

Evaluation of the Federal measures to reduce the problem related to drug use

Second synthesis report 1990-1996

Abridged version

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The package of measures and its objectives

Formulated in 1991, the Federal Council's strategy to reduce problems relating to the consumption of illicit drugs in Switzerland over the coming years may be summed up as follows.

The involvement of the Confederation would be substantially increased, while nevertheless maintaining the existing division of authority between the Confederation, the cantons, the municipalities, and private organisations (**principle of complementarity**).

In preference to a revision of the Law on narcotics (LStup), the Federal Council adopted **a strategy involving concrete actions and measures**. The provision of support to heavily dependent drug users urgently required improvement, and a broad interpretation of existing legislation made this possible without changing the law.

As there is no panacea for drug-related problems, a **pragmatic political** approach was chosen which could be evaluated over the short term, and which enabled new ideas to be tested.

The Federal Council therefore set the following objectives, to be achieved by 1996 :

- **To stabilise and, in the long term to reduce, the number of persons dependent on hard drugs (heroin/cocaine) ²;**
- **To reduce problems relating to the consumption of illegal drugs by dependent users, and the effects of such problems on society.**

Until 1990, the involvement of the Confederation had mainly been limited to measures intended to reduce the supply of illicit substances. This was extended to include measures aimed to reduce demand and the associated harm.

A strategy composed of four elements or "pillars", already tested in various cantons and towns as well as in other countries, was therefore adopted :

- **Repression of the production, trade and illicit consumption of legally-proscribed substances, complemented by strict controls on the legal use of narcotics in order to stop their abuse (repression and control). This element does not fall within the mandate of our evaluation, which covers only the three other elements, to be implemented by the Federal Office of Public Health (FOPH) ;**
- **Measures to hinder the emergence of new drug users (prevention) ;**
- **Treatment and social reintegration of drug-dependent persons (therapy) ;**
- **Reduction of harm and survival support for drug-dependent persons (harm reduction).**

To implement the public health aspect of this programme (prevention, therapy, harm reduction and accompanying measures) the Federal Council planned a substantial increase in the human and financial resources of the FOPH ³.

The financial resources of the FOPH thus increased from SF 300,000 in 1990 to SF six million in 1991, reaching SF 18.8 million in 1996. The number of FOPH staff responsible for this programme was one and half in 1990, rising to fourteen in 1996.

The Confederation would not take action alone : on the contrary, in accordance with articles 15a and 15c of the federal law on narcotics, **large-scale support for the cantons** was planned in order to encourage them to develop intervention projects and programmes.

¹ The term "consumers of illicit drugs" refers to consumers of so-called "hard" drugs, whether addicted or not, particularly heroin, cocaine, and methadone.

² It should be noted that the objectives initially defined in 1991 were to stabilize the number of heavily dependent drug users in Switzerland by 1993, and to effect a 20% reduction by 1996. Difficult to measure on the basis of epidemiological information, these quantitative objectives were reformulated during the period of study, giving way to those shown above.

³ In December 1990, additional resources were also granted to strengthen some aspects of repression.

The various adopted measures, are examined in detail for each field in the following chapters. They essentially include :

- **basic *measures to develop and strengthen prevention, therapy and harm reduction* ;**
- ***accompanying measures to reinforce basic measures in the fields of training and professional education, evaluation, research, epidemiology, information and co-ordination.***

The mandate and objectives of the global evaluation

In 1991, the FOPH asked the Unit for the Evaluation of Prevention Programmes (UEPP) of Lausanne's University Institute of Social and Preventive Medicine (UISPM) to evaluate the Confederation's measures intended to reduce problems relating to excessive drug use. This evaluation ensures on a regular basis, a **synthesis of available data**, in the fields of prevention, care, and assistance to drug users, in order to present **intermediate assessments** of the accomplishment of the objectives targeted by the measures.

The **definitions** of primary, secondary and tertiary prevention used in the global evaluation are based on epidemiological terminology (**Appendix 1**). Tertiary prevention covers the following fields: treatment, assistance and harm reduction (including risk reduction). The main advantage of this terminology is its conciseness. However, in order to respect the terminology most frequently used by the FOPH, the fields of treatment (pp. 37-39) are subsequently presented separately from those of harm reduction (pp. 39-44).

The global evaluation of the Confederation's measures is mainly intended to:

- analyse the implementation *processes* of the various programmes and actions carried out or supported by the FOPH in order to show their strengths and weaknesses, within the context of further actions carried out by the cantons, municipalities and various private organisations. This analysis includes presentations of the *intermediate results* of the measures (in terms of activities developed - or output);
- to assess the final results of the measures taken to reduce problems relating to the consumption of illicit drugs (primary and secondary prevention, treatment and harm reduction). These results are measured by observing trends in both the *prevalence of consumption*, and the *seriousness of problems* relating to such consumption. In the field of primary prevention, we must find out whether the number of new drug users has been reduced, and to what extent; in the fields of secondary and tertiary prevention we must determine whether the actions implemented have led to a decrease in serious cases of dependence, of physical, psychological and social harm caused by excessive drug use, and of the risk of transmission of infectious diseases, in particular of AIDS;
- to examine and monitor over time specific elements of the social and political *environment* which may affect the various prevention, treatment and harm reduction activities;
- to assess, on the basis of these analyses and other data from studies carried out in the context of other evaluations, the extent to which the objectives fixed by the Confederation have been achieved;
- to formulate conclusions and recommendations for the development of future actions.

Context and approaches of the global evaluation

The drug problem in Switzerland has been the subject of extensive research and systematic data-gathering to examine the associated epidemiological, medical, social, law enforcement and legal aspects. Various actions and programmes are subject to specific evaluations. Under these conditions, most of the global

evaluation process relies on secondary analyses and syntheses of existing data. The main sources of data are listed in **Appendix 2**, and in the form of references at the end of each chapter (pp. 10-11).

However, some fields are covered insufficiently or not at all by research and routine data-gathering. Analysis of these deficiencies have caused the evaluators to propose complementary or more in-depth studies when the specific activities of the FOPH so require, or when particular problems and new questions emerge (see table below).

Complementary studies carried out by the evaluation programme, phase I and II

Fields	Phase I 1990-1992	Phase II 1993-1995
Context	Analysis of the press (Oct.-Dec. 1991)	Analysis of the press (1993-1996)
	Opinions and attitudes of the Swiss population concerning drug-related problems (1991)	Opinions and attitudes of the Swiss population concerning drug-related problems (1994)
Strategy of the FOPH		Series of interviews of FOPH staff responsible for each field (1995)
Primary and secondary prevention	Evaluation of phase 1 of the national drug awareness campaign	Evaluation of phase 3 of the national drug awareness campaign and of the <i>Cirque</i> project (1993, 1994)
		Analysis of the FOPH's secondary prevention policy (1994-1995)
		Analysis of opinions on drug prevention and consumption among groups of young people (1994)
Treatment/assistance/harm reduction		Monitoring of activities of low-threshold centres ⁴ (continuous since 1993)
		ABfD evaluation, Lucerne
Epidemiological situation	Study of drug use among adolescents (secondary analysis of population surveys)	Study of clients of low-threshold centres (1993, 1994)
		Study of the "hidden population" (1994-1995)

⁴ Structures (such as a room or bus) for intravenous drug-users, which do not provide any treatment, but various services to reduce risks and increase the chances of survival (injection material, condoms, rest rooms, advice, basic medical assistance, etc.). Furthermore, they respect confidentiality.

The evaluation accompanies the introduction of the Confederation's measures, which are the responsibility of the FOPH and its partners (cantons, associations, institutions, etc.) in the fields of primary, secondary and tertiary prevention. An initial situation assessment has been drawn up for the period from 1990 to 1992. The second phase of the evaluation relates to the period from 1993 to 1996, and also presents an overview from 1990 to 1996.

Questions and limits of the global evaluation

In **Appendix 2**, the **evaluation questions** of the various fields enumerated below are discussed in further detail. For each of the fields covered, the following are presented: the most important questions, for which answers must be provided; indicators or data analyses which contribute to the answers; the main sources of data (references also provided at the end of each chapter). These questions represent intermediate objectives, to be attained by means of the measures.

The objectives fixed by the Federal Council are expressed in terms of a reduction in the number of seriously affected drug-users. When formulated like this, the objectives could give the impression that the epidemiological situation of illicit drug consumption is well known in Switzerland. This is far from being the case.

In order to determine the quantitative scale of problems relating to drug use, we use two types of indicator whose advantages and limits are described below.

However, it should be noted that these indicators usually provide information which only partially reflect the overall results of the entire range of actions taken, because:

- the final results (expressed for example in terms of the consumption behaviour or degree of social integration of the target-groups) often result from a combination of influences which are not attributable to the actions of the FOPH alone, but to those of other partners who also work in the fields of primary, secondary and tertiary prevention;
 - other processes are also at work (changes in the economic situation, the drugs market, repression, etc.).
- On the other hand, the intermediate results of the FOPH's efforts can be measured in terms of investment grants, services provided, or "clients" monitored.

Essentially obtained from surveys of the general population and the most exposed sub-groups, **the direct indicators of consumption** available (prevalence of

use throughout a lifetime, over the twelve last months, during the previous month, etc.) have many limits, due to the rarity of the phenomenon studied and to the unreliability of any answers concerning an illegal activity. Above all, though, those most affected by problems of drug use, and therefore those targeted by the Confederation's objectives, are not usually identified by this type of survey.

Indirect indicators of consumption (number of drug-related fatalities, repression indicators, treatment and care indicators, etc.) provide data about the scale and seriousness of the effects of drug use, and about the characteristics of drug-users. They also provide other data enabling the effectiveness of some operations to be evaluated. Nevertheless they are only the indirect expression of the problem, and do not really enable the number of drug-users to be quantified.

Structure of the abridged version of the synthesis report

This summary is structured as follows. First of all, there is a brief reminder of the context in which the problem of drugs was approached in Switzerland during the period studied. Subsequently, a chapter briefly outlines the history and development of the FOPH's strategy. The following chapters deal with : the national drug awareness campaign, primary and secondary prevention, treatment, assistance and harm reduction, training and professional education.

They contain the **objectives** and **strategies** adopted in these fields, as well as the **measures** introduced. These chapters end with conclusions and recommendations specific to each field. The penultimate chapter on the epidemiological situation of drug use, also containing risk reduction indicators relating to AIDS, presents the currently measurable results of the entire range of activities developed in the field of illicit drugs. Finally, the last chapter presents conclusions and general recommendations.

Main sources

Examining the **context** (pp. 13-16) into which measures are introduced, the evaluation considers several specific fields :

- **cantonal policies (examined as appropriate in certain chapters) ;**
- **the knowledge and opinions/attitudes of the population concerning drug use, drug-users, and policies to fight excessive drug use ;**
- **trends in specific indicators relating to the social context (suicide rate, unemployment rate) ;**
- **analysis of the discourse of the press.**

Elements to evaluate **the FOPH's strategy** (pp. 17-18) have also been included in this phase of the evaluation, and mainly come from :

- **interviews with FOPH staff responsible for each field ;**
- **the synthesis of various documents dealing with concepts, objectives, strategies and measures ;**
- **workshops held within the FOPH.**

The evaluation of the **national drug awareness campaign** (pp. 19-24) in terms of processes and results is a synthesis of :

- **the evaluation of specific phases of the national drug awareness campaign (phases one, three, and the *Cirque project*) ;**
- **analysis of the discourse of the press.**

The evaluation of primary and secondary prevention (pp. 25-36) in terms of **processes** is based on :

- **a review of the main prevention programmes and actions, and also their evaluations, implemented or supported by the FOPH or the cantons ;**
- **a study particularly dealing with the secondary prevention strategy developed by the FOPH (study in progress) ;**
- **analysis of opinions on prevention and drug use among groups of young people " close to " or " far from " the drug problem.**

The evaluation of the field of **treatment, assistance and harm reduction** (pp. 37-44) depends on :

- **a review of evaluations carried out in this field.**
- **analysis of trends in available treatment structures (residential sector, outpatients, opiate prescription trials under medical supervision) ;**
- **analysis of trends in available assistance in the field of harm reduction, particularly trends in AIDS-related risk reduction.**

The evaluation of training and professional education (pp. 45-48) in the field of drug use is based on :

- **a review of evaluations of training programmes supported by the FOPH ;**
- **a series of complementary interviews with the FOPH staff member responsible for this field ;**
- **a review of various actions implemented in this field.**

The evaluation of the **epidemiological situation** (pp. 51-56), which enables the **results** of primary, secondary and tertiary prevention to be approached as a whole, is based on :

- **analysis of a system of *direct and indirect indicators* of consumption, particularly of the number of drug users and of the severity of the drug use problem**
- **analysis of risk reduction indicators relating to HIV/AIDS.**

References

Cattaneo M., Dubois-Arber F., Leuthold A., Paccaud F. *Evaluation des mesures de la Confédération destinées à réduire les problèmes liés à la toxicomanie. Phase I. Bilan initial 1990-1992*. Lausanne : Institut universitaire de médecine sociale et préventive, 1993 (Cah Rech Doc IUMSP, no 81).

Mesures fédérales pour réduire les problèmes de la drogue. Document de base de l'OFSP, Doc. no. 3.4.1f. Berne : Office fédéral de la santé publique, 1991.

Context and main political events from 1990 to 1996

In 1989, the Federal Narcotics Committee's "drugs" Sub-committee published its report. This committee had been given the task of drawing up a report and recommendations for a possible revision of the federal law on narcotics and other measures. Widely discussed in specialist circles, this document also served as a basis for discussion, helping the Federal Council to decide the federal policy on drugs, adopted on February 20, 1991.

Although it is difficult to determine the exact role played in later political decisions by the existence of "open drug scenes" in Switzerland (BE, BS, LU, SG, ZH), the initial package of measures was decided during the period of open scenes in several towns, such as Platzspitz in Zurich (1988-1992). The measures were, therefore, certainly influenced by several aspects of such scenes, such as the increased visibility of the drug problem, poverty and the consequences of HIV among drug-users, a degree of concentration around Zurich, etc.

On October 1, 1991, the first national conference on drugs was organised by the Federal Council in order to publicise the series of measures accepted by the Confederation, emphasising the essential complementarity of the cantons and the Confederation in this field.

Political debate during the early 1990's was often heated, particularly as regards scientific trials of opiates prescriptions under medical supervision (*PROVE*), and open scenes. In 1994, a degree of consensus gradually emerged among the main Swiss political parties, as the Christian Democrats (PDC), Radicals (PR) and Socialists (PS) adopted convergent attitudes towards support for a policy known as the "four pillars". This convergence also emerged when the Letten open scene in Zurich was at its most visible, as media attention was then at its most intense (see below, the discourse of the press). Furthermore, the law relating to coercive measures in the field of legislation pertaining to foreigners was accepted by the Swiss population during the same period (December 1994).

In February 1995, the open scenes Letten, Solothurn and Olten were closed; those in Bern, Basle and St. Gallen had been closed down earlier. The second national conference on drugs was held during the same month, reasserting the convergent trend of various

viewpoints in supporting the "four pillars" model. During 1995, media attention for the drug problem declined, but scientific trials of opiates prescriptions under medical supervision were discussed increasingly often, particularly as regards their continuation.

At the beginning of 1996, the report of the expert committee for the revision of the federal law on narcotics of October 3, 1951, was published, influencing later policy decisions in the field. Shortly afterwards, the position of the Swiss Medical Association was published, supporting the report by the expert committee.

Over the long term, the political attitude therefore seems to be moving towards the decriminalisation of drug consumption.

Citizen's initiatives

The *Youth without drugs* citizen's initiative was launched on December 15, 1992, by a committee composed of 132 members, including politicians, several doctors and sports celebrities. Those behind the initiative intended to oppose the prevailing policy of the Federal Council. They pleaded in favour of a policy aiming directly at abstinence, relying on traditional methods such as repression, prevention, therapy and social reintegration. They rejected the strategy of survival support in all its forms, considering it as promoting drug consumption and the maintenance of dependence. They also opposed scientific trials of opiates prescriptions under medical supervision, as well as any form of decriminalised consumption.

Droleg, another initiative, was launched on May 18, 1993, by the Working Group for the legalisation of drugs, composed of political parties, as well as juridical, health and social affairs specialists and organisations. The *Droleg* initiative criticised repression and prohibition, which they saw as the main causes of the prevailing situation. To deal with increasing crime, social disintegration of drug users and drug-related fatalities, as well as the explosion of costs in such sectors as law enforcement, the courts, health and social insurance, the citizen's action committee wanted to wipe out the drugs Mafia through measures rooted firmly in the Constitution.

Through its decision of September 22, 1993, the Federal Chancellery acknowledged that the *Youth without drugs* citizen's initiative had passed, having gathered 140,949 valid signatures, while its decision of March 23, 1995, accepted that the *Droleg* initiative had also passed, having gathered 107,669 valid signatures. After extensive dialogue with cantonal governments, political parties and the relevant organisations at the end of 1994, the Federal Council decided to advise Parliament to reject the two initiatives, without presenting any alternative bill, in June 1995.

The environment and social climate

The **Swiss population's attitudes** to the drug problem were examined in two consecutive studies : in 1991, before the initial phase of the drug awareness campaign was launched, and in 1994. These studies showed that the population considers excessive drug use to be a social rather than a health problem, favouring solutions involving the repression of both drug-dealing and the laundering of dirty money, as well as offering an extensive range of assistance to drug users (in 1991, more than 80 % of the population was already in favour of the distribution of injection material, while more than 60 % were in favour of the prescription of heroin under medical supervision). On the other hand, there was no support for forced withdrawal and the repression of drug-users, nor for tolerance of the use of small quantities of narcotics.

Affecting a large proportion of young people, the increase in **unemployment** since 1990 has made them feel insecure and fearful about the future, and is a factor of the social context which could lead to escapist behaviour, and therefore to increased drug consumption. On the other hand, the **suicide rate** has been relatively stable since 1985, although still high in this age group.

Serving as a reflection of the drug problem in Switzerland, the changing **discourse of the press** over the last three years completes our information on the social environment. In 1993, most articles published essentially dealt with drug-related crime. In 1994 and early 1995, the number of articles on the subject of drugs grew considerably, and an increasingly large number of articles about prevention, harm reduction and treatments were published (dealing particularly with scientific trials of opiates prescriptions under medical supervision). In 1995, this discourse became gradually more routine, accompanied by an increasingly liberal overall trend. Nevertheless, major variations in the discourse of the media exist, depending on the type of newspaper analysed rather than on the region. Tabloids generally offer a more conservative image than the quality newspapers. Generally, drug users do not often play a leading role in the articles analysed.

References

- Aspects de la situation et de la politique en matière de drogue en Suisse. Rapport de la Sous-commission "drogue" de la Commission fédérale des stupéfiants.* Berne : Office fédéral de la santé publique, 1989.
- Boller B. *Der Drogendiskurs der Schweizer Presse : Zweijahresbericht 1993-1994. Eine Quantitative Inhaltsanalyse zur Drogenberichterstattung der Schweizer Presse :* Lausanne : Institut universitaire de médecine sociale et préventive, 1995 (Cah Rech Doc IUMSP, no 111.2).
- Conférence nationale sur la drogue du 18 février 1995. Rapport final.* Berne : Office fédéral de la santé publique, 1995.
- Fahrenkrug H., Rehm J., Müller R., Klingemann H., Linder R. *Drogues illégales en Suisse 1990-1993.* Zurich : Seismo, 1995.
- Heim G. IPSO Sozialforschung, Dübendorf. *Repräsentative Befragung (Phase T1) zur Wahrnehmung und Einstellungen der Schweizer Bevölkerung zu Drogenproblematik und -konsum.* Lausanne : Institut universitaire de médecine sociale et préventive, 1995 (Cah Rech Doc IUMSP, no 111.5).
- Rapport de la Commission d'experts pour la révision de la loi fédérale du 3 octobre 1951 sur les stupéfiants à l'attention de la cheffe du Département fédéral de l'intérieur.* Berne : Office fédéral de la santé publique, 1996.
- Zeugin P., Panchaud C. *Evaluation des mesures de la Confédération destinées à réduire les problèmes liés à la toxicomanie : phase I. Enquête de base, préalable au lancement de la campagne nationale de sensibilisation aux problèmes des toxicomanies 1991.* Lausanne : Institut universitaire de médecine sociale et préventive, 1992 (Cah Rech Doc IUMSP, no 81.1).

The FOPH's strategies and measures

The FOPH developed its strategies in several phases, which can be summarised as follows.

Dating to the period which preceded the Confederation's acceptance of the new set of measures, an initial strategic option involved balancing the allocation of resources for the various basic and accompanying measures. The intention was to cover every field involved in illegal drug problems, rather than giving preferential treatment to just one or two. To a great extent, this choice was based on the recommendations of the report by the Federal Narcotics Committee's "drugs" Sub-committee, and on the results of discussions relating to the report.

Between late 1989 and 1991, closed sessions and various forms of consultation with groups of professionals, and national and international experts enabled the first documents dealing with the objectives, strategies and measures for the following fields to be completed: the national drug awareness campaign, primary prevention, therapy, training and professional education, research and epidemiology.

At the same time, the FOPH drew up relatively definite specifications to ensure that a range of competent workers would be available in its chosen operational fields. Each worker prepared a document covering his or her field, listing and specifying in greater detail the objectives, strategies and measures mentioned in the initial documents.

As major deficiencies were observed in the field of secondary prevention, particularly after consulting international and national experts, the FOPH asked the Federal Council for additional financial support, which was granted on April 28, 1992.

The various criteria defining support for subsequent projects or funding requests are the following: consistency with the overall goals of the package of measures, current scientific knowledge, local needs; creation of co-ordination and networking, ability to transpose the project into other contexts, with assured institutional and financial continuity beyond the support of the Confederation, evaluation, and so forth.

In order to provide a scientific basis for choosing and improving the measures in the "drugs" package, a Federal Council edict of October 22, 1992, encourages the scientific study of the effectiveness and efficiency of the measures. In particular, this concerns projects relating to primary and secondary prevention, assistance and professional education of specialist staff, as well as projects with innovative aspects, such as those involving the prescription of opiates other than methadone. The edict, which will reach its term in December 1996, also provides for, and defines the modes of, the prescription of heroin under medical supervision within the context of scientific trials of opiates prescriptions under medical supervision.

In 1994-95, two additional credits were granted by the Federal Council. The first dealt with expanding the availability of therapeutic support (October 3, 1994) following the *REHA 2000* report (p. 37), while the other dealt with scientific trials of opiates prescriptions under medical supervision, approved by Parliament in June 1995 (p. 38).

As time goes by, goals and strategies have often been clarified and completed by the lessons of experience. Nevertheless, the breakdown of resources assigned to the various fields has not been brought into question, apart from the three complementary credits mentioned above, and the FOPH is continuing to act globally. In the following chapters, we will re-examine, field by field, some of the objectives, strategies and measures, as described in a document produced by the FOPH outlining the entire package of measures.

The budgetary breakdown from 1991 to 1996 according to field is included in **Appendix 3**.

References

Aspects de la situation et de la politique en matière de drogue en Suisse. Rapport de la Sous-commission "drogue" de la Commission fédérale des stupéfiants. Berne : Office fédéral de la santé publique, 1989.

Critères pour le soutien de projets. Programme de l'OFSP pour la réduction des problèmes liés à la toxicomanie. Berne : Office fédéral de la santé publique, 1992.

Mesures fédérales pour réduire les problèmes de drogue. Stratégie de l'Office fédéral de la santé publique. Berne : Office fédéral de la santé publique, 1995.

National drug awareness campaign

The **national drug awareness campaign**, which targets the entire population, is designed as a public relations and awareness operation whose main aim is to create a climate which favours the development of prevention activities. More generally, it aims to promote :

- greater public openness to the various ways of dealing with problems related to drugs and addiction, leading to a climate of understanding, tolerance and dialogue ;
- better public information, specifically intended to combat feelings of powerlessness towards such problems.

The campaign is steered by the FOPH, supported by a " Creative team " composed of experts in the field, as well as representatives of the FOPH and of a public relations agency (recruited on a competitive basis) responsible for its implementation. The " Creative team " carries out a consultative role, the FOPH having the final say on whether to launch an operation. Between 1991 and 1996, the campaign budget was about SF 9.5 million.

The first phase of the campaign (October 1991 - January 1992), entitled "*One talks about drugs, but what if we were to really discuss them together ?*", and the **second phase** (May-June 1992, September-October 1992) on the theme of "*We can all help reduce drug problems*", have both been evaluated. Their visibility, acceptability and comprehension were considered to be relatively good. It was recommended to subsequently concentrate on billboard and television advertising.

The third phase of the campaign (December 1992 - January 1993) dealt with the theme of help, and was entitled "*One talks about drugs, but what if one could really talk to someone about them*". Two television advertisements were broadcast about seventy times. One of them presented testimonies of people who had been able to count on outside help when confronted with the problem of drugs, while the other showed a hand reaching out to stop a person from falling. This phase also included a series of display advertisements in newspapers which gave answers to some frequently-asked questions about drugs : Why is drug use dangerous ? Do people necessarily become addicted when they begin to take drugs ? Does hashish lead to hard drugs ? Why do people start to take drugs ? Is addiction incurable ?

Various aspects of this third phase have been **evaluated**. The visibility of the campaign was deemed to be high, with more than 20% of respondents spontaneously mentioning the campaign as a recent and striking factor in the field of drugs and drug policy. Furthermore, when asked about what they had noticed about a recent drug awareness campaign, 54% of people mentioned the television advertisements and 27% the newspaper advertisements. Slightly less than two-thirds of those who had seen the television advertisements and three-quarters of those who had noticed the newspaper advertisements were able to describe them. The FOPH was correctly identified as the organiser of the campaign by two-thirds of the respondents. The television advertisements were generally deemed to be acceptable and comprehensible although not very original. The respondents mostly agreed with the answers given concerning the dangers of drugs, the reasons for beginning, and the curability of addiction. On the other hand, opinions were far more divided about the inevitability of addiction once drug use begins, or concerning the assertion that the consumption of hashish does not lead to heroin and cocaine consumption in most cases.

The fourth phase of the campaign took place in autumn 1993 under the title *"Addiction doesn't happen unexpectedly. In the same way, prevention can't be improvised"*. By transmitting the message "It is good not to take drugs, and not to swallow just anything", this phase was intended to encourage people to take up challenges, and resist pressures without fearing confrontation. It also encouraged people to find out more. Two television advertisements were broadcast, while newspaper advertisements were accompanied by an order coupon for a low cost information brochure entitled *My child too*. This phase of the campaign has not been specifically evaluated.

In late 1994 and early 1995, the activities of the campaign were interrupted (owing to the search for a new public relations agency and change in FOPH personnel). During this period, the creative team held two meetings at which the existence and objectives of the drug awareness campaign were brought into question. The campaign's role in searching for a consensus on drugs policy was stressed, as was its role as a symbol of the Confederation's investment in reducing problems relating to drug use. The campaign's need for a stronger identity was also stressed, as was the need for simple, clear messages aimed at fewer, more specific targets, and the need for better links between the campaign and the field activities of its partners. The main themes adopted were the beginning of addiction and its cure. The main target group was composed of parents and other adults, the information provided was more objective and scientific.

This new phase of the campaign, which began during the summer of 1995, was primarily centred on the theme of curing addiction, using the following message: "You can give up drugs. Most heavily dependent drug users succeed, but rarely the first time. With our help, more of them will". The message was passed on by a television advertisement available to concerned people and organisations. Other supporting public relations operations which were planned (e.g. : widespread publication of addresses of care centres) could not be carried out due to organisational problems. Most newspapers mentioned this new drug awareness campaign.

A second television advertisement broadcast in mid-November 1995 dealt with the prevention of addiction through the message "young people want to live, not take drugs". This time, the newspapers hardly mentioned this new phase of the campaign, which can be due to a more intense focus on the simultaneous press conference concerning the intermediate evaluation of the scientific trials of opiates prescriptions under medical supervision. This television advertisement was subsequently complemented by an advertisement in the main Swiss daily newspapers, through which the drug prevention video and information brochure could be ordered. By April 1996, the FOPH had received some 3,000 requests concerning the offer published in the newspapers.

To increase visibility and ensure that the signatory of the campaign is recognised, a **logo** (a crow) was published in March 1996. It will also be used for tobacco and (probably) alcohol prevention. It is already featured in television advertisements, posters and the other media used for the campaign. A snowball effect is expected, in the hope that other projects supported by the FOPH will use this logo in future years, enabling both the general public and specialists to connect the various activities of the FOPH.

In addition to the alternated broadcasting of these two television advertisements, a poster campaign on the theme of drug use prevention took place in July 1996, backed by a series of supporting measures. They passed on a message involving self-confidence, trust and communication with others, attitudes which could help to prevent drug use. **Pre-testing** of these posters made it possible to make a more specific choice of the type of message and its form, in terms of comprehension, visibility and credibility.

Two other projects complementary to the drug awareness campaign were developed by the FOPH :

The Cirque project

Based on developing the quality of life, the Cirque project took another approach to prevention. The operation was based on the message "laughter is the best way to prevent dependence". As a symbol of *joie de vivre*, the circus was chosen as the vector and ambassador of this message. The operation lasted for a year (August 1993 - August 1994), following the national tour of the Knie Circus, the FOPH's partner in the operation. The circus show included a clown, "ambassador of *joie de vivre*", who served as a kind of connecting thread throughout the operation. At the same time, drug use prevention institutions in towns and cities visited by the circus were associated with the campaign, and invited to organise an awareness operation illustrating the message when the circus came to town. These local organisations were free to use the message and translate it into action in their own way. A specialised agency promoted the operation throughout the tour (contacts with the press, invitations to 2,000 Families, posters, etc.), and two "high points" were organised (the launching of the tour in Geneva and a gala representation in Zurich).

The **evaluation** concentrated on the implementation of the operation, its local adoption and media repercussions, and an analysis of press articles covering the operation.

During the first few months of the awareness operation, a synergetic effect between the various forms of action was not achieved. The link between the presence of the "emblematic" circus, local events, the partners involved in the operation (FOPH, public relations agency, the circus, local prevention institutions) was not very apparent, and the FOPH had to invest far more intensely to unify the campaign during the second part of the operation (after the circus' winter break). Furthermore, local organisations did not always understand their role in this operation, expected more resources from the FOPH, or sometimes questioned the message of the operation, finding it simplistic. Nor was the role of the Knie Circus properly perceived. This was primarily symbolic, as apart from the two galas, the operation was not explained nor recalled within the circus itself, except by a small and very discreet exhibition. The big top was not open to local events.

The press did not always react in the way that the initiators hoped, showing little initiative. Most of the articles published (more than 300) were agency dispatches based on the FOPH's press communiqués, or covered the two special galas, particularly the launch in Geneva. On this occasion, the meaning of the operation was widely and favourably reported, the initiator was clearly designated (federal councillor R. Dreifuss and the director of the FOPH participated very actively in this event). However, continuity in subsequent tours was poorly prepared, and the role of local organisations was virtually ignored. Subsequently, the local newspapers which organised the distribution of free tickets did not use this opportunity to talk about the operation, or used it very little. There was a notable exception: the organisation by some newspapers of a competition of ideas for "*joie de vivre*" in the context of the free ticket offer. This rather unfavourable impression must be tempered by the fact that events organised by local organisations in some regions (e.g. : Fribourg, Valais, Brunnen, Ticino) were well-covered by newspapers and radio stations in the regions concerned.

The Telephone 143 project

This operation is a co-operative effort between the FOPH and "The Outstretched Hand" (*La Main Tendue/Die Dargebotene Hand*), a telephone help-line. As of 1994, this service, which is constantly available throughout Switzerland, broadened its services to cover counselling for people concerned by drug use, particularly the family and friends of drug users. The project was launched with an information campaign (television conference and advertisements in May-June 1994 and November 1994 - January 1995). The campaign presented the telephone number 143 as an emergency number, directing callers towards more thorough counselling. The "Outstretched Hand's" volunteer workers were given special training to take on this new task.

The **evaluation** of this project is based on monitoring of the number of calls, the type of request, and the situation of the callers.

In May-June 1994, before the initial campaign, the monthly number of calls relating to drug use problems averaged 147 for all thirteen branches of the "Outstretched Hand". This number almost doubled when the television advertisement was broadcast (261 in July 1994), declining sharply after the end of the broadcasts to only 161 calls in October 1994 before the second campaign, when the same thing happened (228 calls in February 1995, just after the end of the second campaign). It is therefore obvious that few people identify 143 as a source of counselling, even if the number of calls during periods other than campaigns increases only slightly.

The callers were mainly friends and relatives of drug-users (55 % of calls), but also drug-users themselves (45 %). The most common callers were close relatives, usually mothers.

The main request was for counselling, but gradually requests for information, advice and addresses of specialised institutions have been added to this type of call.

The working group supervising the campaign believes that an average of 200 - 250 calls per month can reasonably be expected, which could be achieved by better public information (several additional waves

during the campaign, systematic mention of this counselling possibility in every institution, information documents and campaigns relating to drug use) and improved collaboration with institutions.

Conclusions

- In this field, it can be seen that the initial objectives, certainly too ambitious in relation to the available resources, have gradually been narrowed down, leading to a more targeted, higher-visibility operation.
- The various evaluations carried out during some phases of the campaign have also helped to specify the strategies to be adopted.
- The logo introduced in 1996 to identify the campaigns messages will certainly increase visibility, strengthening the links between the national campaign and other activities of the FOPH.
- Collaboration with the cantons and other regional information campaigns has remained limited, even causing conflicts on some occasions about the resources and messages applied by the FOPH.
- The *Cirque* project stands out as an original operation in terms of form and content. Insufficiently controlled at first due to the complexity of the required public relations, this initiative failed to fulfil its potential in the support and stimulation of local activities. These shortcomings improved sharply during the second part of the tour, when local organisations made better use of the message, with a broader range of local operations to illustrate "la joie de vivre".
- The *Telephone 143* project appears to cover the demands of the target-group well (relatives/friends of drug-users), although the average number of calls remains relatively low.

Recommendations

- In the long run, it may be wise to keep a limited number of themes for the national drug awareness campaign, whose resources are modest in comparison with those of other campaigns, particularly advertising campaigns.
- Regular pre-tests and evaluations of the various phases of the campaign should be continued so that messages and their content can be adapted in the best possible way. However, messages should remain relatively simple and brief, as was the case in the latter phases.
- Collaboration with other local or regional campaigns dealing with the same theme should be further strengthened to enhance potential synergy between the various sources of information aimed at the target-group.
- The use of unconventional advertising media should be further explored and broadened.
- The specific nature of the demand for the *Telephone 143* project should be evaluated in a subsequent stabilisation phase.

References

Boller B., Martin G. *Evaluation des mesures de la Confédération destinées à réduire les problèmes liés à la toxicomanie. Action Cirque : rapport de 1993 et 1994. Evaluation d'une campagne de prévention et de sensibilisation de l'OFSP*. Lausanne : Institut universitaire de médecine sociale et préventive, 1995 (Cah Rech Doc IUMSP, no 111.4).

Leuthold A., Cattaneo M. *Evaluation des mesures de la Confédération destinées à réduire les problèmes liés à la toxicomanie : phase II : Phase III der nationalen Sensibilisierungskampagne Drogen*. Lausanne : Institut universitaire de médecine sociale et préventive, 1993.

Kalbermatten U., Trotschkes F. *Projet Téléphone 143*. Bulletin de l'Office fédéral de la santé publique Berne, 1995 : 76 (6) : 3-5.

Primary prevention

In the field of primary prevention, the FOPH's main objective is to give individuals and groups enough resources to resist taking drugs, and to create an environment which can stop addiction from developing among those who are already taking drugs⁵. The proposed strategies specify that preventive measures must be part of a broader concept of health, and be implemented by qualified specialists. Primary prevention strategies must therefore deal with problems involving both legal and illegal drugs. For these strategies to be effective, they are simultaneously implemented at the following levels :

- the overall population, particularly through the national drug awareness campaign (pp. 19-24) ;
- specific target groups, such as adolescents, adult intermediaries, etc., or in specific contexts (schools, leisure activities, municipalities, etc.) by means of appropriate projects ;
- high-risk groups (such as children of drug users, neglected children, children and adolescents with serious problems at school), by means of direct intervention in good time, and through support for their social network.

At a strategic level, the FOPH is supporting or expanding three types of projects/programmes. The first type includes projects/programmes designed to be expanded, as far as possible, at national or regional level (pp. 25-27). The second type encourages innovative local or regional projects to foster the uptake of good projects (p. 28). The third type involves direct support for new projects (pp. 28-29).

Since 1991, more than fifty projects/programmes have been given priority by the FOPH in the following fields : school, family, sports and leisure activities, education in hostels, community (community network) and migrant populations. Here we shall present projects which have

been evaluated, projects of national or regional scope, and projects which are particularly innovative.

Projects of national or regional scope

Participation in the Santé Jeunesse ("Youth and Health ") programme (SJ)

In 1991, the FOPH began discussions with the Conference of Public Education Directors (CDIP) concerning the joint implementation of a project to promote health in schools, funded by the FOPH. Initially, this project contained many references to the prevention of AIDS and drug-dependence. However, when it was launched in 1992, it was transformed into a more general project to promote and develop health education. Under the authority of a steering committee composed of representatives of various institutions in the field of education and health, a small team based at the French-language Institute for Educational Research and Documentation (Institut Romand de Recherche et de Documentation Pédagogiques : IRDP) was given responsibility for its implementation.

The project **achieved several interesting results**, such as forming and supporting two school networks to carry out health-promotion interventions (the Swiss section of the European Network of Schools for Health and the Santé Jeunesse network), as well as organising exchanges of experiences within the network, publishing a bulletin (SJ Info) in three languages (1,200 copies) for distribution in schools, compiling databases by canton relevant to health education (concerning the structure and organisation of school systems and their links to the health system ; files concerning curricula ; databases of publications or equipment relating to health education).

The evaluation of this project brought a number of problems to light, largely caused by an underestimation of the difficulties involved in making two " worlds " (health and education), with very different priorities, sensitivities and organisation, work together on the same project. These problems led to the end of the project in its existing form in 1995, and to the preparation of a new form of collaboration between the FOPH and the CDIP in the field of health promotion in schools.

⁵ In this sense, the FOPH considers primary prevention within a broader context than the definition adopted by the WHO, for instance, which only deals with the beginnings of drug use.

Health promotion and the prevention of dependence within youth associations

Voilà

Started in 1993 in collaboration with the Swiss Council of Youth Associations (Conseil suisse des Associations de Jeunesse: CSAJ), this project attempts to make young people aware of their behaviour when faced with problems or conflictual situations, thus strengthening their ability to resist the initiation of a dependence process. It has three main objectives: awareness of the problem of dependence, development of the personality, and collaboration. The programme's activities take place at camps organised by youth associations. The project offers training opportunities to camp leaders, as well as financial support and guidance for camps intended for young people. It also offers practical documentation on how to organise camps which include activities corresponding to the aims of the programme. An inter-cantonal co-ordination group examines requests for support and funding. Cantonal projects of this type already existed as early as 1989, and the current project, supported by the FOPH, is an example of how this type of operation can be extended to cover the whole of Switzerland.

In 1994, twelve cantonal projects (AG, BE, BS/BL, SG, SO, TG, ZH, VD, ZG, FR, LU, SZ) were backed by the project, 38 camp leaders were trained, and 209 camps were given support, involving more than 8,000 young people in the project's activities.

The SMAT/MESAT and DSWD programmes

SMAT/MESAT (Schüler Multiplikatoren Alkohol und Tabak/Method Elèves-multiplicateurs Sensibilisation Alcool et Tabac/"Student Mediators Alcohol and Tobacco")

This programme involves the promotion and extension to other Swiss cantons of a tobacco/alcohol primary prevention method for schools. It involves training students acknowledged as leaders by their peers, enabling them to act as health-education vectors among their friends. Such a system has already existed in schools in Basel (BS) since 1985 and in Bern since 1988. Begun in 1992, the programme⁶ is being implemented by the school doctors' group of the Swiss Society of Social and Preventive Medicine. In terms of

implementation, the main three-year objectives of the programme were:

- to broadly inform teachers, school authorities and dependence-prevention specialists about the existence and methods of the *SMAT* programme;
- to introduce the *SMAT* method into at least ten cantons.

A promotion office with a part-time worker (50%) was set up to distribute information and organise the training of local *SMAT* representatives, subsequently responsible for training and supervising student mediators.

The project was promoted through various channels: letters (to cantonal teachers' organisations, heads of public education departments, professional specialists in health promotion or prevention of dependence, etc.); brochures, press articles, presentations during meetings of professionals, etc. All those involved within a single canton were brought into contact with one another. A manual presenting the method complements the training course. For financial and structural reasons (better contacts and prior experience), promotion in German-speaking Switzerland was emphasised. Training courses have been implemented in ten cantons, enabling 135 *SMAT* representatives to be trained. During the period examined, twenty-three mediators have been trained, and have applied their training in 249 classes, meaning that some 4,500 students have been reached by the programme.

The FOPH has decided to continue its support for the further development of this project for a term of three years (until 1998), covering the staff and operating costs of the promotion office. The office will continue to promote the project in cantons which have not yet been covered, training *SMAT* representatives, providing information and equipment (and producing new equipment if need be).

⁶ The overall programme is not evaluated. The data presented for this three-year period come from the final report prepared by those responsible for the programme. On the other hand, it should be noted that the effects of the *SMAT* programme were evaluated in 1991. In Basle, five years after taking part in *SMAT*, fewer school students regularly smoked or drank alcohol than in the control group.

DSWD (Du Seisch Wo Düre/C'est ta decision/"It's up to you ")

This programme was intended to teach a method of strengthening self-confidence as a primary prevention against dependence. It was implemented in schools in and around Bern. The objective of the programme was :

- to introduce and evaluate the *DSWD* method in six municipalities or schools within three years.

According to the activity report, this aim was not achieved. The programme used the same information system as *SMAT*, but without achieving the same results. Several municipalities around Bern and in the canton of Solothurn were interested. During the initial two years of the project, due to lack of interest, no courses to teach the method were organised. In 1994 and 1995, a few lessons were organised, although only fifteen people were fully trained, in turn carrying out several interventions with the method. It was not possible to monitor their progress in the context of this programme, as the FOPH had decided to stop promoting and supporting the use of this method.

Health promotion and the prevention of dependence in the Italian, Spanish and Portuguese communities in Switzerland.

"Prevention is better than cure "

Launched in 1994 on the initiative of various labour union representatives responsible for the Italian migrant community, this prevention campaign was based on the idea of harnessing the labour union network (hitherto little used in the field of prevention) to reach the working environment, particularly that of immigrant workers. The chosen form of action was to hold evening information sessions for the largest groups of migrant workers in Switzerland : Italian, Spanish and Portuguese. The operation was prepared and implemented by the labour unions, and financially supported by the FOPH. The evening information sessions included lectures on four targets for prevention (alcohol, tobacco, drugs and AIDS), followed by a debate. The pilot phase of this programme (12 sessions) has been evaluated. The main questions raised involved the relevance of grouping all these subjects within a single event, and of indiscriminately targeting all three communities.

The main results of the **evaluation** were as follows. Pilot-sessions were held in all three linguistic regions (seven in German-speaking Switzerland, three in French-speaking Switzerland, two in Italian-speaking Switzerland), attracting about 600 people, of which two-thirds were men, mostly Italian-speakers (more than 80%). This audience was mostly composed of adults with families, interested (according to their questions and discussions) in the problems which they perceived as most dangerous to their children (drugs and AIDS). The number of people attending the sessions was linked to the quality of prior contacts between the organisers and the local community network. The experience was deemed to be positive, particularly as it relied on a very large community network in the case of the migrant communities. The main recommendations which resulted involved the need for more active support for lecture organisers, going further than financial support alone : training, provision of equipment, or help in developing such equipment, help in training contacts with local institutions working in these fields.

Encouragement of innovative local or regional projects to foster the uptake of good projects

In addition to funding national projects or programmes in the field of prevention, the FOPH actively supports the promotion and diffusion of interesting local interventions in order to optimise the allocation of the Confederation's funds in the context of measures to reduce problems relating to drug use. This is either done indirectly through the RADIX foundation (since 1992), or directly, provided that the projects supported are innovative and/or can be extended throughout the country (pilot projects).

Promotion of available prevention and local operations, the RADIX Foundation

The RADIX Foundation, mainly based in German-speaking Switzerland (four offices: Bern, Fribourg, Luzern, Zurich), is mandated by the FOPH to publicise local primary prevention experiences which could be applied elsewhere, and to support new projects. It therefore:

- disseminates information (catalogue of selected projects);
- assesses proposed projects with requests for funding, choosing which projects to support according to criteria drawn up by the FOPH;
- organises national events such as prevention exhibitions;
- co-ordinates activities (synergy between projects).

In 1994, 267 projects were financed or cofinanced. 79% of funds granted were allocated to German-speaking Switzerland, 15,9% to French-speaking Switzerland, 5,2% to Italian-speaking Switzerland. Some of the operations financed were part of the "Joie de vivre" campaign, which accompanied the *Cirque* project. Some were very localised, while others were of regional scope, sometimes also being reached by media operations (articles in the regional press). On the basis of the activity report, it is not possible to assess potential further effects of such projects (application elsewhere, extension of a pilot project, etc.), and this central aspect of the project RADIX concept probably deserves to be evaluated.

Its co-ordination and promotion activities are:

- the organisation (jointly with other institutions) of the prevention exhibition in Zurich in 1993 and Vevey in 1994, and of the national exhibition for the prevention of dependence in Bienne in 1995;
- site visits, particularly in regions where there are few projects;
- contacts to advise applicants who present projects for funding (projects are rarely accepted or rejected without modification).

Direct support for new projects

The FOPH has financed or cofinanced prevention activities in several fields:

Preparation of teaching materials

Various available teaching materials include the following: the preparation or translation of various brochures (e.g.: "Wake Up" *Verein Schwarzer Peter BS*), or information leaflets such as that concerning the inhalation of heroin, the *Konfrontation Drogen videos*, or ISPA's family game *Croquer ou craquer*.

The FOPH and the Pro Juventute Foundation have updated the brochure *My child too...? (Mon enfant aussi...?)* for families (parental education), and in order to support certain local initiatives, publishing it in all three official languages as well as in Spanish, Portuguese, Serbo-Croat and Turkish. More than 200,000 copies have already been distributed.

Another programme which merits particular attention due to its originality, is **the interactive multimedia programme entitled *Café Saïgon***, an interactive computer game for young people. Intended to be placed in locations frequented by young people (schools, leisure centres), this game enables them to test the consequences of their decisions in a whole range of situations, some of which involve the risks of dependence.

According to initial observations, the ongoing evaluation shows that the use of the right multimedia is not always enough (access is not always free: either the equipment is kept in a locked room, or young people are obliged to play), and teachers are generally poorly informed about the programme's philosophy. Initial

trends indicate that the game is mainly appreciated by adolescents (under sixteen years of age). Their elders sometimes find it boring or even moralising in tone.

The school and community field

Many projects have been funded, including : *the Infor-jeunes* programme in Valais (using a peer education model of the same type as the *SMAT* programme); the 1991 *Zur Sache Sucht* campaign in Basle; the tour of the stage-play *Phantastica* through several French-speaking cantons; the *Suchttheater* campaign in the canton of Basle; a theatre project in Zurich; drug use prevention projects in the cantons of Basle and Ticino; local projects for migrant populations; the health-promoter training project in the context of the *Appartenances* group in Lausanne.

As an example, we shall present a detailed examination of a project developed by the *Centro Scuola e Famiglia* of the " Free Italian Colonies " in Zurich in collaboration with the FOPH, which is also cofinancing it for a period of three years (1993-1996). This project aims to develop a concept for the primary prevention of dependence among first, second and third-generation migrants of pre-school and school age, making parents, educators, and teachers aware of the problems encountered by the young migrants, supporting and accompanying families with children involved in some form of delinquency. This project is based on the observation that young face special problems due to the migrant status of their parents (lack of stability, dreams of returning to their home country, mixing of various cultural influences, etc.). These problems can affect their relationship to school, work, etc., becoming a source of pressure.

Used as an evaluation factor, the intermediate report mentions the organisation of several meetings with parents whose children attend crèches administered by an organisation belonging to the Italian community (on the theme of the aggressiveness of children, their relationship to consumption, excessive gifts, etc.). Supervision of crèche personnel was organised. In schools, open days were held to inform parents about drug use, television watching, relations with the school system, integration, etc. Lessons/seminars were held for both parents of adolescents and their children on sex education, AIDS, adolescence in their country of

origin and host country, communication between generations, etc.

After a year of operation, this project appeared to be a very dynamic experience, run by well-motivated people with good knowledge of the community, having worked in it for many years.

The situation in the cantons

In 1993, eighteen cantons had a prevention policy, while three others were developing one. Almost every cantonal directive was developed or reformulated between 1990 and 1993. They are often not compulsory. In most cases, the prevention philosophy emphasises the causes of dependence (in the broader sense) rather than substances.

Every canton has developed guidelines for education about drugs in schools. In most situations, the content of the programmes is quite broadly defined, and also emphasises the phenomenon of dependence rather than substances. Some cantons, such as the Jura, are developing programmes emphasising health promotion which are more heavily based on resilience factors (development of autonomy, choice of health). In the French-speaking cantons, the prevention of drug use is mostly in the hands of outside specialists, whereas in German-speaking Switzerland this task is fulfilled by teachers. Their interventions are integrated into the programmes at the level of secondary education, and are generally compulsory. A study carried out in 1992 nevertheless showed that drug use prevention coverage was incomplete, particularly in rural areas. Some cantons emphasise that financial difficulties during a period of budgetary restrictions make it difficult to adapt their teaching materials, desiring increased support from the Confederation in this field.

Secondary prevention

Since 1992, the FOPH has been promoting **secondary prevention** measures in the field of drug use (p. 17). Its mandate includes the development of concepts and means to detect, at an early stage, people at risk, or whose drug consumption is recent or occasional, in order to help them. As early identification is the aim, secondary prevention mainly involves young people.

Risk factors help to define the **target groups** for secondary prevention, which aims at the most exposed young people. From a pragmatic point of view, knowledge of risk factors makes it possible to identify these young people, and to develop appropriate prevention operations. The basic principle of the FOPH's strategy is to strengthen the **protective role of the community network of young people at risk**. The term "community network" refers to anyone who may be able to help them, such as parents, teachers or educators.

The **objective** of secondary prevention, as described by the FOPH, is to develop the resources of the people who form this network so that they can effectively react when some young people face problems such as drugs, avoiding their marginalization. As well as training the family and friends of young people to deal with these problems, strengthening the community network also (and perhaps above all) aims to ensure that its components cooperate with one another. The FOPH aims to boost this strategy in several ways. On the whole, the adopted viewpoint involves starting from what already exists, rather than creating new structures or organising operations which have no roots in prior experience. The boosts given by the FOPH can also emphasise the co-ordination of operations and the development of networks (increased contacts within existing networks, broadening or expansion of these networks).

In the **current phase of development** of both the projects and the evaluation, the observation of changes in the behaviour or attitudes of young people is not a priority. The question of the use of available structures

also seems to be premature. This phase involves testing various approaches which take account of the specific situations and needs of each target group. After the end of this phase, the models developed or tested should be continued, stabilised and disseminated. Ideally, they should be sufficiently well-known to be imitated and extended to other contexts.

The search for partners takes many forms. Sometimes, initiatives have come directly from the FOPH, which has approached potential partners to implement specific operations. In other cases, projects have already been extensively developed by partners, who then approach the FOPH to obtain financial or logistical support. Furthermore, some projects represent a continuation of previous interventions.

In view of the available resources, the FOPH does not aim at total territorial coverage, nor at "complete protection", which would involve strengthening every component of the community network within a given context. Priorities have therefore been fixed according to the most urgent failings or needs, through consultation (visits, expert advice, etc.). As in the field of primary prevention, some projects are immediately launched on a national or regional scale (pp. 30-32), while others aim to encourage innovative local or regional projects in order to foster the uptake of good projects (pp. 32-33).

Projects of national or regional scope

The No Drugs-More Sports! programme

This multi-faceted programme is based on the concept of sport as a factor of resilience (protective) or rehabilitation (integrational) in relation to drugs. It represents a field which is (in principle) drug-free, and whose very culture refers to the absence of drugs. However, it is above all (and in its ideal state, at least) a field of pleasurable experiences, physical well-being, team spirit, development of resources and self-confidence, as well as risk. This concept refers to its role in primary and secondary prevention (stopping young people "at risk" from becoming dependent), or in tertiary prevention (the social rehabilitation and healing of dependent people). Started in 1993, the programme is run jointly by the FOPH and the "Federal School of Gymnastics" in

Macolin (ESSM). This group also assumes responsibility for the *No Drugs-More Sports!* information campaign (PR, bulletin, etc.)

This programme is designed with a view to social marketing. On the basis of its goals and target groups, three distinct sub-programmes were defined :

Mach Mit / Participez / " Take part " (primary and secondary prevention). Like the *Move* project, *Take Part* was developed in collaboration with the " Health Econ AG " company (project manager) in three test municipalities : Bern, Bienne and Thun. Its goals are as follows :

- to strengthen the natural social role of monitors in sports clubs by offering them complementary training concerning specific aspects of the primary and secondary prevention of drug use (risk factors, early detection of young people threatened by dependence, management of difficult situations presented by some young people in carrying out their activity, etc.).

Move (mainly secondary prevention). This project targets young people and aims to :

- motivate young people " at risk " to regularly take part in a sporting activity by organising sports events in fields adopted by young people (street sports) ;
- enable young people with problems (delinquency, initial drug consumption, etc.), identified by various social services, to join sports clubs should they so wish.

These two projects were subsequently merged in 1994 to form **Mach mit plus**. They now cover ten regions: Bern, Bienne, Thun, Fribourg, Ticino, Aarau, Glaris, Frauenfeld, Geneva and the Bas-Valais. A local project co-ordinator/leader was recruited for each region. He remains in contact with its partners: cantonal sports associations, local clubs, social services, drug advisory services (Drogenberatungstellen), public health services, etc. This project is designed as a booster project of limited duration (three years). It will end slightly later (end of 1997) in French-speaking Switzerland and in Ticino, which joined in the process somewhat later.

Start (tertiary prevention). This project has been developing since 1993 in collaboration with the " Federal School of Gymnastics " in Macolin (ESSM), and generally aims to promote the health and rehabilitation of drug users by:

- developing and professionalizing the range of available sports in residential treatment institutions (training and advanced training for sports managers in the institutions, organisation of national competitions for drug users undergoing treatment, etc.);
- introducing new activities such as sports for drug users undergoing outpatient treatment (e.g.: methadone).

This project is also designed as a booster project, and will come to an end in its present form at the end of 1995.

Global evaluation of the programme has shown that for **Mach mit plus** in the field of primary prevention, fourteen basic training courses were held in 1994-1995 for 256 sports instructors. Since 1993, local co-ordinators have organised forty street-sports events. In the field of secondary prevention, seven training courses attended by ninety-four sports instructors have taken place. Difficulties involving co-operation and comprehension between the project and field institutions were noted.

For the Start component of the programme, 139 projects were initiated or carried out before the beginning of 1995.

The range of available **treatment in the outpatients sector** was appreciated by drug users who had taken part in the proposed activities. It was nevertheless very difficult to motivate drug users in this phase of treatment to take part in regular sports activities, and some projects had to be interrupted after a few months due to lack of interest. According to the evaluators, this very low participation rate (1 % of patients receiving methadone at the *Drop-In* and *Zok11* in Zurich, 4 % of patients on methadone in the Vaud canton) is attributable to several factors : in this phase of treatment, other aspects of social life predominate (basic reintegration : work, the restructuring of daily life, etc.). The motivation to take part in sports activities can only involve a minority of drug users, already at an advanced stage in recovering control of their existence.

In the **residential treatment sector**, eighty-nine projects were carried out and positively received by the participant institutions. However, most institutions do not feel any need to professionalize the range of available sports. Several representatives of these institutions have taken part in training courses offered by *Start*. Almost every client surveyed spends an average of 3.7 hours

per week on a sporting activity. Some have participated in *Start* programme activities. They are no different from others as regards their appreciation of sport (a widely-appreciated activity) or their state of well-being.

However, the evaluators point out that needs seem to be already covered (at least as far as residential institutions are concerned), and that the programme, mainly run by sports professionals (with one exception), is perhaps not best suited to be used by professionals in the drugs field, who feel that it is imposed from the outside and lacks any fine sensitivity to institutional conditions, problems and needs. On the other hand, the institutions would appreciate a centre of reference which could advise and train staff while also supporting sporadic projects.

Following these short-term programmes, FOPH involvement in the field of *drugs and sport* is continuing on a smaller scale. It includes helping to fund courses, establishing an expert committee in the field of drugs and sports, and providing funds over a three-year period for a co-ordinator/adviser, with secretarial support, based in Macolin. This position will act as a point of reference in the field of drugs and sport by centralising information, equipment, requests for intervention, and advice on developing activities. Furthermore, *Mach mit plus* has been integrated into the Youth and Sports (Jeunesse et Sports, J + S) training sessions since 1995.

Prevention of drug use in institutions for children and adolescents

Le fil rouge project

Started in 1994, this project was developed jointly by the FOPH and the Swiss professional association for education and specialised instruction (ASJI/SVE). It aims to increase exchanges of experience between professionals, and to promote their training in fields relating to the prevention of drug dependence. The operation is aimed at young people who frequent specialised institutions, considered as particularly exposed to the risks of drug use and dependence. The project is being implemented throughout Switzerland, which has been divided into six regions in which one or more contacts are responsible for developing activities (thinking and awareness sessions, training, etc.). The project is headed by a planning group composed of members of the FOPH, the ASJI and various experts.

School mediators

The concept of school mediators has been under development for several years in schools in the cantons of Vaud and Valais. These mediators are experienced teachers who are released from their duties for a few hours to listen to adolescents who come to talk about their problems, particularly those relating to dependence. The FOPH aims to strengthen the system of mediators in the cantons where they already exist (VD, VS) by offering advanced supervision and training, and extending the offer to adolescents in advanced classes (in 1994). In parallel, it aims to support the establishment of a system of mediators in the cantons of Fribourg, Neuchâtel and Jura. Finally, the project is funding the development of an advanced training system for mediators in French-speaking cantons and the Ticino. This project is being extended to German-speaking Switzerland.

Encouragement of innovative local or regional projects to foster the uptake of good projects

Secondary prevention projects were supported by the FOPH in several fields :

School-based prevention

Implemented in local professional training schools by the "Zentrum für Prävention" in St. Gallen⁷, the **SPAZ** project (Das Projekt zur Sucht Prävention an Berufsschulen und in Lehrbetrieben im Kanton St. Gallen) aims at the early identification of young people in danger of becoming dependent, making it easier to care for them by expanding collaboration with the partners of the network (professional trainers and other teachers, parents, advisory centres, etc.). The two-year pilot phase ended in March 1995. During this period, the project was accompanied and supported by a group of experts composed of various players in the field of drug use and partners of the project (public health and school authorities, company managers, etc.).

A number of initiatives were developed in collaboration with sixteen of the twenty professional training institutions in the canton :

- awareness and training sessions for training instructors ;

⁷ in collaboration with the FOPH.

- contacts with institutions providing advice about dependence, and with companies training apprentices ;
- promotion of the project, particularly through an information bulletin ;
- preparation of teaching materials.

A large amount of interest was attracted, as this type of problem is of major concern to teachers. A survey of teachers at the end of the project shows that they felt their motivation and communication with students had been strengthened as regards the early recognition of problems. However, few effective structural changes were made within schools or businesses (one of which could have been the presence of advisers). This phase mainly involved the heightening of individual awareness, although knowledge of potential collaboration within the network was increased.

Implemented since 1995 by the Lucerne Schools Board with the help of the FOPH, the **Schulteam** project aims to disseminate and expand in other interested cantons a model for secondary prevention in schools (early recognition of problems), already tested in Lucerne. The project therefore involves promotion and development, aiming to modify the system by means of : mutual deliberation by the entire body of teachers ; practical advice ; networking with other actors. The goal of the project is to introduce and develop this model into at least twenty schools in German-speaking cantons. An evaluation of the project is planned

Community-based prevention

The "**Juvenile Court**" (*Tribunal des mineurs*) project, run by the Health Association of Bern, was based on the fact that the juvenile courts often represent a significant stage in the lives of young people at risk standing trial for the first time for minor offences. Subsequently, a proportion of these young people follow an escalating curve of delinquency. The project therefore aims to prevent the initiation of excessive drug use and to decrease the danger of an escalation to hard drugs and crime, harnessing all the resources of the existing network to help such young people and provide a non-stigmatic response to the "initial danger signs" for which they are standing trial. This initial phase of the project attempted to develop a **concept** of care for young people and their families, and to set up multi-disciplinary teams to intervene at such key moments, providing support, guidance, and offering options for their future.

In December 1995, this preliminary phase of the project ended with the publication of the **Parcours-prevention** concept, whose objectives are :

- to consider the offence within a overall context, thus finding new ways to understand it ;
- to develop secondary prevention within the context of the juvenile courts ;
- to work with the families of offenders to find various solutions to their difficulties.

Cantonal pilot projects should be based on these objectives. Interventions would take place on the basis of a court order. The FOPH is currently trying to find ways to introduce the concept into certain cantons.

The **EPIC** communal prevention and harm reduction project (Geneva) is similar to the **RELIER** project (Lausanne), which aims to strengthen the community-based prevention network. It involves the development (from 1993 to 1997) of a light-weight structure to promote communication and collaboration between the various organisations and professionals operating within a given region (the Geneva and Lausanne conurbation's). In the various spheres of life affected by problems of dependence (health, employment, training, housing, insurance, etc.), there are many ways to obtain occasional help or long-term care. However, the families and people concerned, and even those who support them, often know nothing about these resources and how to gain access to them. These projects therefore attempt to "oil the works", strengthening the support networks of people in danger of becoming dependent or those already affected. The two projects have been evaluated jointly since 1996.

The situation in the cantons

At present, no exact information is available concerning secondary prevention activities initiated by the cantons, apart from the consultation procedure carried out by the FOPH in 1991, which revealed considerable deficiencies in this field.

Conclusions

The FOPH has very actively developed and supported primary and secondary prevention projects. There is a real desire to experiment, innovate and disseminate tried and tested experiences. This abundant activity has of course led to various successes, as shown above. As many activities, mainly in the field of primary prevention, are already being implemented at cantonal level, it is not yet possible to determine whether the FOPH's projects and programmes have reduced the number of new or heavily dependent drug users. Nevertheless, the following conclusions are applicable to the field of prevention:

- totally "new" programmes financed and initiated by the FOPH (*Santé Jeunesse*, some aspects of *Mach Mit/Participez*) encountered a degree of inertia or even resistance from existing structures (the school system, sports clubs), which did not always welcome the FOPH's sometimes clumsy incursions into their territories. Some of these programmes were also inadequately prepared (SJ), or did not pay enough attention to the environment in which they operated (SJ, *Mach Mit*). Moreover, their structures were not fit to steer the project;
- the situation has been quite different when the FOPH has disseminated tried and tested programmes (*SMAT*, *mediators*, etc.) or supported outside initiatives (*Mieux vaut prévenir que guérir*, local projects for immigrants, etc.). These programmes have lived up to expectations, and have been effectively implemented by motivated people;
- on the other hand, on the basis of currently available data, it is more difficult to determine the real potential for promoting effective local projects and extending them to cover other areas. As this important issue is a basic criterion in the funding of local projects, its evaluation should be envisaged;
- in the particular field of secondary prevention, the FOPH initially tried to develop a less well-known facet of dependence prevention, attempting to innovate by supporting and initiating projects in most of the fields concerned;

- secondary prevention was diversified very actively and enthusiastically, sometimes conflicting with the realities of sectors whose priorities differed from those of the programme promoters (some aspects of *the No Drugs-More Sports!* programme). Changes can only be made slowly, and awareness has certainly been increased, but the real potential for imitation after the launch phase was overestimated.

Recommendations

Examples from the fields of primary and secondary prevention make it possible to identify situations which are a priori more favourable to funding or support by the FOPH:

- situations where it is possible to depend on motivated partners well settled in their regions, or to respond occasionally to requests from partners without creating totally new structures or employing new people ;
- situations where tried and tested projects (such as *SMAT*, *mediators*, etc.) are being extended, leading to possible economies of scale (grouping of trainees from several different cantons).

After this initial experimental phase, the following seems judicious :

- to better define what is expected of new projects, and to give them time to develop (make sure that they last several years if new structures are created) ;
- to consider the real cost of such efforts, and not to underestimate the difficulties of working with "unconventional" public-health partners, whose concerns, priorities and agenda are often different
- to consider the required "dose" of public-relations, which although certainly useful for publicising new projects, may use large amounts of resources and give a false impression of the real scope of the project ;
- to begin negotiations before launching a project regarding the continuation of funding by other authorities (e.g. : cantons) if eventually planned or desired (required conditions for continuation, timing, transition from one funding method to another, etc.) ;

In other words, feasibility, usefulness and relevance should be considered more thoroughly. Moreover, to fully deserve their name, pilot projects should examine the real possibilities of their extension to other sites, taking account of similarities and differences in the various contexts.

References

Bachmann N., Eggli P., Fabian C., Hornung R. *Projekt Start, Evaluations-Schlussbericht*. Zürich : Psychologisches Institut des Universität Zürich, Abteilung Sozialpsychologie, Sozialforschungstelle, 1995.

Eggli P., Bachmann N., Hornung R. *Ohne Drogen - mit Sport, Gesamtevaluation. Schlussbericht der Evaluation*. Zürich : Psychologisches Institut des Universität Zürich, Abteilung Sozialpsychologie, Sozialforschungstelle, 1996.

Ciampi P., Fleury F. *Rapport d'évaluation du programme Vorbeugen ist besser als heilen, phase pilote*. Lausanne : Association "Appartenances". 1994.

Fahrenkrug H., Rehm J., Müller R., Klingemann H., Linder R. *Drogen illegales en Suisse 1990-1993*. Zurich : Seismo, 1995.

Mathey M.-C. *Evaluation der Schülermultiplikatorenkurse (SMAT). Effektstudie 1990*. Berne : Office fédéral de la santé publique, 1991.

Treatment, assistance and harm reduction

The **goals** defined by the FOPH in the field of treatment and assistance are as follows: in collaboration with the cantons, municipalities and specialised institutions, the FOPH helps to reduce problems relating to the consumption of drugs by quantitatively and qualitatively optimising facilities to protect and improve the health of

drug users during every phase of consumption: initial drug-taking, intensive drug use, and withdrawal. In an global approach, the FOPH applied its efforts to three main points: the residential sector (pp. 37-38), the outpatients sector (pp. 38-39), and harm reduction (pp. 39-41).

The residential sector

At the end of 1991, the Federal Council explicitly asked the FOPH whether or not a larger budget should be assigned to the residential treatment sector. The *REHA 2000* study was carried out in order to answer this question, which was already one of the FOPH's priorities. The study involved an analysis of supply, deficiencies and needs. The results of this research enabled the **strategy** of the FOPH to develop in a more specific way, involving three main components: **information/documentation, co-ordination and pilot projects.**

The FOPH therefore presented a complementary package of urgent measures in the residential treatment sector in order to offset the observed deficiencies (p. 17). This was accepted by the Federal Council in October 1994, and includes four main projects:

- The first and most heavily funded involves support for the **construction of about seven new residential treatment institutions** per year, costing SF 100,000 per year over a three-year period until the year 2000;
- Funding for **evaluation and national statistics** in this field was also increased;
- A **national information system (Infoset Direct)** covering the participant institutions is under development in collaboration with twelve cantonal authorities. It will instantaneously provide information about existing structures, the number of places available, etc. A feasibility study carried out in 1993 clearly showed that the cantons and institutions approved of this approach;
- Finally, the creation of a **national co-ordination centre (COSTE)** was also partially funded by this new series of measures. This will deal with information and documentation throughout the country, providing

support for the quality assurance of the institutions in collaboration with the cantons. It will provide planning assistance to cantons, regions and institutions, etc.

In the **residential sector**, available data for the entire country (*REHA 2000*) reveals forty-eight institutions offering withdrawal places, corresponding to a total of 282 withdrawal places (16 % in French-speaking Switzerland, 82 % in German-speaking Switzerland, 2 % in the Ticino). In terms of withdrawal-rehabilitation within a residential or outpatient context, it is not currently possible to even approximately quantify the number of places available every year. Such a quantification would make it possible to evaluate the possible existence of a bottleneck between the period of withdrawal and the continuation of treatment. In 1993, eighty-nine institutions in the rehabilitation sector were offering 1,250 places for residential treatment (22 % in French-speaking Switzerland, 69 % in German-speaking Switzerland, 9 % in the Ticino). The average rate of occupation is close to 90 %, and the waiting period is about forty-five days.

Unfortunately, it is not yet possible to measure the increase in the number of places offered since 1990, as institutions are classified differently according to existing sources of data. The nation-wide development of residential treatment statistics gathered by the "Forschungsverbund stationäre Suchttherapie" (*FOS*) in Zurich, supported by the FOPH, should enable this deficiency to be corrected over the next few years. These statistics also aim to develop quality control factors for treatments of residential type.

Founded by the FOPH in collaboration with the cantons, and associated with the Conference of Cantonal Directors of Social Affairs in Bern, **COSTE** has been in effect since autumn 1995. Active collaboration with the **Infoset Direct** service, which was launched in November 1995 in seventy institutions throughout nine

cantons, will make it possible to update this database relating to available residential therapies. By indicating which available therapies are not yet sufficiently devel-

oped, *COSTE* should make it easier to choose which new structures to support.

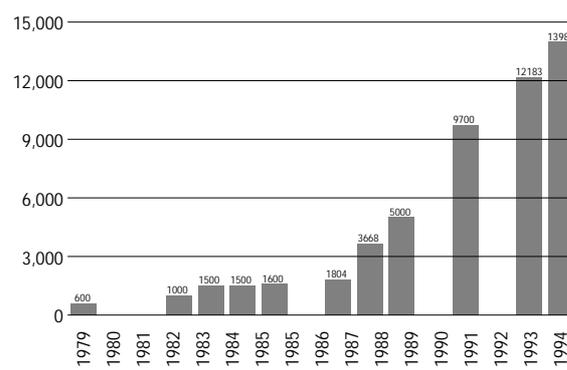
The outpatients sector

In the **outpatients sector**, care for drug users has changed profoundly since the early 1990's. The number of available places for treatment has increased, and treatment methods have diversified. This diversification is evident in **newly-available treatments** (low-threshold methadone treatments, opiates prescriptions under medical supervision in the context of trials approved by the Confederation) and in **new forms** of treatment (reduction of the demand for complete abstinence from other opiates during methadone treatment, increased doses of methadone, modifications to the required conditions for starting treatment, etc.). These changes took place followings various reports by Federal Narcotics Committee (1984, 1989, 1995) and regularly-updated recommendations concerning methadone, which were broadly disseminated by the FOPH.

The only nation-wide data currently available on changes in demand concern methadone treatments. Between 1987 and 1994, the annual number of methadone treatments increased from about 1,800 to nearly 14,000 (figure 1). The sharpest increase occurred between 1989 and 1991.

Over the next few years, the two new nation-wide outpatient treatment statistics initiated by the FOPH between 1992 and 1995 (the **SAMBAD** statistics concerning outpatient treatments for drugs and alcohol, and the **methadone treatment statistics**) will enable changes in supply and demand to be monitored more systematically. Currently, both types of data are being gathered by the participant centres/cantons.

Changes in the number of methadone treatments in Switzerland 1979-1994⁸



In eighteen cantons out of twenty-six, the number of patients treated increased between 1993 and 1994. Eight cantons currently have more than 500 patients in treatment (ZH, BE, AG, VD, GE, BS, TI, LU).

After the expert consultation procedure of 1991 and the Federal Council edict of October 1992, the FOPH's scientific trials of opiates prescriptions under medical supervision *PROVE* ("PROjekt zur ärztlichen **VE**rschreibung von Betäubungsmitteln") began in early 1994. This project is aimed at heavily addicted subjects. It should make it possible to determine whether this type of treatment can improve the state of health and living conditions of people heavily addicted to opiates when other forms of prior treatment have failed. Moreover, the effects on delinquency, increasing distance from the drugs scene, and opportunities to give up excessive drug use will all be measured.

In terms of the feasibility of the trials, improved health, and social reintegration, the encouraging results of the intermediate evaluation caused the Federal Council to approve a modification to the original experimental plan in January and May 1995, increasing the number of heroin treatment places from 250 to 800.

⁸ Source: Report on methadone. Federal Narcotics Committee. Methadone Working Group of the "Drugs" sub-committee. FOPH, December 1995, Bern.

Finally, in the field of treatment, the FOPH has prepared and published large-scale national **documentation** which serves as a reference in several fields. Examples include lists of institutions working in the field of drug use, or residential institutions to help drug users.

Furthermore, a book and a seminar concerning the conceptual basis for the development and promotion of specific interventions **among women consuming illicit drugs** were issued in 1995.

Harm reduction

During the phase of active drug use, it is essential to reduce harm as far as possible. This means that the physical and psychological health of drug users should be protected or restored, avoiding their social marginalization as far as possible.

Through the national AIDS prevention programme, the FOPH was already active in the field of risk-reduction relating to **HIV transmission** before the package of measures of 1991. This aspect was therefore subsequently developed and extended in collaboration with the staff responsible for this programme at the FOPH.

Support for projects promoting social integration

Since 1991, the FOPH has also supported various projects to encourage **the social integration** of drug users, providing start-up assistance to eleven low-threshold housing and day-care projects, eight professional reintegration projects, and eight street work projects to help women prostitutes and promote mutual support among drug users. The projects emphasise networking, encouraging the exchange of experiences, and evaluation. After this initial support phase, the FOPH set up a **centre to promote work and housing projects** for drug users at the end of 1995, in collaboration with the Œuvre Suisse d'entraide ouvrière (OSEO). This centre should support projects to provide work, housing and low-threshold day-care structures for drug users throughout Switzerland. It will provide financial aid to start new projects and also advise those responsible for such projects. It should increase networking between existing projects by updating and improving the available documentation and information.

Support for pilot projects

The FOPH has played a decisive role in supporting new and existing projects with clear intent to compensate for certain deficiencies in available facilities throughout the country (injection rooms in Lucerne and Basle, syringe-distribution buses in Geneva and Bienne, etc.).

The FOPH has also supported two AIDS-prevention projects aimed at **drug users involved in prostitution** (the *OASE* project in Basle, the *Boulevards* project in Geneva). A pilot project to **prevent the sexual transmission of AIDS**, operating according to the peer education principle, has begun in St. Gallen (project *MEDIA*) and is currently being evaluated. This innovative project is to be extended to other regions.

Risk-reduction relating to HIV transmission

More specifically, the nation-wide monitoring of low-threshold centres providing (among other things) sterile injection material⁹, and the study of users of these centres (pp. 53-54), have certainly helped improve knowledge of the situation in the field of risk-reduction relating to HIV transmission.

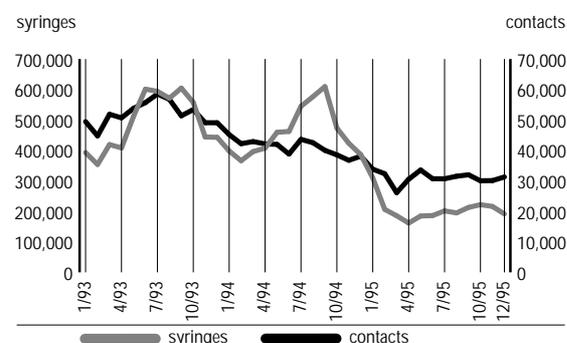
At the end of 1995, twenty-three low-threshold structures in Switzerland were helping to provide sterile injection material. They were spread across nine cantons (AG, BE, BS, GE, LU, SG, SH, SO, ZH), and thirteen of them were equipped with an injection room (BE 1, BS 3, ZH 6, SO 2, SH 1). Most of these centres are in German-speaking Switzerland. This situation has not changed since 1992, although street workers occasionally issue sterile injection material in some French-speaking towns (e.g. : such an authorisation was recently granted by the municipal authorities in Lausanne). In French-speaking Switzerland, supplies are therefore mainly obtained from pharmacies. In several Swiss towns, automatic syringe dispensers have also been installed.

The main changes to this system between 1992 and 1995 were as follows. In Bern, one of the centres equipped with an injection room was closed and replaced by a day-care structure for people under methadone treatment. In Zurich, the main change was the closure of the Letten in February 1995 causing a redeployment of aid structures, and thus a transitional period of disorganisation in the distribution of syringes. In St. Gallen, the closure of the "Schellenacker" scene, where injection material was being distributed, caused this activity to be taken over by a new organisation. In Luzern, the centre equipped with an injection room (*ABfD*) was closed following a cantonal referendum and

⁹ In this chapter, the term "low-threshold" refers to structures which respect anonymity, specifically aiming at drug users and providing them with sterile injection material. They act as a bridge to other types of available care and treatment. Other low-threshold structures in the fields of employment, housing and assistance are also defined as structures which should be as accessible as possible (low accessibility threshold, see above), although they are generally also open to marginalized people who do not necessarily take drugs.

replaced by a mobile bus without an injection room. In Solothurn, an existing scene was dispersed in 1994, and the distribution of injection material was reorganised on a different basis (opening of a centre equipped with an injection room at the end of 1993). The same thing happened in Olten, where an injection room opened in 1995. Finally, a day-care room with injection facilities opened in Schaffhausen in 1994.

Distribution of syringes and number of contacts per month in low-threshold centres in Switzerland : 1993-1995¹⁰



The figure above shows trends in the number of syringes distributed, and in the number of contacts made in low-threshold centres. In 1993, about 7 million syringes were distributed, decreasing to 6,300,000 in 1994, and 3,210,000 in 1995. This represents some 17,000-19,000 syringes per day in 1993-1994, and 9,000 per day in 1995. The number of contacts during which the material was distributed reached about 50,000 per month in 1993, gradually decreasing in 1994 and 1995.

All the low-threshold centres provide **condoms**. In general, they are not actively distributed. Drug users rather help themselves. Few centres count the number of condoms distributed, which is perhaps an indication of the lower degree of interest in this aspect of AIDS prevention. The Geneva bus alone is very active in promoting condoms and advising drug consumers to use them.

¹⁰ Several centres for which these two indications are not featured have been omitted (from three to five, depending on the year).

In most cantons, **pharmacies** are the only local source of injection material. According to a survey of all Swiss pharmacies, it can be estimated that 120,000 syringes per month were retailed or sold in *Flashboxes* throughout Switzerland during the latter months of 1994. This corresponds to about a quarter of the amount distributed through low-threshold centres.

Distribution of injection material in prisons

Drug consumption and the sharing of injection material in prisons has been documented in several studies. Four penal institutions provide their inmates with disinfecting material. In 1994, **a one-year pilot prevention programme** was implemented at the *Hindelbank women's prison*. It provided information and discussion sessions for both inmates and personnel, as well as personal advice to inmates. Automatic dispensers to exchange syringes were installed at six easily accessible sites within the institution.

Mandated by the FOPH, evaluation of this programme has shown that it was well-received by both the inmates and personnel. During the one-year evaluation period, a total of 5,335 syringes were distributed (14 per day on average). No uncontrolled increase in the use of syringes was noted, nor any abuse of such equipment (as weapons for instance). Furthermore, the programme did not encourage anyone to start taking drugs. Moreover, the low number of people who admitted having shared a syringe with someone else during the previous month decreased from eight to one during the pilot programme.

The prison at Oberschöngrün provides inmates with sterile injection material. Prisons in Geneva and Basle have recently decided to do likewise.

Conclusions

- In the field of treatment, the FOPH has developed a well-balanced strategy covering three points: support for pilot projects, co-ordination and information/documentation.
- A major proportion of the Confederation's efforts were aimed at the outpatients sector, with the introduction of scientific trials of opiates prescriptions under medical supervision (more than SF 6 million between 1992 and 1995). There is a clear intention to open up new care possibilities which are currently being evaluated.
- The creation of the nation-wide information system (*InfoSet Direct*) and of the national co-ordination centre (*COSTE*) will certainly improve the planning of various types of therapeutic care currently available in Switzerland.
- In the future, support and development of nation-wide statistics covering the outpatient, residential and methadone treatment sectors should make it easier to monitor and adapt supply and demand, while also defining criteria of quality in therapeutic care which still varies greatly from one canton or region to another.
- A wide range of centres offers work and accommodation to drug users, although their geographical distribution is uneven and probably still insufficient (concentration in major cities and in German-speaking Switzerland, particularly as regards accommodation). The creation of the new OSEO co-ordination centre developed by the FOPH should make it possible to correct these deficiencies in the future.
- Drug users make extensive use of sterile injection material when available, particularly if access is easy (ad hoc structures close to the scenes, long opening hours, injection facilities).
- When low-threshold structures have been closed or scenes dispersed, a fall in the distribution of injection material has been observed, expressing insecurity, supply difficulties and probably an increased exposure to infection (HIV, abscesses) for the least organised and/or the most heavily-addicted drug users.
- Prevention of the sexual transmission of HIV is still a poor relation of AIDS prevention among drug users.
- The intravenous injection of drugs in penal institutions is a reality. The Hindelbank pilot project has shown that the distribution of injection material in prison is acceptable, feasible, useful and safe.

Recommendations

- Accepted by the Federal Council in autumn 1994, the package of complementary measures in the field of residential treatment is part of a more global vision, fitting into an intensive nation-wide co-ordination effort. Nevertheless, due to the extremely rapid growth in therapeutic outpatient care over the last five years, it seems wise to provide for a regular readjustment of the situation in order to avoid the creation of structures which no longer correspond to the needs of drug users over the next few years, particularly in terms of residential treatment institutions and withdrawal facilities. This will be a key role of the national co-ordination centre (*COSTE*), which has been in operation since autumn 1995.
- In the same way, the FOPH should support and develop projects dealing with aptitude for treatment and quality control, mainly in the field of methadone treatment.
- Structures offering work and/or accommodation for drug users should be further developed, and their diversity maintained. To this end, the mixing of groups targeted by low-threshold structures avoids the ghetto effect, and can give drug users their first step towards social reintegration. It is therefore of capital importance to promote low-threshold structures for drug users, which should be developed by the new OSEO national promotion centre, developed by the FOPH.
- The question of special local services for drug-using prostitutes of both sexes should be put back on the agenda in every major city.
- Prevention of the sexual transmission of HIV, placed in a more general context of "sexual health" (integrating the prevention of STD's, unwanted pregnancies, the prevention of sexual violence, etc., as well as questions relating to motherhood), should become a priority for low-threshold structures. Appropriate training should be available to those working in such facilities.
- In parallel, other local actions (peer education, street work) centred on preventing the sexual transmission of HIV as described above should be developed and evaluated.
- When changes in scenes are foreseeable, such as closures, or changes in structures which could affect the accessibility of injection material, transitional measures should be introduced at an early stage, associating every partner in the field (social workers, the police, drug users).
- Pharmacists should be made more aware of their role as partners in AIDS prevention among drug users (training, development of networks of pharmacist advisers, etc.), particularly as they are also often partners in methadone treatments prescribed to drug users.
- AIDS prevention, and complete therapeutic care should be considerably developed in prisons.

References

Benninghoff F., Gervasoni J.-P., Dubois-Arber F. *Monitoring des activités des structures à bas-seuil d'accès pour consommateurs de drogues en Suisse: remise de matériel d'injection stérile, résultats pour 1993 et quelques exemples cantonaux*. Soz. Präventivmed 1996; 41 Suppl. 1: S5, 14.

Schüpbach-Wiedemann E., Wettach R., Dobler-Mikola A. *Der Forschungsverbund therapeutischer Gemeinschaften im Jahre 1994*. Zürich: Sozialpsychiatrischer Dienst Zürich, 1995 (Serie V, Nr. 12).

Ernst M.-L., Rottenmanner I., Spreyermann C. *Femmes - Dépendances - Perspectives. Bases conceptuelles pour le développement et la promotion d'interventions spécifiques auprès des femmes qui consomment des drogues illégales*. Berne: Office fédéral de la santé publique, 1995.

IPSO Sozialforschung. *Studie zur Spritzenabgabe durch Apotheken*. Dübendorf: IPSO, 1995.

Lindemeyer H., Rafeld A., Steiner V. *Du travail et un logement pour les personnes évoluant dans le monde de la drogue: Manuel et inventaire*. Zurich: Œuvre suisse d'entraide ouvrière, 1994.

Mühle U. *REHA 2000. Gesamtschweizerische Planungsgrundlagen für die Weiterentwicklung der stationären Drogentherapie*. Berne: Office fédéral de la santé publique, 1994.

Nelles J., Waldvogel D., Maurer C., Aebischer C., Fuhrer A., Hirsbrunner H.-P. *Pilotprojekt Drogen- und HIV - Prävention in den Anstalten in Hindelbank: Evaluationsbericht*. Bern: Psychiatrische Universitätsklinik, 1995.

Rapport sur la méthadone. Commission fédérale des stupéfiants. Groupe de travail Méthadone de la sous-commission "Drogue". Berne: Office fédéral de la santé publique, 1995.

Uchtenhagen A., Gutzwiller F., Dobler-Mikola A., Blättler R. *Essais de prescription médicale de stupéfiants: rapport intermédiaire des mandataires de la recherche (version abrégée)*. Zürich: Institut für Suchtforschung/ Institut für Sozial- und Präventivmedizin der Universität Zürich, 1995.

Training and professional education

In the field of the training and professional education, the following priority **objectives** were adopted by the FOPH: to increase the number of trained or informed people in the field of dependence; to harmonise and improve the skills of the professionals concerned; to improve the capacity for regional and national collabora-

tion between specialists. To attain these objectives, the **target group** for training and professional education was divided into two sub-groups: full-time professionals in the field of drug use, and professionals occasionally affected by these questions. The measures were therefore planned in accordance with this classification.

Professional specialists

In early 1990, apart from courses in the field of alcoholism offered by the *Interkantonale Höhere Fachschule für Sozialarbeit*, no basic training for the professions involved in dependence problems provided specialised training in this field.

Workers in the field of drug use are covered by four professional associations, two of which operate in German-speaking Switzerland. These are the VSD (*Verband Sucht- und Drogenfachleute Deutschschweiz*) which deals with illicit drugs, and the VSFA (*Schweiz. Verband von Fachleuten für Alkoholgefährdeten- und Suchtkrankenhilfe*) which mainly deals with alcohol-related problems. French-speaking Switzerland is covered by the GREAT (*Groupement romand d'études sur l'alcoolisme et les toxicomanies*), while Ticino is covered by the ASID (*Associazione per lo studio e l'informazione sulle dipendenze*), which groups workers in the field of legal and illegal drugs. These associations are therefore not national in scope, but are specific to the various linguistic regions. In its initial **strategic approach**, the FOPH invited VSD and GREAT in 1990 to analyse the situation and develop a training and professional education concept. Following the submission of reports by these two associations, contracts were signed with each of them which gave them a mandate to develop training programmes for workers in the field of drug use in their respective regions. This led to the foundation of *CONVERS* in German-speaking Switzerland, and of *ARIA* in French-speaking Switzerland.

Several **evaluations** were carried out following the introduction of the two new structures:

- "local" internal evaluations carried out by *CONVERS* and *ARIA* (questionnaires addressed to course participants), as well as an external evaluation in the case of *CONVERS*;
- an evaluation of professional education needs among Swiss institutions working in the field of drug use;
- a comparative evaluation of the *CONVERS* and *ARIA* projects;
- an expert assessment of the situation, accompanied by proposed supervisory structures, was also ordered from the University of Bern's co-ordination service for further training, which was already responsible for the two evaluations mentioned above;
- an evaluation of the management and marketing capacities of *CONVERS* and *ARIA*, carried out by *ARCUS* (*Arbeitsgemeinschaft für Consulting, Unternehmensentwicklung, Schulung*).

Following these initial evaluations, it was concluded that the two structures created to institutionalise professional education in the field of drug use in Switzerland did not provide a sufficiently solid foundation. The question therefore arose of how training and professional education should be organised in terms of concepts and partners. The various possibilities were therefore analysed by the University of Bern at the end of 1993. This expert assessment proposed a series of criteria to guide the decision-making process, suggesting three possible structural models. In 1994, these proposals were discussed with various experts as well as those concerned, or potentially concerned organisations.

The introduction of a suitable structure which could provide a national framework, and a common basic curriculum for all the various professions, proved to be a long-term project. It was decided that this work would be directed by an Expert Committee whose terms of reference were defined previously by a working

group. While awaiting the definition of the final terms, the contracts of *CONVERS* and *ARIA* were extended until October and December 1997 respectively.

In terms of activities, *CONVERS*, which mainly organises individual modules of professional education, had organised fifty-five **sessions** by the end of 1995, equivalent to 144 days of training involving more than 750 participants. In 1996, a long initial cycle of training began, concentrating on the essential skills required to accompany dependent drug users. In a forty-two day cycle of training divided into fourteen three-day modules, *ARIA*'s concept dealt with both legal and illegal drugs. The first module was open to all, enabling twenty-two students to finish the initial training course, and enabling 199 people to follow the initial all-day sessions. A further cycle of fourteen modules began in January 1996, taking account of prior experience.

Apart from the creation of these two organisations, four further **strategic components** were defined by the FOPH :

- promotion and possible support of measures to enhance the awareness of professionals occasionally affected by drug use problems, or provision of further training ;
- financial support for the dissemination of files and/or articles ;
- FOPH promotional and financial support for conferences, congresses or seminars which favour dialogue and exchanges of experience ;
- organisation of day-long information sessions.

Non-specialised professionals and volunteer workers

In the context of projects for **groups of medical professionals**, the programme of advanced training and prevention for doctors faced with drug use problems (*“Programme de perfectionnement et de prévention des médecins face à la toxicomanie”, PPMT*) in the Canton of Vaud has been very successful among doctors prescribing methadone, and is currently being continued in the form of a new outpatients centre in Lausanne.

Organised by the social psychiatry clinic of the University of Zurich, the **ZADRO** (Zusatzausbildung) short training programme has already taken place three times, involving some twenty participants per session. It aims to increase the knowledge of social actors and improve the level of collaboration between the many institutions in the Zurich region.

Special advanced training for nursing and prison staff has also been initiated and supported by the FOPH.

The following projects have been, or are being, implemented in the **volunteer workers’** sector, which is the third-largest target group for training defined by the FOPH. The first such project involves the training of group leaders for parents of drug users. The training was introduced into German-speaking Switzerland by the **VEV DAJ** (*Verband Elternvereinigungen Drogenabhängiger Jugendlicher*), and has already trained two groups of about fifteen people. In 1996, a similar project started in French-speaking Switzerland, organized by the **FRAPCD** (*Fédération romande faïtière des associations de personnes concernées par les problèmes liés à la drogue*). In the context of the FOPH’s national drug awareness campaign, counsellors of *The main tendue* hotline (see the *Telephone 143* project, page 22), have been trained by experts in drug use problems in order to strengthen their capacity to actively listen. 550 people have studied this theme in various forms.

Many conferences, congresses and seminars organised at regional or national level through FOPH support have made it possible to considerably improve exchanges of information and experience between the various partners concerned by the problem of drug use. In the same way, various publications have come into being through funding from the FOPH.

The FOPH has also developed complementary training in most projects, particularly those aimed at primary and secondary prevention (school mediators, *the fil rouge* project, *The No Drugs-More Sports!* project and the *Voilà* project). In the same way, in the context of scientific trials of opiates prescriptions under medical supervision, training activities were organised involving five days of exchanges of experiences and a module concentrated on the management of particularly difficult patients. Each training session brought together about 100 participants.

Conclusions

- The FOPH has made a considerable effort to develop the training and professional education of workers in the field of drug use (*ARIA* and *CONVERS*). However, the FOPH did not have the appropriate skills or experience in this field. As is indicated by the many evaluations carried out, its action developed in an insufficiently controlled and co-ordinated way.
- The final future structure and content of the training and professional education have not yet been decided. It is to be hoped that the recently introduced Expert Committee will manage to take into account experience gained during this important experimental phase.
- The programme of advanced training and prevention for doctors faced with problems of drug use (*PPMT*) in the canton of Vaud has clearly demonstrated its usefulness. In the same way, the *ZADRO* project in Zurich has probably made it possible to improve the level of collaboration between the many institutions in the Zurich region.
- The expansion of training in the volunteer workers' sector is an interesting approach by the FOPH, and has particularly enabled the counselors of *The main tendue* hotline (*Telephone 143* project) to become better trained.
- Many conferences and documents have been developed, increasing dialogue and the exchange of information at both regional and national level, although it is difficult to measure the exact effects.
- Elements of training have been included in many primary and secondary prevention projects, and also in the field of treatment.

Recommendations

- The development of training and professional education programmes at national level must be continued in order to further improve the level and quality of training and professional education of staff working on problems of dependence.
- However, the FOPH must act in a more controlled manner, taking account of existing capacities and competences in Switzerland.
- Some projects intended for groups of medical professionals, such as the programme of advanced training and prevention for doctors faced with drug use problems (*PPMT*) in the canton of Vaud certainly deserve to be extended to other cantons/regions due to the large number of methadone treatments carried out by private-sector doctors.
- New training approaches for volunteer workers should be strengthened. Such workers represent an important target group, and have more difficulty in gaining access to high-quality training.
- Support for meetings to exchange information (conferences, seminars, congresses), and for various publications, should be maintained or even increased so that as many people as possible may profit from any experience gained.

References

Ateliers romands pour intervenants dans le domaine des addictions (ARIA). Centre de formation continue et de perfectionnement professionnel du GREAT. Bilan final. Oron-le-Châtel: GREAT, 1995.

Gertsch M. *Besoins en formation continue des institutions suisses œuvrant dans le domaine de la toxicomanie.* Berne: Koordinationsstelle für Weiterbildung der Universität Bern, 1994 (Rapport de travail 12).

«Mit Wachsfügeln fliegen...» 3 Jahre CONVERS, Fort- und Weiterbildung im Suchtbereich. Zahlen, Daten, Fakten. CONVERS Abschlussbericht März 91 - September 94. Olten: CONVERS, 1994.

Wicki M. *Komparative Evaluation zweier Fort- und Weiterbildungsprojekte im Suchtbereich.* Berne: Koordinationsstelle für Weiterbildung der Universität Bern, 1994 (Rapport de travail 13).

Epidemiological situation of drug use in Switzerland

The many sources of information and research projects developed and supported by the FOPH over the last five years make it possible to present a relatively complex image of trends in the drug use situation in Switzerland. As already mentioned in (p. 9), various available indicators provide information which only partially reflects the overall results of the entire range of actions taken, because :

- the final results (expressed for example in terms of the consumption behaviour or degree of social integration of the target-groups) often result from a combination of influences which are not attributable to the actions of the FOPH alone, but to those of other partners who also work in the fields of primary, secondary and tertiary prevention ;
- other processes are also at work (changes in the economic situation, the drugs market, repression, etc.).

Number of drug users

Direct indicators from measurements of consumption reported in population studies show that :

- between 1989 and 1994, experience of **soft drug consumption** appeared stable among the population aged 17-30 (about 300,000), slightly increasing in those aged 31-45 (160,000 in 1989, 230,00 in 1994). If younger populations are considered (aged 15-16), experience of cannabis use increased sharply between 1986 (11 %) and 1994 (23 %) ;
- between 1989 and 1994, experience of hard drug consumption (heroin, cocaine) increased slightly among the population aged 17-30 (42,000 in 1989, 49,000 in 1994) and among those aged 31-45 (24,000 in 1989, 43,000 in 1994). On the other hand, data from studies carried out among those aged 15-16 show that experience of consumption remained stable between 1986 and 1994 (about 1 % for heroin and 1 % for cocaine). However, the latter population groups are very young (far below the average age for initial consumption of opiates or cocaine), and are only a partial reflection of reality. A study carried out among young people concluding their training shows that experience of consumption of hard drugs is far more widespread in circles which traditionally "escape" major surveys.

The table below shows that there are now about 30,000 **severely-addicted regular users of hard drugs**, according to various methods of estimation. In view of the large margin of error of these estimates, it is not currently possible to precisely measure a variation of 20 % in their number, as this was fixed in the initial objectives of the package of measures.

Various estimates of the number of regular users of hard drugs in Switzerland

Estimate based on Swiss Health Survey 1992-1993	25,700 - 36,100
Estimate based on mortality rates 1991-1993	20,000 - 28,600
Estimate based on replies from cantonal experts in 1993	28,400 - 34,000
Estimate based on repression data 1990-1993	26,000 - 36,000

Currently-available indirect indicators of consumption show that :

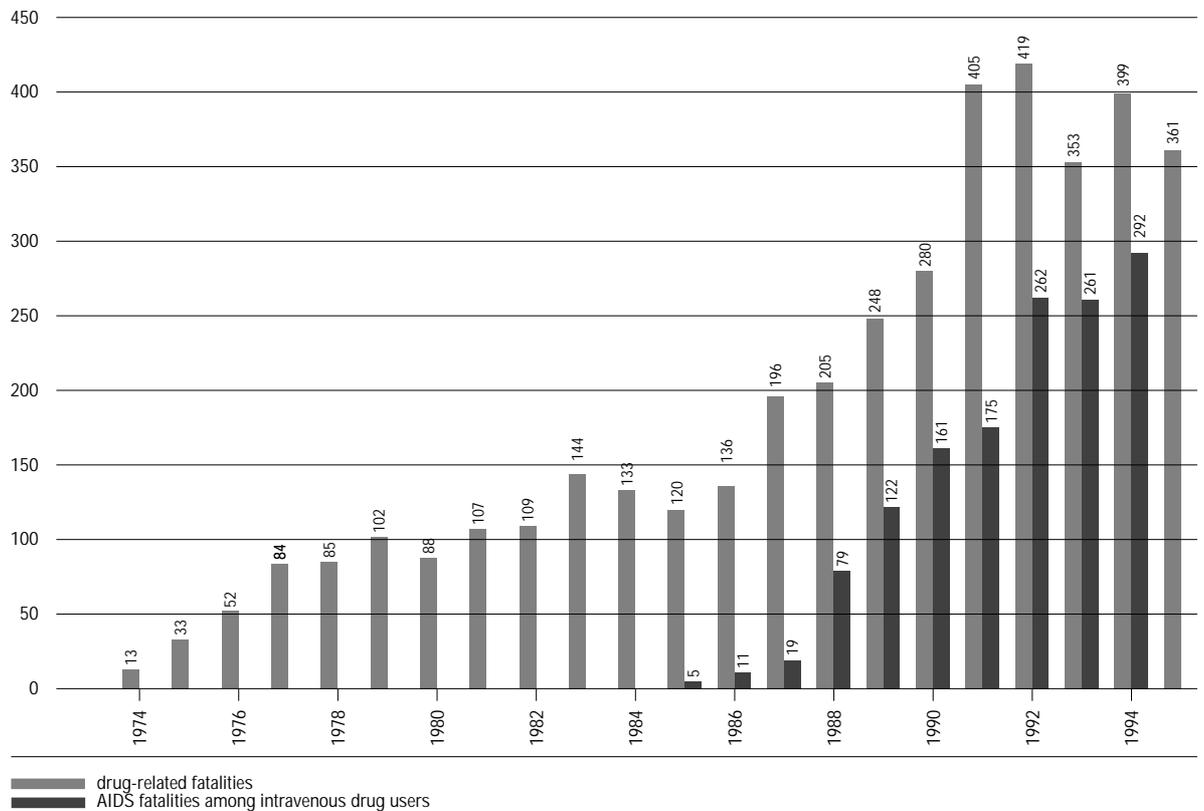
- the number of fatalities due to drugs (fatalities due to AIDS excluded), which had doubled between 1989 and 1992, subsequently stabilised until 1995 (see figure below) ;
- indicators of repression concerning heroin users show a recent stabilisation in police arrests (1993-1994), after a phase of rapid increase since 1990. On the other hand, police arrests concerning cocaine are still increasing ;
- indicators drawn from studies of people who frequent the various assistance or treatment structures do not show any clear trends in the age of initial consumption or that of initial treatment between 1989 and 1994 ;
- the number of drug users under treatment with methadone increased from 5,000 in 1989 to 9,700 in

1991, and to 13,985 in 1994 (p. 38). However, this increase is deemed to be due to an expansion and diversification of treatment than to an increase in the number of drug users (more are starting treatment) ;

- the regular consumption of alcohol among young people aged 11-16 is increasing, while the consumption of tobacco among those aged 15-16 is more erratic (a decrease between 1978 and 1986, followed by an increase).

On the whole, the direct and indirect indicators point to a **stabilisation in the current number of regular and severely-addicted drug users**, but to an increase in some risk factors among young people, such as the consumption of legal drugs, and the inclination to consume cannabis during the adopted period of observation (1990 to 1995).

Trends in the number of drug-related fatalities from 1974 to 1995, and AIDS fatalities among intravenous drug users 1985 to 1994
(source: Federal Office of Statistics and FOPH)



The situation and degree of consumption of drug users

Trends in the **degree of consumption** of severely dependent drug users are as follows :

- the multiple consumption of drugs has increased ;
- drug users are paying an increasingly heavy tribute to AIDS, although a decrease in the prevalence of HIV has been observed (cf. below) ;
- the proportion of drug users who are seriously excluded socially is still large, although it does not

seem to have increased over the last few years. Such exclusion is particularly marked among intravenous drug users. Moreover, it is the very fact of intravenous drug use which appears to differentiate " hidden " and more open drug use ;

- On the other hand, the number of drug users in contact with assistance, harm reduction and treatment services has strongly increased over the last few years (pp. 37-41).

Moreover, a large proportion of heroin users who frequent low-threshold centres distributing injection material are being treated with methadone, which raises the question of the potential risk of overdoses and the suitability of treatments (particularly in terms of dosage), as already mentioned (p. 43).

Indicators of risk-reduction relating to AIDS

AIDS prevention efforts among drug users aim to reduce the risk of HIV transmission through blood (sharing of injection material) and through sexual intercourse. The following data are drawn from studies, carried out between 1989 and 1995.

Sharing of injection material

A decrease in the sharing of syringes was reported in every study which compared the experience of sharing : over a lifetime, over the last six months and during the previous month.

Of course, not all the studies presented examine comparable populations. Some were carried out among patients starting treatment, others among people who frequent low-threshold centres where injection material is available. However, the trend is general. It should also be noted that the fact of having shared material over one's lifetime is more frequent in French-speaking Switzerland, where syringes are harder to obtain.

Furthermore, only a minority of intravenous drug users is currently exposed to this risk :

- of five studies carried out between 1993 and 1995 concerning various groups of drug users (starting outpatient treatment, frequenting syringe distribution centres, hidden and beyond treatment), the proportion of people who shared injection material at least once in their lives lies between 39 % and 51 % ;
- in the same studies, sharing over the last six months varies from 11 % to 17 %.

Sharing seems to be more frequent among inexperienced or irregular drug users (whose contact with structures offering sterile material is less intensive), and between partners or friends.

Prevention of the sexual transmission of AIDS

An increase in the use of condoms was recorded, clearly showing that drug users are also able to adapt their sexual behaviour to the reality imposed by the epidemic. However, preventing the sexual transmission of HIV remains a major problem among drug users, who often have partners who do not take drugs intravenously, if at all. This mainly applies to protection with steady partners. In view of the prevalence of HIV infection within this group, the achieved changes of behaviour are not yet sufficient. Sexual transmission could therefore come to predominate in this group, expanding to other populations.

On the whole, protection with condoms is more frequent in the event of prostitution: four studies carried out between 1989 and 1994 indicate rates of systematic protection ranging from 46% (1989) to 87% (1994). With casual partners (not clients), the rate is similar to that found among the general population. Nine studies carried out between 1989 and 1995 reported rates of systematic protection over the previous six months which ranged from 38% (1989) to 70% (1994). The use of condoms is far less frequent between steady partners. In these nine studies, the rate of consistent protection oscillates between 12% (1989) and 22% (1994).

HIV-positive drug users use condoms more often than those who are HIV negative, although some of them do not use them systematically, if at all. This holds true whatever the category of partner. Woman drug users take more care with their casual partners than men. The opposite applies in the case of steady relationships.

Prevalence of HIV infection

Relatively stable rates of HIV prevalence over the last few years indicate that the progression of the epidemic in this massively-tested group has started to decline. In 1989-90, the prevalence reported in the various studies was about 20%, whereas it lay between 10% and 15% in 1993-94. It continues to remain lower among people who began intravenous drug use after 1986.

Conclusions

- On the whole, sources of epidemiological data dealing with drug use have considerably increased since 1990, largely due to FOPH support for many research projects and its development of nation-wide statistics.
- The first factors aiming to harmonise instruments used in the epidemiology of drug use appeared during this period, and the trend continued towards a merger of certain statistics in order to lighten the considerable workload involved in inputting information in this field.
- The number of severely dependent drug users would seem to have remain relatively stable since the early 1990's.
- The same applies to indicators of the degree of consumption, with the exception of multiple drug consumption, which has increased.
- The proportion of socially-excluded drug users is still high, particularly among intravenous drug users.
- The sharing of syringes has sharply declined in Switzerland. This trend applies to all the regions studied. Sharing appears to be more frequent among inexperienced or irregular drug users, and between partners or friends.
- Although progress in the use of condoms was recorded, prevention of the sexual transmission of HIV is still a major problem among drug users, whose partners often do not take drugs intravenously, if at all.

Recommendations

- Due to the current availability of a large quantity of often incompatible information, it may be judicious to define epidemiological research priorities.
- In the same way, epidemiological data-gathering instruments should be harmonised more extensively.
- The stabilisation in the number of severely-addicted drug users should be seen as an encouragement to continue the many efforts developed and supported by the FOPH in various fields since 1991.
- Due to the observed increase in the multiple consumption of drugs, it is necessary to further develop available therapies in this direction by increasing access to care structures at every level, not only for drug users currently being treated, but also for those who are not.
- Due to the recent increase in the consumption of legal drugs among young people, an approach to the prevention of drug dependence in the broader sense of the term should be further intensified by the FOPH.
- Although there are currently many sources of data for the epidemiology of HIV in Switzerland, it appears necessary to develop the epidemiology of the various types of hepatitis, which are still a major public health problem, particularly among intravenous drug users, as has been demonstrated in other countries.

References

- Dubois-Arber F., Konings E., Koffi-Blanchard M., Gervasoni J.-P., Hausser D. *Evaluating HIV prevention of low-threshold needle exchange programmes in Switzerland*. In : Friedrich D., Heckmann W., eds. *AIDS in Europe: the behavioural aspects*, Vol. 4. Berlin : Sigma, 1995 : 183-189.
- Estermann J., Rönz S. *Drogues et droit pénal. Séries chronologiques des dénonciations, jugements pénaux et exécutions de peines, 1974-1994*. Berne : Office fédéral de la statistique, 1995 (Documents techniques, no19 : Droit et justice).
- Kaufmann B., Dobler-Mikola A. *Eine Beschreibung der Pool-Klientel des Forschungsverbands therapeutischer Einrichtungen im Jahr 1991*. Zürich : Sozialpsychiatrischer Dienst, 1992 (Serie V, Nr. 6).
- Konings E., Dubois-Arber F., Narring F., Michaud P.-A. *Identifying Adolescent Drug Users: Results of a National Survey on Adolescent Health in Switzerland*. *Journal of Adolescent Health* 1995 ; 16 : 240-247.
- Kübler D., Hausser D. *Evaluation des mesures de la Confédération destinées à réduire les problèmes liés à la toxicomanie. Consommateurs d'héroïne et/ou de cocaïne hors traitement médical: étude exploratoire auprès d'une population cachée*. Lausanne : Institut universitaire de médecine sociale et préventive, 1996 (Cah Rech Doc IUMSP, no 111.7).
- Le Gauffey Y., Efiouanyi-Mäder D., François Y., Schmid H. *Les consommations d'alcool, de tabac et de drogues des écoliers de 11 à 16 ans en Suisse. Enquête épidémiologique sur la santé des écoliers suisses*. Lausanne : ISPA, 1995.
- Müller R., Bérud G. *La santé - pour les adolescents (auc) un problème ?* Lausanne : ISPA, 1987 (Rapport du département de recherche, no 16).
- Narring F., Tschumper A., Michaud P.-A., Vanetta F., Meyer, Wydler H. et al. *La santé des adolescents en Suisse: rapport d'une enquête nationale sur la santé et les styles de vie des 15-20 ans*. Lausanne : Institut universitaire de médecine sociale et préventive, 1994 (Cah Rech Doc IUMSP, no 113a).
- Schick M.-T., Alberto Y.-J. *Epidemiologische Analyse der Drogen- und Drogenfälle in der Schweiz 1990-1993*. Berne : Institut universitaire de médecine sociale et préventive, 1994.

Conclusions and general recommendations

As conclusions and recommendations for each field can be found in the previous chapters, we will here present more general conclusions and recommendations in order to facilitate a more global overview of the situation.

Conclusions

- Between 1991 and 1995, the FOPH was very active and innovative in developing and supporting projects in the fields of primary and secondary prevention, therapy and harm reduction. This was done in accordance with its commitment to implement measures to reduce problems relating to drug use.
- This intense activity was accompanied by a major conceptual effort, and contributed to the formulation of a consistent policy for the Confederation in this field. This important phase involving the acquisition of experience made it possible to specify and refine the objectives of the FOPH, and their implementation in each adopted field of intervention. This policy development process took place in interaction with many partners (cantonal and local authorities, professionals and associations working in the field of drug use, research scientists, etc.) whose assessments and recommendations were taken into account in the further implementation of the measures.
- In parallel, targeted support for projects which were difficult to implement in some regions (due to a lack of local resources, or to political contexts in which the drug use debate was strongly polarised), made it possible to change situations through experience with concrete projects. This certainly helped iron out major regional differences in political and practical approaches to the problem of drug use, which was one of the aims of the FOPH.
- The deliberate decision to act simultaneously and without any preferential treatment in the various fields of drug use substantially promoted acceptance of the fact that drug use problems requires an overall approach.
- The proliferation of activities, and the desire to diversify and innovate in too brief a period, have also sometimes led to the introduction of projects which lacked maturity, or which required experience and skills which were not yet available. In most of these cases, readjustments were made on the basis of experience or evaluations.
- In the field of prevention, the FOPH has been most effective in supporting, co-ordinating and using existing experiences and skills. On the other hand, it has been less effective in developing totally new projects, and has had to readjust its objectives or schedule.
- The FOPH has helped develop a broad range of approaches to therapy or harm reduction, which has certainly enabled various types of drug users to be cared for more effectively. In this field, innovation (e.g. : scientific trials of opiates prescriptions under medical supervision, syringe distribution in Hindelbank prison) has been far better controlled, largely depending on external expert assessments.
- Generally speaking, a stabilisation in the number of severely-addicted drug users has been perceptible over the last five years. Moreover, apart from the multiple consumption of drugs, which has increased, the main indicators relating to the consumption of hard drugs show a stabilisation, or even a decrease, particularly in terms of the sharing of syringes and the prevalence of HIV infection. Nevertheless, there is still a fringe of seriously socially excluded drug users, who are in a precarious situation. If confirmed, the initial encouraging results of the scientific trials of opiates prescriptions under medical supervision could provide a solution for them.
- The use of legal drugs has increased among young people.

Recommendations

- The care applied to developing dialogue with partners, trying to reach a consensus, and formulating intervention policies should continue to be a strength of the FOPH's activities. Support for tried and tested projects which can be extended to other contexts should also be developed, as should projects to complete available services in specific regions (improvement of the quality of coverage).
- On the other hand, after a learning and experimental period in the development of innovative projects, the FOPH should approach this type of project with more caution in the future, carrying out all the necessary expert assessments and taking more time to pre-test them carefully. This may involve more systematic recourse to consultations with outside experts from Switzerland or other countries, to feasibility studies, etc. Such caution will be especially important when developing large-scale projects or programmes, particularly when they cover several fields. It also presupposes the introduction of more precise criteria concerning the funding of pilot projects. These criteria should take into account factors such as: feasibility, demonstrable effects, investigation of possibilities to extend and continue projects over the long term.
- The FOPH's increasing delegation of work to outside institutions requires long-term monitoring of the quality of services rendered, particularly the development of clearly defined evaluation criteria and effective monitoring instruments.
- A diversification of the approach to therapy and harm reduction should be accompanied by close monitoring of supply and demand, making the best possible use of the various monitoring instruments established throughout the country.
- A special effort should be made to improve epidemiological monitoring techniques (compatibility of the various instruments, analytical capacity), refining estimates of the number of drug users and their degree of consumption in order to more solidly evaluate the changing situation.
- Due to the recent increase in the consumption of legal drugs among young people, an approach to various forms of dependence, in the broader sense of the term (including prevention of the consumption of tobacco and alcohol) should be developed over the next few years.

Appendix 1 Glossary

N.B. : We have attempted to define the meaning of certain terms used in the report. The meanings should not be taken as having an absolute value.

Drug : any substance or product (these two terms being used in exactly the same sense as "drug"), taken orally or by inhalation or injection, for the purpose of changing a person's psycho-physical state, usually not as part of medical treatment. A drug may be legally available (alcohol, tobacco, medicines) or illegal (cannabis, opiates, cocaine, etc.). The term *psychotropic substance* is sometimes used with the same meaning. The term **soft drug** is used to signify cannabis and its derivatives, while the term **hard drug** is applied mainly to opiates and cocaine (and crack). Other substances generally classed as hard drugs – amphetamines, hallucinogenic drugs or solvents (glue) – are referred to in this report as *other illegal drugs*, although solvents are not really illegal.

Harm reduction : activities intended to improve the medical and social conditions of those most heavily addicted and most seriously affected by the consequences of addiction. Getting severely-addicted drug users off drugs is not the immediate objective of the services offered (see Low-threshold centres).

Lifetime use (of a drug or substance): means that a person has used the drug in question at least once in his/her life.

Low-threshold centres/structures : to minimise the harm caused by drug-taking (helping severely addicted drug users survive and live in the best possible conditions) and reduce the risk of transmission of disease (including AIDS), these centres offer easy-access services, whilst respecting the anonymity of the users and without actually taking them into care. The system facilitates contact with the most heavily dependent drug users. The wide range of services on offer includes the provision of clean injecting equipment and condoms, injection rooms, simple medical care, advice on health

and hygiene, help in finding short-term jobs, and temporary accommodation. These services provide a bridge to further social and medical services, the ultimate purpose being to get severely-addicted drug users off drugs and help them reintegrate into society.

Present use (of a drug or substance) : use of a drug during a given period (one month or twelve months, depending on the survey) prior to the moment at which the question regarding its use was asked.

Primary prevention : includes all activities intended to stop people from getting involved in drug-taking, whether of legally available or illegal drugs.

Regular use (of a drug or substance) : whether or not the use of a drug can be described as regular depends on the definition given in the various surveys taken into account in this report, as well as on the drug itself. What constitutes regular use is therefore stated in the text each time the term occurs.

Risk reduction : activities intended to reduce the danger of the spread of transmissible diseases such as hepatitis and AIDS.

Secondary prevention : includes all activities organised to detect drug-taking at an early stage and offer users care and treatment so that they do not actually become addicted.

Tertiary prevention : aims to assist and care for severely-addicted drug users (usually on hard drugs), so as to limit and, if possible, rectify damage to their health and social integration.

Appendix 2/1

Questions, indicators and sources of data used in evaluating primary prevention activities

Type of evaluation	Questions asked	Indicators	Sources of data
Process	<ul style="list-style-type: none"> • What primary prevention initiatives and programmes have been put into effect at federal, cantonal and local levels? • What are their characteristics? • Who is implementing them and with what degree of intensity, and who are they intended for? 	<ul style="list-style-type: none"> • Inventories of prevention programmes at federal and cantonal levels • Activity indicators for programmes (e.g. number of posters and TV commercials, hours of broadcasting, etc.) 	<ul style="list-style-type: none"> • Activity and evaluation reports of primary and secondary prevention programmes implemented or supported by the FOPH • FOPH reports on the cantons • FOPH documents • Study of the media approach to drugs, drug dependence and drug users, carried out by the Institut de journalisme et des communications sociales of the University of Fribourg, October to December 1991, ongoing since 1993
Results	<ul style="list-style-type: none"> • What proportion of people generally, including young people, have taken drugs at some time in their lives and are at present using illegal drugs? • What are the characteristics of these groups or sub-groups? • What proportion of young people have experimented with drugs and are currently using legally available drugs (tobacco, alcohol, medicinal drugs)? • What proportion of young people have an alcohol problem (episodes of drunkenness)? • What proportion of young people are tempted to use hard and soft drugs and do not disapprove of contact with such substances? • Has there been any change in the availability of illegal substances, and how are such changes perceived by young people? • Are the target groups being reached by prevention and health-education programmes, and with what results? • Is there any connection between these results and (a) the initiatives taken and (b) the local conditions in which these people live? 	<p>Direct indicators of drug use</p> <ul style="list-style-type: none"> • The proportion of adolescents, adults and recruits who have tried hard and soft drugs and use them now; the characteristics of these drug users <p>Indirect indicators of drug use</p> <ul style="list-style-type: none"> • The proportion of young people using legally available drugs • The proportion of young people with an alcohol problem • Average/median age at first contact with a substance; average/median age at which use of a substance became regular; interval between first use or regular use and first application for treatment, etc. • Indicators of readiness to take drugs; proportion of adolescents disposed to try a hard or soft drug • Indicators of changes in the supply of illegal drugs; confiscations of drugs, price and degree of purity of the substances concerned; perception of availability on the part of young people 	<p>For the direct indicators</p> <ul style="list-style-type: none"> • IPSO/UISPM surveys on the behaviour of people aged 17-45 with regard to AIDS; ISPA/WHO studies of schoolchildren aged 11-16; UISPM study of Swiss adolescents; other studies • Swiss health survey; Gruppengrossen-Schätzung study, carried out by the University of Berne; study by ISPM <p>For the indirect indicators</p> <ul style="list-style-type: none"> • ISPA/WHO studies • UISPM study of Swiss adolescents • IREC/EPFL study of the "hidden population of drug users" • European "multicity study" (Geneva, Zurich) • UISPM study of persons seeking help from "low-threshold" projects • Sentinella programme of the FOPH • Number of confiscations by the Swiss authorities • Evaluation reports of primary and secondary prevention programmes
Environnement	<ul style="list-style-type: none"> • Do the general living conditions of the population at large, and of young people in particular, tend to encourage desirable behaviour (i.e. abstinence from illegal drugs)? • Are there factors that appear to discourage desirable behaviour? • Does the social environment, particularly people's knowledge of and attitude to the drugs problem, and the stance taken by the media, tend to favour prevention? • Do political decisions and the debate they generate influence people's attitudes and opinions? 	<ul style="list-style-type: none"> • The unemployment rate among young adults, the proportion of young people finishing a course of vocational training • The rates of suicide and attempted suicide among adolescents and young adults • People's knowledge of the drugs problem and their attitude to it • Number and themes of articles dealing with "drug use" that have appeared in the Swiss print media and the main TV magazines, and the kinds of opinion expressed • Political and social events of the period likely to influence public opinion (political decisions, referendums, the crime rate, etc.) 	<ul style="list-style-type: none"> • IPSO/UISPM study about knowledge and opinions/attitudes with regard to drug use and drug users of Swiss people aged 17-70, carried out in 1991 and 1994 • Study of the media approach to drugs, drug dependence and drug users, carried out by the Institut de journalisme et des communications sociales of the University of Fribourg, October to December 1991, ongoing since 1993 • Statistics on unemployment and vocational training, Federal Office of Statistics • Social and political events as recorded in the press, parliamentary communiqués, etc.

Appendix 2/2

Questions, indicators and sources of data used in evaluating secondary and tertiary prevention activities

Type of evaluation	Questions asked	Indicators	Sources of data
Process	<ul style="list-style-type: none"> The unemployment rate among young adults, the proportion of young people finishing a course of vocational training The rates of suicide and attempted suicide among adolescents and young adults People's knowledge of the drugs problem and their attitude to it Number and themes of articles dealing with "drug use" that have appeared in the Swiss print media and the main TV magazines, and the kinds of opinion expressed Political and social events of the period likely to influence public opinion (political decisions, referendums, the crime rate, etc.) 	<ul style="list-style-type: none"> Inventories of the programmes existing in the different cantons Activity indicators for programmes (e.g. number of people being cared for, registered and discharged, the number of contacts, the services and equipment supplied) 	<ul style="list-style-type: none"> UISPM survey on low-threshold facilities, secondary analysis and synthesis of the results of specific programmes Analyses of activity and of changes in the type of people being cared for, "multicity study" "first applications for treatment" (Zurich, Geneva) Statistics for out-patient and residential treatments, and for methadone treatments REHA 2000 report, methadone report of the FOPH Secondary analysis of the results of the VSD and GREAT training programmes
Results	<ul style="list-style-type: none"> Is the health of drug users improving? Are they less exposed to health risks? Are drug users better integrated socially? Is the dependence period (the drug user's "career") tending to get shorter? Are forms of drug use changing? Is the frequency of drug use diminishing? Is there any change in high-risk behaviour on the part of drug users in relation to AIDS? Is the interval between starting to take drugs and the first request for help or treatment getting shorter (contact with the available services at an earlier stage in the user's "career")? Do "serious problems" occur less frequently in the course of a drug user's "career" (crime, crises, abandoning treatment, relapsing after treatment, social marginalisation, etc.)? Are the cures achieved long-lasting or permanent? 	<ul style="list-style-type: none"> Incidence of hospitalisation for drug use, overdose, abscess or hepatitis, within a given period and a given subgroup Prevalence of HIV-positive individuals among drug users Proportion of drug users in work Proportion of drug users having a fixed abode Method and frequency of taking different substances within a given period Prevalence of sharing syringes within a given period and given sub-group Use of condoms with steady and casual partners on the part of drug users within a given period Interval between first use of drugs (occasional and/or regular) and first request for help Incidence of guilty verdicts and prison sentences within a given period Numbers of drug users seeking treatment Relapse rate after detoxification treatment(s) 	<ul style="list-style-type: none"> Study of persons availing themselves of the various harm reduction programmes (UISPM study of "low-threshold" facilities) IREC/EPFL study of the "hidden population" of drug users not in treatment Secondary analysis of studies of open drug scenes; Secondary analysis of other studies of persons attending "low-threshold" facilities and treatment Drug-related fatalities (Federal Office of Statistics)
Environment	<ul style="list-style-type: none"> Are general living conditions conducive to the social reintegration of the most heavily dependent drug users? Does the social environment, particularly people's knowledge of and attitude to the drugs problem, and the stance taken by the media, tend to favour the assistance, care and social integration of the worst affected drug users? Do political decisions and the debate they generate influence people's attitudes and opinions concerning the assistance and care of drug users? 	<ul style="list-style-type: none"> The unemployment rate among young adults People's knowledge of the drugs problem and their attitude to it Number and themes of articles dealing with "drug use" that have appeared in the Swiss print media and the main TV magazines, and the kinds of opinion expressed Political and social events of the period likely to influence public opinion (political decisions, referendums, the crime rate, etc.) 	<ul style="list-style-type: none"> IPSO/UISPM study about knowledge and opinions/attitudes with regard to drug use and drug users of Swiss people aged 17-70, carried out in 1991 and 1994 Study of the media approach to drugs, drug dependence and drug users, carried out by the Institut de journalisme et des communications sociales of the University of Fribourg, October to December 1991, ongoing since 1993 Statistics on unemployment and vocational training, Federal Office of Statistics Social and political events as recorded in the press, parliamentary communiqués, etc.

Appendix 3

Recapitulation of the financial commitment of the FOPH to the programme of measures to reduce drug-related problems from 1991 to 1996.

Fields	Number of projects	Amount*	Total*
Prevention	51		22 325 300.-
School	12	6 436 900.-	
Family	5	1 310 400.-	
Leisure/sports	7	5 975 100.-	
Youth clubs	3	1 058 000.-	
Social networks	9	5 611 300.-	
Migrants	5	1 202 300.-	
Equipment	7	287 300.-	
Miscellaneous	3	444 000.-	
Treatment, assistance, harm reduction	130		36 118 000.-
Housing, work, day care	22	5 231 800.-	
Harm reduction	14	2 175 200.-	
Therapy	19	3 818 000.-	
Planning	10	2 199 000.-	
Scientific trials of opiates prescriptions under medical supervision (PROVE)	65	22 601 000.-	
Planning	17	829 900.-	
Implementation	17	8 139 900.-	
Personnel and operation	21	5 098 100.-	
Research and evaluation	10	8 533 100.-	
Miscellaneous	1	93 000.-	
Training and professional education	17		5 008 500.-
National drug awareness campaign	2		14 678 800.-
Epidemiology	12		4 849 400.-
Behavioural data	3	1 293 700.-	
Mortality data	2	146 800.-	
Treatment data	6	3 278 300.-	
Police and judiciary data	1	130 600.-	
Research (without PROVE)	26		7 993 200.-
Evaluation	29		8 046 200.-
Miscellaneous	34		2 924 800.-
Total	301		101 944 200.-

The contributions already contractually fixed for the period from 1997 to 2000 are included (source : FOPH, as of the end of August 1996).

* Swiss francs