996, in conjunction with the Swiss Federal Office of Police (FOP), it also set up a central structure, the Plate-forme de coordination et de services dans le domaine des drogues (Swiss coordination and service platform in the field of drug use - PCS). This platform manages the secretariat of the bodies having direct links with the Confederation (liaison committee, interdepartmental working group, federal commission, collaboration with the police) and provides logistical support for the intercantonal and intermunicipal organisations.

The PCS is also undertaking a number of other activities to support the work of the platforms and commissions. The cantons report is an inventory of the drug-related problems found in Switzerland and the measures taken to combat them. A working group to study emergent problems should, in the long term, make it possible to identify and react more rapidly to new trends in drug use. Finally, the organisation of a national conference on cocaine should improve our understanding of the problems associated with this substance and help us to find better remedies.

International coordination measures are also in hand, particularly as regards heroin prescription treatment, though these are outside the scope of ProMeDro[rrr], as are the consultations held by the SFOPH regarding the legal provisions governing narcotics. On the other hand, national coordination activities specific to certain fields (residential treatment, harm reduction, etc.) are being implemented within the programme framework. These have already been discussed in earlier chapters of this report.

[rrr] See Chapter 1 of this report.

Implementation and achievements

Achievements in the area of national coordination can be identified to some extent by examining the activities of the platforms and commissions set up for this purpose.

The various bodies meet regularly, between one and five times a year. Only the Federal Interdepartmental Working Group on Drugs (GTID) seems to meet on a more casual basis. Where all the other bodies are concerned, the number of meetings and the attendance rates appear to be constant. The GtCoPo (working group for coordination with the police) is the most active and best attended. Conversely, the intermunicipal bodies are the least active and their attendance rates are also low. It should however be mentioned that the municipal representatives are the most assiduous in attending meetings of the National Liaison Committee, which brings together Confederation, cantons and municipalities.

Depending on the topics discussed, the work of these bodies may result in press releases, responses to consultation procedures, or letters addressed to the political or administrative authorities. The number of such statements decreased considerably between 1999 and 2001, falling from thirteen to two. This phenomenon can undoubtedly be explained in terms of the level of political, social and legislative activity. In 1999, there were some major issues to consider: heroin prescription treatment, ways of funding residential treatment, and the proposed revision of the Narcotics Law.

The Swiss Federal Commission for Drug Issues (CFPD) produced a report on cannabis[67] and is currently working on a document considering the future of drugs policy. A study on the establishment of a national early warning system to improve the response to emergent problems has been conducted as part of the global evaluation of ProMeDro. Another study conducted under the ProMeDro umbrella examined cooperation in the prevention field between the police and social institutions[sss]. The results of these studies are being processed by working groups within the SFOPH. An updated report of the situation in the cantons has not yet been produced, but it is still an SFOPH objective. Meanwhile, the national conference on cocaine, organised in conjunction with the FOP, is scheduled for 2003.

Table 5.6

Activities of coordination bodies

Level of coordination	Platforms	Meetings			Attendance			Statements issued		
		1999	2000	2001	1999	2000	2001	1999	2000	2001
Confederation	GTID	-	1	-	-	n.av.	-	-	-	-
	CFPD	7	4	4	50%	71%	69%	3	3	-
	GtCoPo	6	4	5	57%	80%	90%	1	1	-
Cantons	CDCT	3	3	4	64%	54%	60%	3	-	2
Municipalities	CDVD	2	2	2			47%	-	-	-
	Members				36%	41%				
	Municipalities				61%	55%				
	PDUVS	2	n.av.	1	50%	n.av.	n.av.	3	n.av.	-
Confederation, cantons, municipalities	CNLD	3	1	1	57%	n.av.	57%	3	-	-
	TOTAL	**23**	**15**	**17**				**13**	**4**	**2**

Source: SFOPH
(n.av.): not available

[sss] See the "Separate Studies" chapter.

Since 2001, the PCS manages a mandate funding the Secretariat of the Communauté nationale de travail politique de la drogue (National Drug Policy Board - CDP), which brings together thirty or so associations and institutions active in Switzerland.

Assessment of the SFOPH's action

During the 1980s and 1990s, the distribution of tasks and responsibilities decreed by Swiss federalism led to a superabundance of interventions, measures and policies in the drugs field. This situation was fertile in terms of experimentation and innovation, but led to serious discrepancies in terms of equality of treatment for all Swiss citizens. The degree of police action against cannabis use, for example, or the accessibility of treatment for heroin users may vary from one canton to another. The current proposed revision of the Narcotics Law should go a long way towards redressing the balance.

Appropriateness of the objectives and strategy

A consequence of the large number of approaches and services co-existing in Switzerland has been a growing need for organisational and strategic coordination. This is being met by various coordination platforms and commissions set up since the early 1990s. Today, it is evident that these bodies cover the different areas of coordination in Switzerland, and there are no major gaps in this respect. Another consequence of establishing these commissions and platforms, at both national and local level, is that information now circulates very freely among the various players involved.

The PCS (Swiss coordination and service platform in the field of drug use) plays an important role in supporting the coordination bodies active at the national level. It also facilitates the sharing of information among these bodies. Its existence would therefore seem to be justified, and the resources made available to it should not be unduly restricted[68].

Degree of implementation and achievements

The objectives in the coordination field of ProMeDro are to foster dialogue and consensus between the different authorities (Confederation, cantons, municipalities) concerned with drug-related problems and to encourage the commitment of the cantons and municipalities to the federal policy. Although, the study of the political sustainability of ProMeDro will give us a clearer picture of the extent to which these objectives have been achieved, we can already say that the SFOPH has created the necessary conditions for their achievement. Its support for the different platforms and efforts to disseminate information indeed tend to foster a joint approach on the part of the various public authorities.

However, the real effectiveness of each of the platforms and commissions is somewhat less clear. The very low level of activity of the Federal Interdepartmental Working Group on Drugs (GTID), the low level of attendance at meetings of the intermunicipal bodies, and the exact role of the National Liaison Committee (CNLD) are matters demanding careful examination. In contrast, the GtCoPo, the Swiss Federal Commission for Drug Issues (CFPD) and the Swiss conference of cantonal delegates for drug-related issues (CDCT) seem to have a clearer idea of their role and a more regular pattern of activity.

Where coordination support tools are concerned, the lack of an updated report on the situation in the cantons is a major shortcoming, making it difficult to identify some of the needs for coordination or harmonisation. The setting up of working groups to consider the results of the studies on the establishment of a warning system and on cooperation between the police/judiciary and social institutions in the prevention fields should lead to progress in these areas. The forthcoming conference on cocaine should also help to improve measures targeting users of this substance.

Principal recommendations

- Compile a new inventory of activities conducted at cantonal level.
- Develop the activities of the coordination bodies in the context of the introduction of the revised Federal Law on Narcotics.
- Analyse the low level of activity (GTID, municipal platforms) and role (CNLD) of some of the coordination bodies and take what action may be necessary.
- Provide the PCS with the resources it needs to function effectively.

Migrant health

General situation in Switzerland

One fifth of Switzerland's resident population is not of Swiss nationality. The main non-Swiss communities are from the former Yugoslavia, Italy, Portugal, Germany, Spain, Turkey and France. Half of these non-Swiss nationals were born in Switzerland or have lived here for more than fifteen years. In terms of status, roughly two thirds of them have long-stay residence permits and a quarter have short-stay permits. Most of the others are asylum seekers. In terms of demographic structure, these migrant communities consist predominantly of men and persons of working age[69].

Needs

There are very few available indicators for the health of Switzerland's migrant communities. Those that do exist show that the situation of migrants is less good than that of Swiss nationals. This is true in the areas of perceived health, mental health, accidents in the workplace, abortions and certain infectious diseases. Where AIDS/HIV is concerned, persons from countries where the epidemic is most widespread account for a significant percentage of the new cases identified in European countries. As regards social indicators, we find a lower level of education and a higher level of unemployment among members of migrant communities than among native Swiss. Finally, some research shows that access to the health-care system is often more difficult for migrants than for Swiss citizens, particularly for asylum seekers and illegal immigrants[70].

Where drug-related problems are concerned, a recent exploratory study[71] estimated that between 20 and 30% of drug users on the Bern drugs scene were of Italian origin. Foreign nationals accounted for 24% of persons starting residential treatments for drug abuse[19,20]. Federal police data, meanwhile, indicate that 32% of charges for use of narcotics in Switzerland are brought against foreign nationals[72]. An estimate for the 1995-1998 period also shows that, where newly identified cases of HIV were concerned, only among European nationals was there a high proportion (23,8%) of intravenous drug users[73]. The "Migration and Drugs" study[74] reveals that most of the institutions acting in the drugs field lack some of the skills required for working with migrants. Communication tends to be hindered by insufficient knowledge and understanding of the background to migration, as well as by language barriers. Consequently, drug users or their friends and family rarely seek help from consultation centres, or do so only once.

Provision/resources

The Swiss municipalities and cantons took various migrant health initiatives during the 1990s. Specialised institutions and bodies, such as the Scuola e Famiglia Centre in Zurich or Appartenances in Lausanne, set up various services for the exclusive use of migrants. Some institutions, such as MuSuB[ttt] in Basle, have specialised in the area of drug dependence. Public authorities have implemented coordination tools and, in some cases, specific policies for migrants. Overall, these developments have led to many pilot projects and a wide diversity of cantonal practice. Nationally, the Swiss Forum for Migration and Population Studies (SFM) has conducted various research projects on the circumstances and health of migrants.

SFOPH objectives and strategy

Objectives

The right to health for all is a WHO objective that is endorsed by the SFOPH. This aim includes equality of treatment for minorities and the prevention of discrimination. It also means taking into account the needs and resources of migrants.

The objectives set by the SFOPH as part of ProMeDro are to encourage serious consideration of the issues associated with migrant health and to institutionalise appropriate provision for them in Switzerland's social and health services[75]. These objectives are therefore concerned with the full range of health-related issues.

Strategy

A change was made to the strategy during the evaluation period. In the early 1990s, the SFOPH's aim was to disseminate its prevention messages and measures among the main migrant communities by adopting a participatory approach and a philosophy of equal access. The Migrant Health project embodied this approach by relying on national prevention managers, as well as regional mediators and multipliers. All of these workers were drawn from the immigrant communities themselves.

[ttt] Multicultural service dealing with dependence-related problems in the cantons of Basel-Stadt and Basel-Landschaft.

A new strategy has gradually been formulated by the SFOPH and other federal departments, and became official in 2002[70]. It is based this time on a transcultural, integrational approach. In other words, it seeks to develop measures which apply to all migrants and assist their social integration in Switzerland. Special emphasis is placed on facilitating access to the health system and providing services which take account of migrants' specific needs. In operational terms, five fields of intervention have been identified for this new strategy:

- **the training** of interpreters, mediators and health professionals;
- **information, prevention and health promotion.** The messages are addressed to service providers, as well as migrants, to facilitate mutual understanding;
- **health care,** developed by means of mediation and coordination services, easy-access provision in municipalities, and the use of interpreters;
- **provision of therapy for trauma victims.** A more appropriate range of services and improved access are important considerations here;
- **research,** to help in evaluating the measures taken and to monitor migrant health.

The prevention and management of drug-related problems are obviously involved in these different fields of intervention.

Implementation and achievements

The "Migrant Health" project (PMS) came to an end in 2001. Prior to this date, the prevention managers and mediators led various interventions. Where drug-related problems were concerned, the PMS concentrated on setting up and leading self-help groups for the parents of dependent drug users. There are groups of this kind in several German-speaking cantons, involving the Italian, Portuguese and Hispanic communities.

The Scuola e Famiglia Centre in Zurich received SFOPH support for its activities. These included a "Linea droga" telephone help-line, the setting up of a self-help group for parents and friends of young drug users, prevention activities in Italian-language schools, and the production of a health-promotion pamphlet for use in teaching. This support has not been renewed, because the organisation has been restructured.

The "Migration and Drugs" research project gave rise to various developments, including a brochure for institutions working in the drug dependence field[76] and the completion of a pilot project. Contact Netz in Bern, a network of services in the drugs field[uuu], now employs a staff member who himself has experienced migration, to develop activities for migrants in collaboration with centre managers. The objective is to set up appropriate services and encourage the sharing of experience, as well as to transform the structure of the network so that the issue of migration is taken on board by all the parties concerned. This pilot project could then be applied more generally in Switzerland.

The other projects supported by the SFOPH are concerned with the health field generally. A "Migrant Health" regional centre of excellence has been established in eastern Switzerland, managed by Caritas. Another centre of this type is currently being planned in Zurich. A third centre of excellence, in this case of national scope, is managed by the Red Cross. The Red Cross centre has special responsibility for the training of care personnel. Otherwise, the tasks of these centres are to make health professionals more aware of the issues, organise prevention and advisory activities for migrants, facilitate the development of services for victims of violence, and act as "Migrant Health" coordinators. In addition, they seek to encourage both migrants and health professionals to use interpreters.

[uuu] The network of services comprises counselling, outpatient therapy, employment programmes, injection rooms, secondary prevention work and street work.

The Appartenances association in Lausanne has been commissioned by the SFOPH to facilitate health promotion and prevention activities, and to find solutions to health problems in migrant communities in the cantons of Vaud and Valais.

The SFOPH has also commissioned an association (Interpret') to promote interpreting and cultural mediation in the health, social and training fields. The association has produced and issued an educational videocassette in three languages for interpreters. It is also tasked with establishing quality standards for interpreters' training schools, and introducing into these institutions specialised courses and in-service training in the health field.

Finally, the SFOPH has supported an evaluation and the dissemination of the Basle-based Internetz project. The aim of this project has been to bring together authorities and institutions working in the health and social affairs fields with representatives of migrant communities in order to encourage the sharing of experience and cooperation. Several other towns in the German-speaking part of Switzerland have shown interest in setting up a similar project[vvv].

Assessment of the SFOPH's action

Appropriateness of the objectives and strategy

The first point to make is that there are serious shortcomings in our knowledge of the prevalence of drug use, the related problems, and the use of and need for services among the non-Swiss population. These shortcomings need to be remedied, at least in part, before it is realistically possible to implement appropriate measures. It would be wise to supplement the data gathered recently using an ethnological approach with a secondary analysis of existing epidemiological data (cross-sectional surveys, treatment statistics, health registers). This would give a clearer picture of the situation and of existing needs for information and services.

The SFOPH has on several occasions invested resources in activities targeting drug use, many of which have been aimed at drug-related problems in the Italian community, and most of which have been conducted in the German-speaking part of Switzerland, particularly the Bern region. Its work on the "Migration and Drugs" research project undoubtedly represents the SFOPH's most significant investment. The brochure distributed to Swiss institutions and the Contact network pilot project are further elements pointing the way to full and overall provision for migrants in Switzerland. It is not yet possible to assess whether or not this objective will be achieved. It is however permissible to observe that the preferred approach – the structural transformation of institutions as a better way of responding to the requirements of a transcultural task – is very ambitious, and possibly too specific to be generally applicable. A broader perspective on improving services for migrants, possibly based on different sites and adopting different approaches, might have been better suited to the Swiss situation.

As regards activities which are not specific to drug-related problems, the decision to drop the PMS, (Migrant Health Project) following an external evaluation[63], confirms the change of direction desired by the SFOPH. At the present stage of implementation of the new strategy, it is not possible to assess the merits of this decision. However, a number of positive aspects are already evident. The establishment of centres of excellence, one of whose functions is regional coordination, should lead to more sharing of knowledge and experience, remedying a deficiency which is often apparent in interventions targeting migrant health. Another long-awaited development is the organisation of interpreter training and the use of interpreters, particularly in the health-care sector.

[vvv] BS completed the project in 2000. BL, LU, SH and SO have adopted the model; BE and ZH have not adopted it.

Other future challenges will be to continue to mobilise the resources of migrants, by encouraging participatory strategies, and to develop services for certain categories of migrants who cannot, because of their status and recent experience of migration (asylum seekers and illegal immigrants), be easily reached by a transcultural and integrational strategy.

Degree of implementation and achievements

The SFOPH's objectives and strategy in this field encompass far more than the drugs programme, for which there are no specific objectives. The only drug-specific element is the decision to establish a centre of excellence to work in the field of drug addiction. The pilot project with the Contact network undoubtedly also has some connection with this decision. However, as we mentioned earlier, this project cannot be assessed in its present state of progress, and there are doubts as to its relevance at national level.

Otherwise, the SFOPH's objectives and strategy are concerned with health measures generally and aim to achieve major structural changes. The global evaluation of ProMeDro is therefore not in a position to assess their implementation.

Principal recommendations

- Commission a secondary analysis of the epidemiological data for drug use and take-up of services among the migrant population: identify gaps in knowledge and services.
- Check that the drug use related projects supported by the SFOPH are relevant at national level.

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6

Separate studies

Three complementary studies were carried out during the current evaluation phase as part of the follow-up to ProMeDro. They shed light on topics deemed to be of importance and selected in consultation with the programme managers:

- **study of the development of scenarios for a national early warning system in respect of illegal drugs;**
- **study of the sustainability/institutionalisation of SFOPH activities to reduce problems related to drug dependence;**
- **study of the prevention of drug dependence among young people: the role of the police, courts and juvenile courts;**

Specific evaluation questions were formulated in conjunction with the mandating party for each of these studies and individual reports published. A summary of each study is presented in the following pages.

An early warning system for illegal drugs: development of scenarios[1]

Mandate

The Swiss Federal Office of Public Health (SFOPH) asked the IUMSP to prepare a working document to stimulate reflection on the establishment of an early warning system for illegal drugs in Switzerland. The objective of this research was to provide up-to-date information on the problems and main issues relating to the establishment of a system of this kind, and to suggest possible models. It was decided that the report should conclude by proposing a number of scenarios to help the SFOPH in making an appropriate choice of strategy.

The public health problem giving rise to the need for an early warning system concerns the risks resulting from changes in the substances, modes of consumption and user groups in question. The expectation is that a system of this kind would make it possible to react speedily to changes which have an impact on public health.

Research questions

The researchers were required to provide answers to the following questions:

- What are the main early warning systems in use internationally? How do they differ in terms of objectives, methods and results?
- What existing SFOPH resources (epidemiology, national coordination, research, etc.) can be incorporated into an early warning system, or used to support/shape it? And what are the SFOPH's needs in relation to a system of this kind?
- How does information about new drugs and modes of consumption spread within certain cantons or regions? What types of local network are useful in gathering, analysing and disseminating information regarding emergent problems in Switzerland?
- What recommendations can be formulated for the establishment of a national early warning system?

Method

The approach was based on the principles of the rapid assessment and response method (RAR), which aims to be rapid, efficient and useful. The work was performed in four stages, with the emphasis on making the information and analyses effective, rather than exhaustive:

- review and analysis of the existing literature, the aim being to set out the issues affecting the design and establishment of an early warning system;
- review and analysis of existing systems[a], to determine which models might be feasible;
- Identification of the practices, resources and needs existing at federal level (SFOPH), to determine what characteristics the Swiss warning system should have;
- identification of the practices, resources and needs existing at cantonal and supracantonal levels, to pinpoint the needs of fieldworkers in relation to an early warning system, and what resources might be useful for its operation.

The scenarios were formulated by combining information from the four parts of the study. The review of the literature helped to determine the presentational framework, while the review of existing systems provided a choice of four possible models. Identification of federal and local needs made it clear that just two of these models were appropriate to Switzerland, and indicated how they could be adapted to the Swiss context. The exercise also suggested the possibility of a scenario involving minimal change to the current Swiss approach.

[a] Canadian Community Epidemiology Network on Drug Use (CCENDU)
South African community epidemiology network on drug use (SACENDU)
Community epidemiology work group (CEWG)
Drug abuse warning network (DAWN)
Ohio substance abuse monitoring network (OSAM)
The Maryland drug early warning system (DEWS)
The Australian illicit drug reporting system (IDRS)
Tendances récentes et nouvelles drogues (TREND / Recent trends and new drugs)
European joint action on new synthetic drugs
European emerging trends project

Results

Purpose and issues arising

Before developing an early warning system, it is necessary to determine what such a system consists in, what its objectives are, and what its component parts should be:

- an early warning system is **a relatively independent system for detecting events which might have an impact on public health and give rise to appropriate public health measures;**
- the operational objectives of an early warning system are **to improve the sensitivity of the instruments used for gathering data, and to speed up the efficient gathering, analysis and dissemination of information;**
- its efficient operation therefore depends on **developments in methodology** to improve the sensitivity of the information tools used, and also on **organisational developments** to process and disseminate knowledge more rapidly;
- **developments in methodology** include improvements to existing information tools and the development of new tools. Drawing on many different sources for triangulation purposes helps to minimise bias;
- **organisational developments** include the establishment of structures for gathering information, evaluating it and implementing rapid and appropriate public health measures in response. It would be best if a single structure were responsible for all three of these tasks.

Existing systems

About ten examples were examined, enabling four existing models to be updated:

1 epidemiological networks, which are generally more akin to monitoring systems than to early warning systems;
2 a register of emergency hospital admissions and deaths, which specifically targets acute problems related to the use of illegal drugs;
3 independent warning systems, the primary purpose of which is to detect emergent trends. They cross-check monitoring data with complementary data gathered specifically for this purpose;
4 a control system which seeks to evaluate the level of danger represented by new substances and to amend existing legislation accordingly.

Where **developments in methodology** are concerned, independent warning systems are the most advanced, because they incorporate various tools developed for the specific purpose of spotting changes which are not identified by the existing monitoring system. However, this requires a wide range and large number of such tools, so it is important to design the system in such a way that it can detect new trends in drug use without becoming too cumbersome and expensive to run.

Where **organisational developments** are concerned, the control system undoubtedly establishes the most clear-cut framework (in terms of guidelines, evaluation structure and activities) and, at the outset, may be the most effective. It is also worth noting that the systems differ in their output: some have developed simple, concise tools providing information at frequent intervals, while others seem to communicate primarily via an annual scientific report.

In conclusion, **it would seem preferable to set up a simple independent warning system, while continuing to develop the organisational measures needed to trigger public health activity.** The use of concise information tools would seem to be one aspect of such development.

The situation, needs and resources in Switzerland

Three approaches have been selected to determine needs and resources in relation to an early warning system in Switzerland:

- identification of the present state of the information and monitoring system for illegal drugs;
- identification of the needs and resources available at federal level, by conducting a series of interviews with staff members of the SFOPH and the Swiss Federal Office of Police (FOP);
- identification of the needs and resources available at cantonal and supracantonal levels, by conducting a series of interviews with cantonal authorities and specialists.

Switzerland already has a relatively well developed monitoring system for illegal drugs, providing an initial basis for establishing an early warning system. Another positive factor is the widespread information exchange network existing in Switzerland, in particular the federal and cantonal coordination commissions.

- SFOPH and FOP staff members indicated that they would like to have an early warning system enabling them to manage emergent trends in the use of illegal drugs more effectively. When they were asked what form this system should take, they pointed to different models responding to different needs. Two of these models – a spontaneous information network and a system providing systematic analysis of the risks and damage associated with substance use – were very different in approach. But an intermediate model for detecting new trends using information gathered from a few "sentinel" sites (cantons or municipalities) appeared as an alternative.

Drug delegates and fieldworkers agreed on one point: the system of formal and informal contacts which exists at local, regional and national levels in Switzerland constitutes a relatively effective warning system. Its main shortcomings are in relation to drug use among young people, particularly in the party scene. For their part, the cantonal delegates were wary about introducing an early warning system. Their immediate reaction was that it would be ineffective and, above all, would eat up considerable resources. The other players questioned were less categorical. In their view, the effort required to establish an early warning system would be justified if it improved the detection of new trends and new problems, particularly in the area of drug use by adolescents and young adults.

Conclusions, recommendations and scenarios

The main conclusions and recommendations of the study can be summarised as follows:

- Switzerland has many passive warning systems, the effectiveness of which is acknowledged. However, they have limitations when it comes to detecting new trends in some drug user circles;
- the early warning system should be supplementary to the present system for monitoring illegal drugs and based on the information networks which already exist at municipal, cantonal and federal levels. It should not replace existing systems, nor be disproportionately complex or expensive;
- considering the various existing models, we would suggest that Switzerland adopt a system which is relatively simple, based on a few "sentinel" sites and organised around the triangulation of monitoring data and regular information gathered from key informants (drug users, fieldworkers, the police, etc.);
- careful thought needs to be given to the organisational aspects – i.e. the process linking the detection of an event to public health action. These are the factors which will determine the effectiveness of the system, and they are the ones which often tend to be neglected. The priorities here are the gathering of information, the method and speed with which it is analysed, and the transmission of appropriate messages to members of the social/health network.

The three working scenarios proposed at the end of the report are:

- no major change in the way things are organised at present, i.e. no early warning system to be introduced at federal level. This scenario would require two modifications to the present approach: follow-up of European work on early warning systems, and greater attention to the issue of new trends in drug use among adolescents and young adults;
- introduction of a simple early warning system based on a few "sentinel" sites and organised around the triangulation of monitoring data and regular information gathered from key informants (drug users, fieldworkers, the police, etc.). A national institution would be tasked with gathering and coordinating these data and a special structure (group of experts) set up to analyse the information and decide what measures should be taken;

- introduction of a full-scale early warning system hosted by the SFOPH with the purpose of monitoring new substances appearing on the black market. The system would rely on data gathered from the police, laboratories and hospitals, and on a group of experts appointed to evaluate dangers and interventions in accordance with pre-established guidelines. Consequently, the appearance of a new substance would immediately trigger a standardised process for evaluating the risks associated with it.

Sustainability/institutionalisation of SFOPH activities to reduce problems associated with drug dependence: programme managers' assessments[2]

Mandate

In 1991, as part of the ProMeDro programme, the Swiss Federal Office of Public Health (SFOPH) launched and supported many prevention and harm-reduction programmes in different socio-cultural settings. The sustainability of these measures – i.e. the long-term social change which requires that projects, or their content, be taken up by the players concerned – is a fundamental issue which had not previously been systematically tackled.

Consequently, in 2000 the SFOPH asked the global evaluation team to analyse the sustainability of the following ProMeDro programmes:

- in the field of prevention: Drugs, or Sport?, Fil rouge, Voilà, Dependence prevention in the municipalities (Radix), funtasy projects, Schools and Health, Mediators, and the prevention materials produced by the Swiss Institute for the Prevention of Alcoholism and Other Addictions (ISPA);
- in the field of harm reduction: the projects supported by the Bureau pour la réduction des risques (Office for Harm Reduction in the Substance-Dependence Field - BRR).

Evaluation questions

- In the opinion of the programme managers, what are the continuing effects of the projects supported by the SFOPH in the course of ProMeDro?
- How would the programme managers describe their strategy and methods for ensuring the sustainability of their programme?
- What is the programme managers' assessment of the effects of their efforts to make their programme sustainable?
- If such effects have been achieved, what do the managers ascribe them to?
- How can the SFOPH continue to develop a sustainability strategy as part of its support for a programme?

Method

The first phase of the study focused on a review of the literature on programme sustainability. This was helpful in identifying obstacles to sustainability and factors favouring it, and in deciding what aspects needed to be taken into account for the purposes of the analysis. The following aspects were selected: institutionalisation, funding, penetration, ownership by the community, perpetuation of outputs and maintenance of public health benefits.

The second phase of the study focused on the sustainability of existing programmes. It analysed the organisation of each programme, seeking to clarify its structure and operational principles, while concentrating on points relevant to its sustainability. A simplified flow chart was drawn up, representing all the levels covered by the programme: its management (national level), any intermediate structures (cantonal level), and the target groups (local or project level). For each level, the aspects of sustainability which were relevant were noted. The problems inherent in making each programme sustainable were specified in terms of organisational structure, mode of implementation and level under consideration. The specific characteristics identified as a result were then subjected to comparative cross-sectional analysis, taking into account all the programmes included in the study.

Information relevant to the organisation and sustainability of each programme was extracted from a large number of documents: contracts, reports, evaluations and others (leaflets, statistics, protocols, websites, etc.). About ten interviews were conducted, by telephone or face-to-face, with the programme managers or other personnel.

Several tools were used to prepare for and carry out the interviews: a check-list of the potential obstacles to, and factors favouring, sustainability; a check-list of the various aspects of sustainability; interview guidelines including all the specific questions to be asked in relation to each programme. The flow chart for each programme was also used in preparing for the interview, checked in the course of it, and amended if necessary.

Results: sustainability of the various programmes

Dependence prevention in the municipalities

Since 1993, the Radix Health Promotion Foundation, acting on the SFOPH's behalf, has been managing the programme promoting and funding dependence prevention projects in the community. At national level, the programme has been successfully institutionalised within Radix, but it still needs financial support from the SFOPH. The national prevention exhibition, held in 1995, 1998 and 2001, encouraged the development of a wide and well-established system of networking. The programme is well known to the various partners and well accepted by them.

At cantonal level, the programme's penetration is good; only Ticino is not covered. The cantonal prevention authorities are in some cases not sufficiently involved.

Locally, fruitful cooperation has been established with prevention centres. More and more frequently, projects are designed in such a way as to favour their sustainability and/or coverage (model projects). The co-funding requirement is not an obstacle. The measures proposed by the programme are well accepted and the key ideas are taken up by the communities concerned.

Fil rouge

Fil rouge is a secondary prevention programme geared to the needs of the staff of socio-educational institutions for young people. It has been operating since 1994. At national level, the lack of a pre-existing umbrella organisation covering socio-educational institutions for young people made it difficult to get the programme started. It adapted to this situation and has established different forms of organisation and different strategies in the German-speaking and French-speaking regions of Switzerland. The programme is now well known and has a positive image, but it still needs SFOPH funding.

Its penetration at cantonal level is hindered by local reluctance to accept external intervention. In the German-speaking part of Switzerland, the provision of appropriate information and interventions tailored to individual socio-educational institutions for young people have helped it to gain acceptance.

Locally, the requirement that training be co-funded is well accepted in the French-speaking region of Switzerland, where the aim is to achieve a long-term effect through the training of educators. In the German-speaking region, tailor-made interventions are designed with long-term sustainability in mind.

Voilà

This is a national programme which has provided training in dependence prevention and health promotion to holiday camp monitors since 1993. At national level, the decision to cooperate with the Conseil suisse des activités de jeunesse (Swiss association of youth organisations - CSAJ) has proved to be judicious. It has also been an important factor in the success of the programme, which has been effectively integrated into this organisation. However, SFOPH funding is still needed. At this level, the paradigm shift (from prevention to health promotion) is well accepted.

At cantonal level, the programme has been more successfully institutionalised by youth organisations which have a direct or indirect link with prevention than by others. The programme has achieved widespread coverage in the German- and French-speaking regions of Switzerland, but not in Ticino.

Locally, good cooperation has been established with youth organisations. The voluntary nature of the work is a positive factor in winning acceptance for the programme interventions and making them effective. The youth organisation setting has made it possible to establish a large-scale training programme and reach a very wide audience.

funtasy projects

Since 1997, this programme has provided support for the planning and implementation of projects dealing with subjects of relevance to young people. At national level, there is no organisation on which the programme can base its interventions. This difficulty is confirmed by the fact that there has been more than one change in the agency delegated to implement the programme, although the use of resource-persons in the different regions has provided a partial solution to this problem. The programme is now in a phase of consolidation, having been taken over by the SFOPH's Drugs Section and having had its contract with the new mandating party extended. SFOPH funding is still needed, though sponsors have been found.

The programme covers almost all Swiss cantons.

The programme is well accepted locally. The skills acquired by project workers are also used in other contexts, and the projects themselves are a source of inspiration. The co-funding requirement is not an obstacle.

Schools and Health framework programme / European Network of Health-Promoting Schools - Switzerland (REES-CH)

The framework programme is a joint venture involving the SFOPH, the Swiss conference of cantonal ministers of education (CDIP) and Promotion santé suisse (the Swiss health promotion foundation). Working in close collaboration with the parallel REES-CH programme, it has been selecting and funding health promotion projects in schools since 1992. At national level, cooperation between the partners seems to be based on a fragile consensus regarding the fundamental objective of developing framework conditions favourable to health promotion. The distribution of roles and responsibilities among the partners also lacks precision.

The requirement that the cantons provide support, and that they belong to REES-CH, are factors making for sustainability. However, there are reservations about having the Federal Government intervene in the field of education, although many cantons have no official bodies with a special brief for health promotion.

At individual project level, the acceptance criteria are sometimes difficult to implement. It is hard to gain acceptance for the health promotion angle of such projects, though the SFOPH label is a positive factor.

Training school mediators in the French-speaking region of Switzerland and Ticino, and the "Mediation" project

Since 1994, the aim of the first of these projects has been to train mediators in listening and support techniques. The second, started in 2000, aims to develop a mediation culture in schools. The training of mediators in the French-speaking region of Switzerland and in Ticino has proved more difficult than expected. Data on the impact of such training are lacking. In the cantons of Fribourg and Jura, however, stimulating effects were noted when the Institut de formation systémique in Fribourg (Institute of Systemic Education - IFS) introduced training of this kind. The participants expressed satisfaction in the subsequent evaluation exercise. The certificate awarded by the IFS on completion of the training is recognised by the cantons. A charter has been published in respect of school mediation in the French-speaking region of Switzerland and in Ticino. The creation of a website has been an important factor in the dissemination and exchange of information on the mediation project.

Drugs, or Sport? programme, Dependence & Sport Service, Dependence and Sport programme / LaOla

SFOPH intervention in the sport setting began in 1992. There have since been major changes in the organisation and objectives of its work in this field. As things stand at present, the aim is to integrate prevention and health promotion into national sporting structures (national associations and sports clubs) through cooperation with the Swiss Olympic Association. The other initial objective of introducing sport into facilities working in the field of drug dependence has become very much a secondary consideration.

One success of the SFOPH's intervention has been to make the Dependence & Sport Service a permanent feature of the Swiss Federal Office of Sport (BASPO). This means that the drugs issue is now part of the curriculum of sports teachers and other instructors trained at Magglingen.

Projects supported by the Bureau pour la reduction des risques (Office for Harm Reduction in the Substance-Dependence Field - BRR)

In 1995, the SFOPH tasked the BRR – a centre of excellence attached to the Oeuvre suisse d'entraide ouvrière (Swiss worker's support organisation - OSEO) – with supporting the start-up of projects in application of the harm reduction pillar of its drugs policy. Factors likely to ensure the acceptance and institutionalisation of a project (in particular, the prior support of an institution, analysis of the real needs and long-term financial planning) are the key to its sustainability. Most of the projects supported are in the French and German-speaking regions of Switzerland, with very few in Ticino.

Prevention materials produced by the ISPA

The Swiss Institute for the Prevention of Alcoholism and Other Addictions (ISPA) produces a range of materials aimed at preventing drug dependence (brochures, leaflets, etc.). Most of these have a long life-span. They are widely distributed in the German- and French-speaking regions of Switzerland, less so in Ticino. There is little material designed for communities which do not speak one of Switzerland's national languages. The materials are designed so that they can be modified in response to changing circumstances. They are well accepted by both professionals and target groups.

Conclusions and recommendations regarding the cross-sectional aspects of sustainability

National level

- In the choice of a national partner, the key factors which make for sustainability are whether or not the potential partner organisation's mission is compatible with the programme philosophy, and whether its structure is in keeping with the objective of achieving wide coverage.
- Having a long-term contract and being able to change the organisational structure – or even change partner, if necessary – are important factors in ensuring the sustainability of a programme.

- It appears unlikely that the cantons or other partners will be able to take full responsibility for funding national programme structures. The programmes will continue only if the SFOPH maintains its financial commitment.

Cantonal level

- Most of the programmes are deficient in terms of coverage, especially where Ticino is concerned.
- Where networking and cooperation are concerned, the difficulties sometimes encountered are not due so much to problems in identifying potential partners, as to reluctance on the part of partners to engage in collaborative ventures. It would be useful to consider whether it is advisable to offer so many possible ways of cooperating and, possibly, try to harmonise them.

Local and project level

- All the programmes invest a lot of resources in training activities. There is a lack of information on the long-term impact of these efforts.
- Generally, the concept and design of projects incorporate elements favourable to sustainability, and these are increasingly spelled out in the acceptance criteria. Introducing the issue of sustainability at an early stage is a vital factor in ensuring long-term project viability.
- The co-funding requirement does not have a negative impact. On the contrary, it helps to ensure the quality and sustainability of projects.
- Except perhaps for Schools and Health, the programmes that have been introduced are well accepted and readily adopted by the communities concerned.

Other cross-sectional aspects

- Efforts to extend the coverage of existing programmes and the multiplication of projects raise questions of needs and whether they are being met. Global consideration needs to be given to whether needs are being covered or not, and how best to allocate tasks to ensure optimum coverage at the present stage of Federal Government action.
- The SFOPH lends projects legitimacy and dynamism, and insists on a certain level of quality. These advantages might well be lost if the SFOPH were to withdraw completely, as envisaged, from intervening at this level.
- There have been difficulties in gaining acceptance for health promotion projects. As the general emphasis of the programmes shifts from prevention to the new paradigm of health promotion, there is an even greater need for the legitimacy conveyed by the SFOPH label. Again, SFOPH's envisaged withdrawal from intervention at this level needs to be carefully examined.
- The public perception of the various programmes is very variable. Not all of them display their SFOPH credentials. Since the SFOPH "label" lends additional visibility and legitimacy, it might be a good idea to consider the advantages and disadvantages of adopting a corporate identity for all programmes.

Preventing drug dependence among young people: the role of the police, courts and juvenile magistrates[3]

Mandate

As part of the ProMeDro programme, the Swiss Federal Office of Public Health (SFOPH) is seeking closer cooperation between players with responsibilities in the three key public health areas (the prevention, treatment, harm reduction "pillars"), on the one hand, and those involved in law enforcement, on the other. However, relevant data are very limited. To obtain more factual information, an initial study was conducted in 1998-1999 by the Lausanne University Institute of Social and Preventive Medicine (IUMSP) on the public health aspects of police work with drug users[4]. The present study pursues the issues broached in the earlier study, but with a more specific emphasis on young people[b], and on intervention at local level. It includes all the players associated with the fourth pillar, i.e. the police and the criminal justice system, and tries to discover how they share responsibility with players in the other key areas, and how they cooperate. According to the Swiss Criminal Code, which also regulates the treatment of minors in the criminal justice system (rules first drafted in 1937 and revised in 1971), the measures taken by the police and courts in relation to juvenile crime must be preventive in character.

Finally, it is worth noting that this study was commissioned at a key moment in the history of the fight against drug-related problems, i.e. just after the Federal Council had adopted a draft revision of the Federal Law on Narcotics. The amendments contained in this revised version of the law considerably change the situation where the protection of young people is concerned and will have direct consequences for the work of the players examined in this study.

Research questions

This research was required to answer the following questions:

- **In the localities studied**
  Concerning the role of the (local) police in relation to drug dependence, how have prevention, support and law enforcement strategies and activities in respect of young people developed? How do the different forms of activity (prevention, support and law enforcement) complement one another?
- How do the police see their role in preventing drug dependence, crime and violence among young people?
- How do the police, the medical and social services, the education system and the criminal justice system (minors) cooperate? And what are the prospects for future cooperation?
- How do the different players define their roles and share the work of prevention (drug use and other crimes)? Is such sharing relevant?

Method

The study was based on twelve concrete examples of local intervention in the cantons of Basel-Stadt, Basel-Landschaft, Bern, Geneva, and the canton of Valais. These cases can be described in the following terms: **"examples of police or judicial intervention with a preventive purpose in relation to minors and drug dependence".**

Information was obtained by means of interviews conducted in the course of 2001 with twenty key informants, supplemented by contacts with twelve or so other players. Further evidence was extracted from documents supplied by these persons or obtained by other means. A separate analysis was made of the legal context.

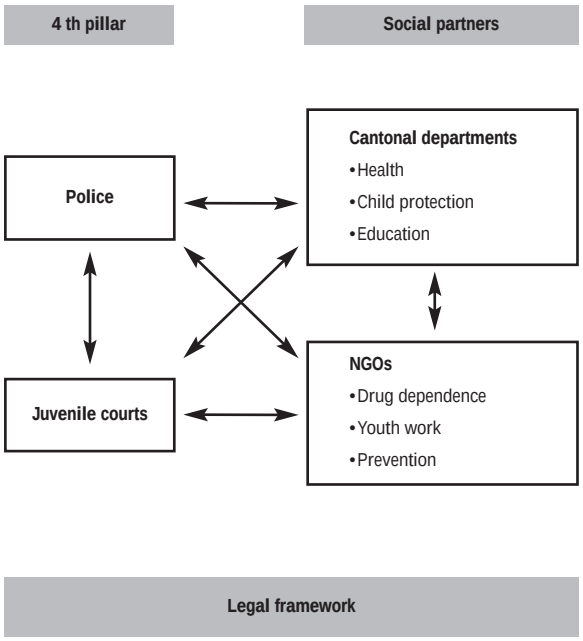
[b] The scope of the investigation was restricted to minors. It did not include young people over 18 years of age, whose legal status is different.

For the purposes of this study, drug dependence was interpreted in a broad sense, specifically adapted to the circumstances of minors. The study was not concerned with serious drug dependence problems, involving the use of heroin and cocaine, given that few minors have yet developed problems of this kind. On the other hand, they may live a lifestyle or exhibit behaviour patterns (use of cannabis, alcohol or tobacco; delinquency; problems at school or in the family) which indicate that they are in need of special help.

The degree of involvement of the police or justice system differed from situation to situation. In some cases, the police or the justice system was the principal player; in others, one of these agencies played a secondary role, cooperating in a project initiated elsewhere. To achieve as clear an understanding as possible of the way the different sectors cooperated, a triangulated approach was adopted, as illustrated in the diagram below:

Figure 6.1

Triangulated approach to the examples studied



Results

On the whole, the examples revealed a complex situation, from which the following points emerged:

- the legal framework is complex. This is partly because of the distinction between Federal legislation, which is the same for all of Switzerland, and cantonal legislation, where there are local differences; partly because of the current revision of the Federal Law on Narcotics and uncertainty as to its implications;
- many players and institutions are active in prevention. This raises the question of how responsibilities can best be shared when different ways of thinking are involved;
- implementation differs from place to place. Although cantons may start with the same basic idea, the way in which it is implemented differs from one canton to another, and even within one and the same canton;
- the social image of cannabis use is changing. Apart from the legal framework, there are no objective guidelines as to what constitutes "problematic use". The boundaries have to be negotiated between the different players involved, including the minors themselves.

The case studies[c] were classified and analysed in terms of three intervention models: those based on the specialised roles of the police; those based on the work of the juvenile courts; and those relating to the sale of legal drugs to minors.

Intervention models based on the specialised roles of the police

In the three cases considered, the goals were the primary and secondary prevention of juvenile delinquency. The target group consisted of young people, whether attending school or not, and the local community, for projects which included a neighbourhood watch dimension. In the interventions geared specifically to young people, the role played by the police was that of youth officer at police stations or prevention officer in schools. In community-based activities, their role took the form of on-the-beat policing.

Intervention models based on the work of the juvenile courts

There were five examples of this model. The interventions were concerned with secondary prevention among minors referred to the courts, generally for use of cannabis. They were offered the opportunity or obliged to take part in a programme organised by social-sector professionals. Prevention courses and evaluation sessions were organised to make them aware of drug dependence problems. Taking part in these activities could free them from criminal proceedings or punishment.

Intervention models relating to the sale of legal drugs to minors

There were two examples of this model. The aim was to reduce alcohol and tobacco consumption among young people by restricting their access to these products. Managers of shops and outlets selling alcoholic drinks and cigarettes were targeted; they were provided with information, given warnings or had their activities checked.

Analysis of the implementation of the various interventions revealed some factors likely to facilitate and others likely to hinder cooperation between law enforcement officers and persons working in the three other policy pillars.

Table 6.1

Factors favourable and unfavourable to cooperation

Favourable factors	Unfavourable factors
Establishment of common goals	Lack of clarity in role definition
Existence of clear legal foundations	Failure on the part of the public authorities to communicate priorities clearly
Joint training	Competition for funding
Joint planning and implementation of interventions	Excessive burden on partners
Creation of new jobs	Discrepancies between legislation, social norms and actual behaviour
Community-oriented approaches	Discrepancies between legal provisions and their enforcement
Maintaining personal contacts	Vague legal framework
	Few widespread examples of good practices

[c] Two of the examples do not fit into this system of categorisation and are not described here.

Conclusions and recommendations

Set out below are the conclusions and recommendations for the three types of examples studied. Note that, in all cases, the partner best placed to implement the recommendation is the GtCoPo (working group for coordination with the police).

Prevention based on the specialised functions of the police

The role and the identity of the police are changing, with more attention being paid to prevention. Evidence of this is the development of specialised roles and functions. At present, there is no central database featuring all the relevant innovations being implemented in Switzerland.

- To enable all the cantons and municipalities to draw inspiration from police innovations in the field of prevention, it is recommended that relevant data be collected centrally in a database of good practices, allowing others to share the benefits of such experience.

Where primary prevention is concerned, the revision of the Narcotics Law will result in change for the police, who will no longer be bound to bring charges for the use of cannabis. It is however difficult to foresee how significant this change will be. The extension of the role of the police to include primary prevention raises the question of how roles will be shared between those working in the field. The study points to the possibility of conflict between the police and social workers. Some aspects of prevention are still very specific to police intervention; others are less easy to categorise.

- To ensure greater consistency in interventions by the different players and define their roles more clearly, it is recommended that the SFOPH, in conjunction with the police, should develop a concept defining the respective roles of the police and social workers involved in primary prevention relative to young people's health and delinquency. This concept should be transmitted to the institutions concerned, and developed at meetings between the different sectors.

Prevention based on the work of the juvenile courts

In recent years, there has been more and better cooperation between the justice system and its partners in the social sector. Under the current legislation, the judicial authorities are permitted to exert certain forms of "leverage", while relying on the expertise of professionals in the social and medical fields. The advantage of the present situation is that the roles of the different players are clearly defined: interventions and procedures for working together are jointly agreed, but the powers of the justice system provide the driving force in raising particular cases. But it is reckoned that insufficient attention is given to the early notification of young people with drug abuse or dependence problems5. The issue is whether adequate civil resources will be available to make up for the secondary prevention opportunities currently managed by juvenile courts.

- The current legislation has allowed various systems of cooperation to be developed between the justice system and social workers. In managing the transition to the new law, it is important to ensure that these positive developments are not swept aside by the proposed changes.

The purpose of the new law is to provide greater protection for young people and so improve what is seen as an unsatisfactory situation. The Federal Council message accompanying the draft law announces a five-year programme to encourage secondary prevention and early notification, to be implemented by the SFOPH in conjunction with the cantons.

- It is recommended that supporting measures to strengthen secondary prevention among young people should be defined in collaboration with those responsible for the fourth pillar of the drug policy (law enforcement).

There are several hypotheses regarding the impact of the proposed changes to the law. One thing that emerges clearly is the need for rigorous monitoring of their outcomes.

- The research and evaluation measures introduced to monitor the effects of the revision of the Narcotics Law must include elements specific to minors and to the changing role of the justice system in secondary prevention. It will be important to know whether the measures are pertinent and effective. It is recommended that these measures be formulated in conjunction with those responsible for the fourth pillar.

Prevention in relation to the sale of legal drugs to minors

One of the problems in preventing drug dependence among young people is that the messages they receive about legal and illegal drugs are inconsistent. In principle, the sale of alcohol and tobacco to young people under the age of 16 is forbidden by law. The available examples present another aspect of prevention by tackling the issue of the supply of legal drugs.

- To promote this prevention approach, it is recommended that measures to restrict the sale of tobacco and alcohol to young people be centralised and made accessible via a website.

In its final report, the working group on the "protection of young people" set up as part of the revision of the Narcotics Law points out that current measures to protect young people against tobacco and alcohol are inadequate. It advocates efforts to train and motivate the businesses concerned.

- It is recommended that measures of the kind advocated by the "protection of young people" working group should be undertaken to control the sale of tobacco and alcohol to young people, with a view to "establishing a more effective system for controlling sales and taking legal proceedings against those who break the law".

When the current draft revision of the Federal Narcotics Law comes into force, it will introduce two significant differences regarding the supply and sale of cannabis, on the one hand, and of alcohol and tobacco, on the other. Supplying cannabis to a young person under 16 years of age will be punishable by imprisonment **and** a fine, whereas the punishment for supplying alcohol and tobacco will be imprisonment **or** a fine. When the discretionary principle is introduced for the sale of cannabis, it will be legal to sell alcohol and tobacco to persons of 16 and over, but cannabis only to persons of 18 or over.

- This makes it advisable to consider the management of these differences, and particularly the issues of legitimacy and application they are bound to raise.

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7

Conclusions and recommandations

This chapter deals with the general development of ProMeDro and therefore appraises all the activities carried out as part of the programme. The first part addresses the follow-up to the programme from two viewpoints:

- **the priorities set by the SFOPH for ProMe-Dro;**
- **the conclusions and recommendations formulated in the previous evaluation report (1997-1999).**

The second part of the chapter comprises a short summary of all the data and assessments contained in this report. It concludes by setting out five priority recommendations for the programme managers.

General follow-up to ProMeDro

Follow-up in terms of the priorities set by the SFOPH

The SFOPH set a number of priorities for its activities in the 1998-2002 period[1]. This period now being over, it is time to examine what has been achieved in relation to each of the priorities set.

- Increase the Confederation's commitment to **primary and secondary prevention** and early intervention in order to avoid a drift towards drug dependence, stressing the need for a bundle/system of interventions anchored within the community to ensure that prevention is effective. In particular:
  - achieve synergy between the various primary and secondary prevention programmes launched or supported by the SFOPH;
  - implement a research programme of individualised secondary prevention (supra-f) that will make it possible to measure and demonstrate the effectiveness of one or more approaches to secondary prevention, and their feasibility within the Swiss context;
  - redirect the SFOPH's resources towards the "prevention" pillar.

The SFOPH's various prevention programmes are generating synergies, undoubtedly assisted by the setting up of a Health Promotion and Disease Prevention Unit which brings the management of all the programmes under one roof. The approaches employed in these programmes are also being harmonised. The SFOPH's intervention is oriented towards a model based on the identification and training of multipliers working in young people's settings, the aim being to improve instruments of early detection and management. As matters stand, the prevention and health promotion programmes are still very heterogeneous and the available data are not sufficiently comparable. In addition, the cost/benefit ratio needs to be examined for each programme.

The research programme on secondary prevention (supra-f) is under way. However, its implementation is posing a number of problems, as is demonstrated by the high turnover of researchers and coordinators involved in the project and by certain methodological recommendations made in an external report.

The data available do not indicate whether the SFOPH's research funding resources have been redirected towards prevention. On the other hand, considerable sums have been invested in prevention, and long-term programmes requiring sustained investment have been set up, suggesting that prevention enjoys a high degree of priority within ProMeDro.

- Consolidate the range of **therapies** as a coordinated system, improving measures that enable individuals to **give up their dependence on drugs:**
  - reach agreement on a uniform system for funding abstinence-oriented therapies within the social insurance system and the financial arrangements between the Confederation and the cantons, taking account of the various services required, including those aimed at early therapeutic intervention;
  - initiate improvement in the quality of methadone substitution treatments, specifically aiming to raise the number of patients remaining in therapy;
  - establish heroin prescription treatment as a therapeutic option integrated into the network of therapies for drug dependence;
  - initiate an improvement in the range of therapies linked to drug use in at least one-third of prisons and/or one-third of prison places.

Work is in progress on the majority of the above priority goals. The establishment of a uniform system for funding residential treatment (FiDé) has taken several major hurdles, although failure to achieve the major objective in the given time frame is certainly due to the overly optimistic approach to the difficult task of reorganising a very complex system involving a large number of different players (cantons, municipalities, the Confederation, institutions). Another project in this sector that has recently grown in importance is the quality assurance system QuaTheDA, developed by the SFOPH. It complements the funding system and plays a part in reorganising the services provided by residential treatment centres and redefining their roles.

As regards outpatient-based methadone substitution treatment, the quality improvement process laid down in the priority goals of ProMeDro showed positive results only in the final period. The work done for the national conference on substitution therapies (NaSuKo) should lead to improved practices in this field, particularly as a result of the new guidelines on the indication for, and prescription of, metha-done. However, these studies have only just got off the ground, and the commitment of the SFOPH to efforts to improve these treatments is expected to be both long-term and continuous. Application of the skills acquired in the HeGeBe programme could be beneficial. Also of significance are the projects aimed at networking prescribing physicians, MedRoTox and MeTiTox, which have shown that peer support is an intelligent and cost-effective approach for primary care physicians. This experience now needs to be applied to the German-speaking part of Switzerland.

In line with the SFOPH's priority goal, the institutionalisation of heroin prescription treatment has made good progress, and indeed in some regions such treatment is already integrated into the existing range of therapies. However, the aim is now to extend this integration and to coordinate the related activities with other therapeutic sectors. Some moves in this direction have been observed in cantons providing heroin prescription treatment, for instance its introduction in prisons and among the clients of residential treatment facilities. More generally, however, coordination between specialised clinics dispensing heroin and other institutions and the professionals in charge of treatment needs to be improved. This could lead to the development of treatment programmes, including programmes that involve a progression through different available approaches to enable dependent drug users to gradually stabilise their situation.

The SFOPH's quantified targets for prisons are problematic. For one thing, regular data tracking the provision of treatment in prisons are not currently available; for another, the SFOPH's activities in this area have no longer enjoyed priority status over the last two or three years. As a consequence, there is a significant gap between stated intention and reality with regard to this priority goal, and the SFOPH will have to clarify the situation.

- Consolidate the range of measures to **reduce risks** and **maintain social integration** among drug addicts or users:
  - ensure the perpetuation of measures required to reduce risks within the framework of drug policies implemented by municipalities and cantons, promote the continuity and funding of institutions in line with needs;
  - broaden access to injection equipment in regions and towns which are still under-equipped, in order to cover needs throughout the country;
  - initiate an improvement in the quality of measures to reduce risks and maintain social integration, in particular aiming to improve cooperation by networking with interventions in the fields of prevention, therapy and maintenance of public order;
  - improve the range of services to reduce risks linked to drug use in at least one-third of prisons and/or one-third of prison places.

Through its AIDS and drug prevention programmes, the SFOPH has made a significant contribution to institutionalising harm reduction in Switzerland. Thus it has played a full part in improving the social and, above all, the health situation of dependent drug users. The position is, however, less clear-cut as regards the priorities set for ProMeDro. The goals are very ambitious and the instruments for determining whether they have been attained have not yet been developed. It is, for instance, difficult to establish whether the SFOPH has ensured the sustainability of harm reduction measures taken at cantonal and municipal levels and to what extent it has helped broaden access to injection equipment in Switzerland in recent years. The activities of the Bureau pour la réduction des risques (Office for Harm Reduction in the Substance-Dependence Field – BRR), undoubtedly contribute to achievements in this area, but in the absence of clear lists of needs and gaps, there is no way of determining their exact extent. The current inventory of employment and accommodation provision and the forthcoming evaluation of the BRR will make it possible to measure this more precisely, as well as improvements in quality and networking. Nevertheless, a new inventory of measures to reduce damage to health will also have to be compiled if the range of harm reduction measures as a whole is to be assessed.

In the prison sector, the objective of extending the range of harm reduction measures to one-third of prison detainees in Switzerland had already been achieved in 1999.

- Establish and operate a **national epidemiological monitoring observatory** based on the "REITOX focal points" model of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

This priority - or goal – has not been achieved, and is the principal weakness of ProMe-Dro. This is discussed below in the section on the follow-up to the recommendations set out in the previous evaluation report.

- Transmit the results of **epidemiological studies, scientific research and evaluations** in the field of drug dependence to professionals and decision-makers.

The SFOPH has led a variety of activities aimed at promoting knowledge transfer. These include compilations of the results of research and evaluations performed as part of ProMeDro, presenting ongoing research on the ARAMIS information system, featuring studies in the magazine "spectra" and staging various conferences designed to promote exchange between researchers and intervention specialists. Knowledge transfer has indeed been an important priority of the SFOPH.

- Initiate a **quality promotion and management** process common to the whole of ProMeDro, differentiated according to fields, useful to, and used by, over half of the institutions working in the field of drug abuse and half of the decision-makers concerned (Confederation, cantons, municipalities, private institutions).

The main area of progress on this front has been the establishment of the quality assurance system QuaTheDA in the residential-treatment sector. This system should also be extended to outpatient treatment and could certainly serve as a model in other fields as well (prevention, harm reduction, migrant care, etc.). On the other hand, the quantitative goal set by the SFOPH has not been achieved, except in the heroin prescription treatment and residential sectors, where it should be achieved shortly.

- Optimise the **coordinated and operational functioning** of the various commis-sions and platforms, in particular the Conférence des délégués cantonaux aux problèmes de toxicomanie (Swiss conference of cantonal delegates for drug-related issues - CDCT) and the Comité national de liaison en matière de drogue (National liaison committee for problems of drug dependence - CNLD).

The SFOPH commissioned an evaluation of its national coordination measures with a view to improving efficiency. The results of this evaluation have not so far led to any reforms in this area so the desired improvements do not seem to have taken place.

The Swiss conference of cantonal delegates for drug-related issues (CDCT) engages in activities on a regular basis and attendance is good, fully confirming its usefulness. Conversely, the CNDL (National liaison committee for problems of drug dependence) is much less regular in its activities and its usefulness and form are currently under review.

Follow-up in terms of the recommendations contained in the previous global evaluation report (1997-1999)

The previous global evaluation report concluded with a list of thirteen final recommendations addressed to the ProMeDro managers. These recommendations are set out below and commented on in terms of progress achieved to date. Since a number of them coincide with the SFOPH priorities discussed in the previous section, some of the comments made there will not be repeated here.

1 The SFOPH should pay particular attention to harmonising statistics related to drug problems in order to obtain reliable epidemio-logical indicators. Epidemiological monitoring is an essential tool of an effective health policy in the field of drug abuse, and should therefore be a priority for the SFOPH.

This recommendation was already featured in the first global evaluation report issued in 1992[2] and continues to be valid. Admittedly, over the last ten years the SFOPH has actively contributed to the development of a variety of epi-demiological tools and has instituted an ambitious project to render treatment data more uniform (Act-info), but these developments are too fragmented or have suffered delays. As a result, Switzerland still has no genuine and coordinated drug monitoring system and the decision to set one up is awaiting the outcome of negotiations between the SFOPH and the Swiss Federal Statistical Office (SFSO). However, if evidence-based policies are to be achieved, a monitoring system is indispensable, and the lack of such a system is ProMeDro's principal shortcoming. The SFOPH should assume responsibility and leadership and make available the know-how and resources required. In addition, there is a need to clarify the links between the monitoring activities, the establishment of a national observatory for substance dependence, the putting out to tender of a research into the consequences of the revision of the Federal Narcotics Law, and the development of a national warning system. If maximum benefit is to be derived from these projects, both individually and as a whole, they will have to be rigorously coordinated and integrated.

2 Nearly 50% of heroin users are now treated with methadone: resources must therefore be allocated to this sector to assure the quality of such treatment and gain further knowledge about it.

The SFOPH has become more actively involved in this field in the last two years and its efforts should be welcomed. They nevertheless still fall short of its work in the fields of residential treatment and heroin prescription treatment, even though the number of persons being treated with methadone is much higher overall. The SFOPH should endeavour to play a key role in this area, coordinating the know-how and experience available and supporting long-term quality development in respect of such treatment. A national framework programme for methadone (and buprenorphine) treatment would be a particularly valuable tool.

3 The provision of therapies and harm reduction measures are of fundamental importance: the SFOPH should make constant efforts to ensure that they are diverse, professional, accessible and tailored to individual needs.

This recommendation is being followed by the SFOPH, and the accessibility and the quality of the services provided for dependent drug users are two of its priority goals. Supplementary studies, particularly to identify existing gaps and disseminate quality assurance projects, could generate additional benefits for the methadone programmes, harm reduction activities and assistance for drug users in prison.

4 The projects in which the SFOPH participates should be institutionalised across the board to ensure that the activities involved are not limited to the duration of subsidies and to secure their long-term effects and accessibility.

This recommendation applies particularly to the field of prevention. A recent global evaluation study[3] highlighted the main issues involved in institutionalising these projects, as well as roles and functions which the SFOPH should continue to fulfil even if it were to cease funding the projects. The results of this study need to be taken on board if the SFOPH's strategy in this area is to be optimised.

5 The SFOPH's internal coordination should be developed so that its partners can refer to intervention concepts and methods that it has clearly defined. In particular, this applies to coordination in the field of prevention as a whole and to substitution therapy, harm reduction and secondary prevention. SFOPH partners would find it easier to fine-tune their efforts if projects or research were put out to tender and if selection criteria were more clearly defined.

Intervention concepts and methods in the prevention field are currently being clarified. This should make it possible to coordinate prevention and health-promotion programmes, identify shared objectives and optimise the quality of each of the programmes. With regard to the links between outpatient treatment, harm reduction activities and secondary prevention (early identification of young people at risk), it can be observed that such links are limited because the areas are managed separately within ProMeDro. A possible solution to these coordination problems might be to support local coordination projects, tracking experiments in linking different care provision services.

The last few years have seen an improvement in the definition of the selection criteria applying to the projects and research activities funded as part of ProMeDro and in the procedures for putting them out to tender. Nonetheless, the SFOPH still refuses to entrust certain responsibilities – in particular, definition of objectives and selection of the projects and research to be pursued – to third parties, even though they may sometimes be better equipped to assess the quality and value of the proposals submitted. This is particularly true of research in which the responsibilities and follow-up would be better exercised by external experts working in conformity with the standards applying in this field, rather than by the SFOPH alone.

6 Delegation to agents has been very successful, and the SFOPH should continue this type of intervention. However, it should ensure that agents really have the skills required to carry out their tasks and receive sufficient resources to do so.

This general recommendation is still valid. The changes effected in respect of certain agents, particularly in the field of prevention and health promotion, indicate that projects and programmes sometimes continue to be launched before the best possible solution has been found or without adapting the project goals to the particular skills of the agent selected. The development of internal training in project management – if such training is not already in place – could help improve this situation.

7 One of the SFOPH's essential tasks is to keep its partners and the public informed. This enables it to improve national coordination and encourage social and political acceptance of the management of problems related to drug dependence, particularly through public awareness campaigns, leaflets and reports. The SFOPH's efforts are exemplary in this field, and should be continued.

The SFOPH has a good track record where providing information is concerned. However, it will have to pay special attention to this area if the project to revise the Federal Narcotics Law is implemented in its present form, i.e. with the substantial changes that have been proposed with regard to cannabis. A new awareness campaign focusing, for instance, on the value of early detection of drug abuse should also be envisaged in this context.

8 The SFOPH has also shown great skill in taking the needs of field workers into account. It should pursue this course and increase the number of information providers and channels it operates through.

Generally speaking, this observation continues to be valid, and the level of interaction between the SFOPH and other players in Switzerland remains high, as an earlier global evaluation report pointed out[4]. However, an increase in the number of information channels and, consequently, in the volume of information communicated should not impair the quality of the information provided.

9 National coordination should be further defined and developed, as should the roles of, and relationships between, the relevant platforms.

This question has already been discussed above, in connection with the priorities of ProMeDro.

10 The SFOPH should unquestionably transfer experience and knowledge acquired in the field of illegal substances to that of legal drugs. Furthermore, it should develop synergies between these two fields.

The global evaluation of ProMeDro reveals a gradual tendency towards projects that target dependence as a whole rather than dependence exclusively on illegal substances. However, as the SFOPH's other programmes have not been evaluated in the present report, it is difficult to determine the degree of genuine knowledge transfer between ProMeDro and other activities. The important thing is that the knowledge acquired by the SFOPH from both ProMeDro and the AIDS prevention programme, particularly in terms of harm reduction and diversification of the services provided for dependent drug users, be applied to the fields of alcohol and tobacco prevention.

11 Collaboration with the police should be maintained and strengthened, and the SFOPH should ensure that the police are fully informed on the health aspects of drug abuse.

Two global evaluation studies have been devoted to collaboration on drug-related activities between the police and the health-care sector[5,6]. They reveal a substantial need for coordination and information exchange, and opportunities for working together in the prevention field. The possible decriminalisation of cannabis could further heighten these needs, so that the SFOPH and the Swiss Federal Office of Police (FOP) should further develop their joint activities with a view to fostering cooperation between players in the different sectors.

12 The SFOPH should also pave the way for future developments in the field of drug addiction, particularly by identifying future issues relating to substance abuse. Future scenarios could prove very useful for long-term planning..

The Swiss Federal Commission for Drug Issues (CFPD) has taken this task in hand – a development that will prove very useful in the longer term. The projected revision of the Federal Narcotics Law can also be seen as contributing towards the development of new approaches to drug abuse.

13 Finally, continuity in the SFOPH's actions is essential if the achievements of the last few years are to be maintained.

This recommendation still applies today, and for a number of reasons. Firstly, some of the SFOPH's activities in the field of drug abuse (epidemiology, quality assurance [methadone, harm reduction], etc.) have not yet been completed. Secondly, the epidemiological data point to worrying trends in drug use among the young, and it is important that steps be taken to deal with these trends and their consequences. Lastly, the implementation of a major revision of the Federal Narcotics Law will necessitate a higher degree of commitment on the part of the SFOPH, and it would be inappropriate for the drugs-prevention programme to be cut back while major reforms are under way.

Summary

Principal conclusions and recommendations of the global evaluation

The Federal Council's 1991 decision to implement ProMeDro was its response to a desire to act pragmatically to reduce Switzerland's many drug-related problems rather than doing so by modifying the Federal Narcotics Law. Ten years later the situation has changed. There has been a huge increase in social and health-related interventions in this field, there is greater understanding of the problems involved, and the general public has shown on more than one occasion that it supports the Federal Council's approach. As a result, the existing legal framework needs to be adapted to the new situation and the Federal Government has committed itself to this task. The distinctive feature of the present evaluation period (1999-2002) is therefore that work on the framework conditions governing efforts to combat drug-related problems has become at least as important as support for the activities of the municipalities and cantons.

Though not part of ProMeDro, the revision of the Federal Narcotics Law has numerous implications for the SFOPH's current and future activities. Indeed, preparatory work on managing the new legal provisions has generated fresh concerns, particularly with regard to prevention, coordination and epidemiology. As the current development of ProMeDro demonstrates, these concerns have been recognised and new activities have been initiated in response to some of the changes that the revised law could bring. This work must be continued, particularly in the following areas:

- monitoring developments in drug use and in the drugs market in Switzerland;
- developing early detection and management of young people at risk;
- accurately defining the new role of the police and the judiciary;
- harmonising and coordinating cantonal assistance for drug users (treatment and harm reduction measures);
- institutionalising and stabilising social and health measures to combat drug-related problems.

These important tasks will require the continued involvement of the Federal Government, and particularly the SFOPH, in this field. For this reason, the failure formally to prolong ProMe-Dro beyond the end of the most recent phase needs to be questioned on several grounds. It is too early for the SFOPH to begin reducing its drug-related activities. Paradoxically, a withdrawal of this kind would have been feasible if the Federal Government had not undertaken to revise the Federal Narcotics Law. As things stand, however, plans for withdrawal should be held back for five or six years until the effects of the law, and ways of managing such effects, are better understood. The evaluation therefore recommends that the programme be continued until 2007 to enable the SFOPH to withdraw gradually at the end of that period.

With regard to the activities planned by the SFOPH as part of ProMeDro, a number of goals were achieved in the 1999-2002 period (institutionalisation of heroin prescription treatment, improved use of research and evaluation studies, gradual reorganisation of residential treatment, a research study on secondary prevention, institution of a new training programme, etc.). In other areas (improvement in the quality of methadone programmes, coordination of prevention programmes, quality assurance in the fields of research and evaluation, the establishment of an epidemiological monitoring observatory, reorganisation of coordination bodies, etc.) the set goals have not been achieved. In view of that situation, the global evaluation makes the five following principal recommendations to the ProMeDro managers, while the recommendations specific to individual fields are to be found in the corresponding chapters:

1 to develop a coherent system for monitoring drug use in Switzerland: complete the harmonisation of the various existing tools, fill knowledge gaps (treatment indicators, warning system) and optimi-se coordination of the different activities involved (national observatory, epidemiological monitoring, research into the effects of the revision of the Federal Narcotics Law). The SFOPH should commit the staff and financial resources required for the institution of such a system and assume its leadership;

2 to develop a long-term framework programme for methadone treatment which will include research activities and support for projects promoting quality and transfer information among the different players involved (cantons, professionals). The documents prepared for the NaSuKo conference should help define an initial set of priorities for this framework programme, which should be given adequate funding. The know-how and experience acquired through the heroin prescription treatment programme should be brought to bear in the field of methadone substitution therapy;

3 to develop uniform, coherent and comparable prevention and health promotion programmes. Even today, such programmes often seem to be based more on individual considerations than on a common strategy, and the outcomes do not appear to be judged in relation to the – often substantial – sums invested in them. The different components of the SFOPH's strategy (nationwide cover, activities centred on places frequented by young people, use of multipliers, sustain local activities, development of early detection and management) should be at the very heart of the activities generated by all the programmes;

4 to update and reissue one or more inventories of services provided in the field of drug abuse in Switzerland. In particular, a new "cantonal report" would make it possible to target existing gaps and take action where it seems most needed. Such inventories are important instruments and should be part of the SFOPH's basic set of planning tools;

5 to clarify the situation regarding assistance for drug users in prison. The SFOPH set ambitious goals in this area, but soon afterwards reduced its efforts to achieve them. It should at least set about compiling a regular inventory of the measures taken in Swiss prisons and continue to encourage innovative projects.

Finally, the possible change in the status of cannabis resulting from the revision of the Federal Narcotics Law will necessitate a greater degree of coordination among health programmes targeting both legal and illegal drugs. Activities focusing on primary and secondary prevention and on harm reduction will have to be consistent and should be able to benefit from the wide range of experience gained through ProMeDro. Greater cooperation between the programmes set up to combat drug, alcohol and tobacco abuse would be very useful.

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8

Annexes

Studies conducted during the four evaluation phases

Studies relating to:	1990-1992	1993-1996	1997-1999	2000-2002
Context	Media [1]	Media [2-5]	Media [6]	
	Attitudes among the population [7,8]	Attitudes among the population [9]	Attitudes among the population [10]	
			Partners [11]	
			Police work [12]	Prevention and repression II [13]
SFOPH strategy			Design/planning [14]	Innovation [15]
		Implementation [16]	Implementation [14]	Implementation [17]
			Delegation modes [18]	Institutionalisation [19]
Prevention	National awareness campaign [20]	National awareness campaign [21]		
		Secondary-prevention policy [22]		
		Attitudes among young people [23]		
Treatment/Harm reduction		Monitoring of low-threshold facilities [24]	Monitoring of low-threshold facilities [25]	
		Evaluation ABfD/Lucerne [26]		
Epidemiology		Clients of low-threshold facilities I [16], II [27], III [14]		Clients of low-threshold facilities IV [17,28]
	Drug use among adolescents [29]	"Hidden" population [30,31]		Early warning system [32]
	Analysis of existing data [33]	Analysis of existing data [16]	Analysis of existing data [14]	Analysis of existing data [17]

Changes in the approval of different measure to combat drug use -1991 to 1997, approval as a percentage of the population

	1991	1994	1997
Drug prevention in schools	97	98	98
Range of treatment provided	96	97	96
Prosecution of drug dealers	97	96	95
Sale/distribution of syringes to control spread of AIDS	87	90	89
Harm reduction measures for drug users	90	94	94
Heroin or cocaine prescription under medical supervision	67	74	69
Provision of injection rooms	63	76	72
Tolerance for use or sale of small amounts of hashish	42	53	42
Unrestricted sale of hashish and marijuana	29	35	35
Tolerance for use or sale of small amounts of heroin and cocaine	15	17	21
Fine/imprisonment for all drug users	13	10	19
Involuntary detoxification	38	36	40

Source: Longchamp C, Cattacin S, Wisler D, Lehmann P. Pragamatismus statt Polarisierung, die Entwicklung von Einstellungen und Verhaltensweisen zur Drogenpolitik der Schweiz in den 90er Jahren, mit einer Analyse der Volksabstimmung über Jugend ohne Drogen. Muri: Zentralsekretariat SGGP; 1998.

List of abreviations

AFU	Urgent Federal Order
BRR	Office for Harm Reduction in the Substance-Dependence Field
CCE	Evaluation Management and Resource Centre
CDAS	Swiss Conference of Cantonal Directors of Social Affairs
CDCJP	Swiss Conference of Cantonal Judiciary and Police Directors
CDCT	Swiss Conference of Cantonal Delegates for Drug-related Issues
CDIP	Swiss Conference of Cantonal Ministers of Education
CDP	National Drug Policy Board
CDVT	Swiss Conference of Municipal Delegates for Drug-related Issues
CETEL	Centre for Research, Techniques and Evaluation of the Law
CFPD	Swiss Federal Commission for Drug Issues
CNLD	National Liaison Committee for Problems of Drug Dependence
COROMA	Addiction Medicine Network in the French-speaking Part of Switzerland
COSTE	Swiss Office of Coordination and Assistance for Residential Drug Therapy Facilities
CSAJ	Umbrella Organisation for Swiss Youth Organisations
CSSS-CN	Swiss National Council Commission for Social Security and Public Health
DHA	Swiss Federal Department of Home Affairs
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EMEA	European Agency for the Evaluation of Medicinal Products
EPFL	Swiss Federal Institute of Technology
EPSS	Evaluation of the AIDS Prevention Strategy in Switzerland
ESS	Swiss Health Survey
EU	European Union
EUROPOL	European Police Office
FiDé	Funding of Therapies for Dependence
FMH	Swiss Medical Association
FOJ	Swiss Federal Office of Justice
FOP	Swiss Federal Office of Police
FORDD	Federation of Training Organisations in the Field of Dependence in the French-speaking Part of Switzerland
FOS	Research on In-patient Therapy
FOSPO	Swiss Federal Office of Sport
GREAT	Study Group for Alcoholism and Drug Abuse in the French-speaking Part of Switzerland
GtCoPo	Working Group for Coordination with the Police
GTID	Federal Interdepartmental Working Group on Drugs
HeGeBe	Heroin-assisted Treatment
HES	Higher Education Establishment
HFS	School of Social Pedagogics
IDHEAP	Swiss Graduate School of Public Administration
IFS	Institute of Systemic Education
IREC	Institute for Research on the Built Environment
IRER	Institute for Economic and Regional Research
ISF	Addiction Research Institute
ISPA	Swiss Institute for the Prevention of Alcoholism and other Addictions
IUMSP	University Institute of Social and Preventive Medicine
LAI	Federal Law on Invalidity Insurance

LAMal	Federal Law on Sickness Insurance
LR	Federal Law on Research
LStup	Swiss Federal Law on Narcotics and Psychotropic Substances
LTF	Low-threshold Facility
MedRoTox	Network of Doctors Working in the Field of Drug Abuse in the French-speaking Part of Switzerland
MeTiTox	Network of Doctors Working in the Field of Drug Abuse in the Italian-speaking Part of Switzerland
MuSuB	Multicultural Service Dealing with dependence-related Problems in the Cantons of Basel-Stadt and Basel-Landschaft
NaSuKo	National Substitution Conference
NRP	National Research Programme
OFAS	Swiss Federal Social Insurance Office
OSEO	Swiss Workers' Support Service
OStup-OFSP	SFOPH Ordinance on Narcotics and Psychotropic Substances
OStup-Swissmedic	Ordinance of the Swiss Agency for Therapeutic Products on Narcotics and Psychotropic Substances
PCS	Swiss Coordination and Service Platform in the Field of Drug Use
PDUVS	Platform on Drug-related Issues for the Association of Swiss Cities
PMS	Migrant Health Project
PNR	National Research Programme
PPR	Priority Programme
ProMeDro	Confederation's Measures to Reduce Drug-related Problems
PROVE	Research Project on the Prescription of Narcotic Drugs under Medical Supervision
QuaTheDA	Quality - Therapy - Drug - Alcohol
RAI	Regulations Governing Invalidity Insurance
SAMBAD	National Statistics Relating to Outpatient Treatments in the Drug and Alcohol Fields
SAS	Swiss Accreditation Service
SEVAL	Swiss Evaluation Society
SFM	Swiss Forum for Migration and Population Studies
SFOPH	Swiss Federal Office of Public Health
SFSO	Swiss Federal Statistical Office
SNF	Swiss National Science Foundation
SPP	Swiss Priority Programme
SSAM	Swiss Society of Addiction Medicine
SUPEA	University Psychiatric Service for Children and Adolescents
supra-f	Project on Research into Prevention
SWI-DE-CO	Swiss Detoxification Coordination
UEPP	Unit for the Evaluation of Prevention Programmes
VSD	Association of Addiction and Drugs Specialists from the German-speaking Part of Switzerland
WHO	World Health Organization

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