Evaluation of the Confederation's measures to reduce drug-related problems

Third synthesis report 1997-1999

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### Acknowledgements

This evaluation could not have been conducted without the excellent collaboration of the Federal Office of Public Health in Bern, the extensive work of the researchers who carried out the studies, and the much appreciated contribution of the following staff of the Unit for the Evaluation of Prevention Programmes, IUMSP: Irène Kölbl Tchemadjeu and Myriam Maeder (secretaries); Patrick Burly and Aline DeTorrente (librarians) and Mary Haour-Knipe.

Without the cooperation of the numerous persons who accepted to participate in the different studies, both in the general population and in a professional capacity, there would have been nothing to report.

We offer them all our most sincere thanks.

This evaluation was mandated and funded by the Federal Office of Public Health, Bern, Contract n° 316.95.5755 A-B-C.

### Suggested reference

Gervasoni J-P, Zobel F, Kellerhals C, Dubois-Arber F, Spencer B, Jeannin A, Benninghoff F, Paccaud F. *Evaluation of the confederation's measures to reduce drug-related problems. Third synthesis report 1997-1999.* Lausanne, Institut universitaire de médecine sociale et préventive, 2000.

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### Translation

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### Structure of the evaluation report

This evaluation report covers the period between 1997 and 1999. It is aimed at several types of reader: the Federal Office of Public Health (FOPH), decision-makers, managers of institutions, etc. To facilitate access to more detailed information, footnotes and Appendices refer to the complete reports of the studies carried out during this phase of the evaluation. In addition, references are given at the end of each chapter.

Priority in this report has been given to answers to evaluation questions. Chapter 1 (pp. 7-10) contains a brief recapitulation of the Confederation's programme of public health measures to reduce drug-related problems (ProMeDro). The mandate and objectives of the overall evaluation are described in chapter 2 (pp. 11-14). Chapter 3 (pp. 15-42) covers the design & planning of the study. Chapter 4 (pp. 43-82) presents an evaluation of the implementation and outcome of ProMeDro's actions. Chapter 5 (pp. 83-90) deals with the study of the FOPH's modes of delegation. Chapter 6 (pp. 91-98) presents the main results of a study of the FOPH's partners. Chapter 7 (pp. 99-108) describes and analyses health-related efforts carried out by the police among drug users. Chapter 8 (pp. 109-120) covers the main epidemiological aspects of drug abuse in Switzerland, and compares them with some European data. Chapter 9 (pp. 121-125), presents the general conclusions and the recommendations.

Many projects, programmes and institutions are mentioned in this report: a lexicon of the main acronyms used can be found in appendix 5a. Definitions of the main categories used are presented in appendix 1a.

### Introduction

In 1991, the Federal Office of Public Health (FOPH) asked the Unit for the Evaluation of Prevention Programmes (UEPP) of Lausanne's University Institute of Social and Preventive Medicine (IUMSP) to carry out an overall evaluation of the Confederation's measures to reduce problems relating to drug abuse (MaPaDro, appendix 1a). The first assessment covered the period 1990-1992¹, and the second the period 1993-1996. The latter report also gives an overview of the 1990-1996² period (p. 11). The present report analyses the FOPH's actions in the field of drug abuse during the 1997-1998 period, actions now known as ProMeDro.

# Place of ProMeDro in the Confederation Drug policy

In 1991, the FOPH developed a program of measures to reduce drug-related problems (ProMeDro)<sup>3</sup>. Federal interventions, which aim to support efforts made by cantons, municipalities and private organizations (**the principle of complementarity**), are one of the central aspects of Swiss drug policy, defined by the federal council as the "four pillars model" (prevention; therapy and reintegration; harm reduction; and repression and control).

In public health interventions linked to drug-related problems, the Confederation's role is defined by the federal law on narcotics (art. 15a and 15c) and by the Federal Council's drug policy.<sup>a</sup>

The Confederation also coordinates the actions of all the federal offices involved in the fight against drug abuse, and ProMeDro is part of this cooperation between offices: it aims to optimize coordination, particularly between the Federal Police Office and the Federal Social Security Office.

In the field of drug policy, the Confederation's functions are not limited to ProMeDro. The Confederation also elaborates an overall Swiss drug policy (Parliament, Federal Council, positions on referendums), and deals with: the revision of the federal law on narcotics; the preparation of a law on the prevention of addiction; international political cooperation on drugs; the fight against the illicit narcotics trade and narcotics-related organized crime; the control of narcotics used for medical purposes, and other activities related to such substances. These fields of federal action fall outside the scope of ProMeDro, and are therefore not evaluated here.

### ProMeDro fields and modes of action

ProMeDro covers all of the FOPH's actions to reduce problems related to drug use. These actions are part of a long-term program characterised by common goals, a clear definition of the role of the Confederation and that of the FOPH, and four main modes of action:

- information and documentation:
- promotion of tested models and of innovation;
- · coordination and harmonization;
- promotion of quality.

The general orientations of ProMeDro are defined by intervention strategies for three of the drug policy **pillars:** "prevention", "therapy" and "harm reduction". **Complementary measures** (information and documentation, awareness campaigns, training of professionals, epidemiology, research, evaluation and coordination/cooperation between the Confederation, the cantons and the towns) are designed to support these pillars. Finally, specific plans of action have been developed for **two particular contexts:** migrant communities and prisons.

<sup>&</sup>lt;sup>a</sup> Federal Council decisions of 20.2.91, 28.4.92, 3.10.94, 31.1.95, 6.10.97 et 19.12.97, "Position du Conseil fédéral sur les problèmes de drogue" of 6.9.94, and message of the Federal Council concerning the Youth without Drugs and Droleg initiatives, of 15.6.95.

For each of the above (pillars, complementary measures and particular contexts), the FOPH has developed specific goals, strategies and programs of measures which will be presented in more detail in chapters 3 and 4. ProMeDro's priorities for the period of 1998-2002 are featured in appendix 1b.

Although "Repression and control" falls outside the remit of the FOPH, some cooperation with this pillar, within the context of ProMeDro, is taken into account here (p. 7).

### Goals and anticipated results

ProMeDro's **goals** refer to the **three pillars** for which the FOPH is responsible:

- to decrease initial drug use and avoid evolution towards addiction (prevention);
- to improve possibilities for overcoming drug addiction (therapy and reintegration);
- to improve the living conditions and health of drug users, reduce risks and maintain their social integration (harm reduction).

The achievement of these goals should yield the following **results**:

- a significant reduction in the number of persons addicted to hard drugs;
- a reduction in the seriousness of damage to health and living conditions caused by the consumption and abuse of drugs;
- a reduction in the repercussions of drug-related problems on society.

### ProMeDro resources

In 1991, the Confederation allocated an operational budget to the FOPH, allowing it to implement its program to reduce drug-related problems. Today, the budget is about CHF 18 million per year (1998-2002 period), to which should be added some fifteen posts with the FOPH. Part of this budget is dedicated to joint actions with the AIDS, Alcohol and Tobacco programs when these have common objectives (cf. below).

## ProMeDro cooperation with other FOPH fields

If need be, ProMeDro cooperates with other FOPH fields, such as the AIDS, Tobacco and Alcohol programs. These share common strategies and projects, particularly in the following fields: drug prevention and health promotion in schools; prevention among young people; the migrants health program; drugs/AIDS risk reduction; the promotion of health in prisons; the training of professionals in the field of addiction; quality promotion and management.

### **Environment**

One of the most significant environmental factors for ProMeDro between 1997 and 1999 was the voting related to the popular initiatives Youth without drugs (Jeunesse sans drogue) and Droleg. Massive rejection of these initiatives by both the population and the cantons confirmed the relevance and general acceptance of the Confederation's policy (70.6% of votes against Youth without drugs on 28 September 1997, and 74% against Droleg on 28 November 1998). These results confirm survey findings concerning the awareness and perception of the drug abuse problem<sup>4,5,6</sup>, carried out among the Swiss population in 1991, 1994 and 1997. As an example, appendix 1c presents trends in the acceptability of various measures to fight against drugs reported during these three surveys. At the same time, starting in 1995, the attitude of the press towards drug problems gradually became more routine, and increasingly liberal7.

It should be noted that, although most indicators had suggested a rejection of the initiatives, the FOPH was very actively involved in these campaigns. This engagement slowed the preparation and finalisation of the documents establishing ProMeDro (pp. 15-42).

# Main differences between MaPaDro and ProMeDro

Although ProMeDro is a follow-up to MaPaDro, the main differences should be sketched. MaPaDro was born at a time when—due to media attention in particular—the drug problem was highly visible (open drug scenes, an increase in the number of drug-related deaths, social exclusion and poverty of drug users). Subsequently, this high profile gradually declined. The drug problem is no longer a priority for the Swiss population: people are more concerned with unemployment and immigration.

At every level today, people are beginning to acknow-ledge the need for an overall approach to drug-abuse problems (p. 8). However, the fourth pillar (repression) remains relatively isolated, despite the FOPH's efforts to improve collaboration between the repression sector and the other three pillars. This factor is one of the FOPH's priorities for the next few years, as is clearly evident in ProMeDro.

Moreover, the FOPH has increasingly focused on **coordination and collaboration**, by supporting and initiating the creation of many structures and organisations aiming at precisely this objective, both within the various pillars (RADIX, SAH/OSEO, COSTE, central of coordination drugs or sport) and in the field of training (CONVERS and ARIA). The strengthening of coordination is also one of ProMeDro's priorities.

One of the new modes of action which the FOPH intends to develop within the context of ProMeDro is the **promotion of quality**.

The FOPH, which already supports an **addiction-centred approach** in the fields of primary and secondary prevention, apparently intends to further strengthen its efforts in this direction, since youngest people are increasing their consumption of tobacco, alcohol, hashish, ecstasy, etc., in a **more precarious social context** (increased unemployment).

In sum, the transition from MaPaDro to ProMeDro represents a progression from a **logic of action** to a **logic of coordination and cooperation**.

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# Mandate and objectives of the overall evaluation

# Overview of the first two phases of the evaluation (1991-1996)

In 1991, the Confederation began a major intervention in the field of dependence on illicit drugs. This public health problem was of course not new, and cantonal and supra-cantonal measures in fields relating to the three pillars had already been underway for a long time. The FOPH's objective was therefore to strengthen and complement these measures (principle of complementarity, p. 7). It was therefore difficult to delimit the Confederation's action and evaluate its effects.

In the field of research and statistics, there was already a body of data, although incomplete and unsatisfactory, as well as organisations who had established their field of competence.

In view of this situation, the FOPH's main concern was to request a **situation assessment**, preceded by an examination of **various available or appropriate indicators of drug use/seriousness1**. This assessment outlined a definition of the evaluative approach: it was to be global and have a strong **"goalbased"** component (focusing on an epidemiological summary of data on the prevalence of drug use and the seriousness of associated problems). Furthermore, it was to integrate the systematic collection of information relating to the decision-making processes, activities, characteristics, effects and environment of the measures implemented.

Evaluations of specific programmes and projects launched since 1991, either by the FOPH or with its support (such as PROVE, Drogue ou Sport, training of fieldworkers, etc.), were not part of the overall evaluation of MaPaDro, and were entrusted to other researchers. The overall evaluation could however examine some of their themes from another angle if the FOPH so desired (appendix 2a). A major proportion of the evaluation of MaPaDro therefore involved the

exploitation of research data or existing statistics, some of which derived from evaluations of specific programmes.

# Third phase and concept of the overall evaluation (1997-2002)

The third phase of the evaluation is part of the FOPH's new programme of measures (ProMeDro), and relates to the objectives and tasks defined for the 1997-2002 period. The structure of the overall evaluation was initially based on an FOPH document<sup>2</sup>, and was then discussed at length by the evaluators and FOPH executives before obtaining the approval of the latter.

The evaluation concept adopted involved an **overall** evaluation approach<sup>3</sup> capable of covering aspects of the **conception/planning** (pp. 15-42), **implementation** (pp. 43-82) and **results** (pp. 83-98) of ProMeDro (**outputs and outcomes**<sup>a</sup>), as well as relevant aspects of the social environment. The aim was therefore to examine and discuss the various components of the strategy and its effects over time.

The evaluation **accompanies** the implementation of the measures and observes the results. It is constructed and completed as time goes by. The various aspects of the strategy are comprehended through a range of studies (table 2a) and complementary analyses, yielding a synthetic overview of the situation when they are combined.

<sup>&</sup>lt;sup>a</sup> By "output", we refer to direct results of the programme in terms of processes (how many actions carried out, how many people affected, how many organisations take part in actions, etc.), while "outcome" refers to results relative to the programme's targets, its actual effects (changes in the prevalence of drug use, forms of drug use, the state of health of drug users, their social integration, etc. Effects on the environment can be categorised as "outputs" if they are of the "process" type (number of published press articles about a subject, number of secondary initiatives taken by partners, etc.) or of the "result" type (content of cantonal policies, laws, etc.).

Finally, this is a **user-focused evaluation 4:** it stresses the relevance and suitability of the evaluation in relation to: the situation to be evaluated; the questions asked; and the needs of the user. The evaluation can therefore adapt to changes in questioning. This approach, which does not recommend a particular model, offers a high degree of freedom in the choice and combination of methods used to answer the many questions raised during an overall evaluation.

The FOPH would like to know whether its activities are adequate, and how to improve them. It would therefore like to obtain regular feed-back concerning the development, relevance, effectiveness and efficiency of its actions. The results of the evaluation are therefore regularly released to those responsible for the various fields, enabling them to adjust their strategy, if necessary.

In summary, the overall evaluation takes into account ProMeDro as a whole, as well as certain relevant or priority aspects of its various components. It is thus the Confederation's policy that is the focus of the evaluation; in principle, cantonal policies are only marginally taken into account, and mainly from the point of view of examining the environment in which the federal measures are implemented.

The evaluation clearly cannot cover every field equally: choices were made in agreement with the FOPH. They take into account the FOPH's strategic thinking, as well as the establishment of its measures.

# General goals and central questions of the evaluation

The general goals of the evaluation are:

- to provide information which can help improve measures taken by the FOPH within the framework of ProMeDro;
- to help those responsible for the development and implementation of ProMeDro to make the right decisions:
- to help to choose between various options, if necessary.

The FOPH asks three main questions of the evaluation:

- does ProMeDro have any observable effects which promote the defined objectives?
- are these effects obtained in the most appropriate way (in terms of relevance, effectiveness and compliance with the planned process)?
- can any decisive factors be identified which made it possible to achieve the objectives of ProMeDro?

As mentioned in the evaluation protocol<sup>5</sup>, it is not easy to answer all these questions directly, and the evaluation's very first task is to broaden and operationalise these questions (in collaboration with the FOPH). Among other things, this involves proposing indicators which, when monitored, will provide qualified answers to these very general questions (p. 15 and 43).

b In the field of evaluation, an analysis of effectiveness (of a measure or programme) involves comparing the obtained results with the targeted objectives, while an analysis of efficiency requires a comparison of the invested resources with the obtained results.

Table 2a Studies and complementary analyses carried out by the evaluation programme in 1997-1999, and the information which they provided about the processes, results and environment of ProMeDro.

	Processes	Results	Environment
Main UEPP studies			
Study of the conception/planning of ProMeDro (series of interviews with those responsible for each field of the FOPH, theories of action, feedback to the FOPH)	٠		
Study of the implementation of ProMeDro	•	•	
Study of the FOPH's modes of delegation	•	•	
Survey of the FOPH's partners	•	•	•
Study of the health aspects of police work with drug users			•
Complementary analyses, UEPP studies			
Analysis of the monitoring of the activities of low-threshold facilities	•	•	
Complementary analyses of studies of the clientele of low-threshold facilities		•	
Complementary analysis of the study of the "hidden population"		•	
The Swiss population's ideas and attitudes about drug-related problems		•	•
Complementary analyses, other studies			
Analysis and summary of epidemiological data		•	
Analysis and summary of other evaluations	•	•	•
Monitoring of the press			•

### Methodology of the overall evaluation

Table 2a presents a list of the studies and analyses which make up the overall evaluation. Appendix 2a presents those carried out during the 1991-1999 evaluation period.

The methodology of the five main studies contributing to the overall evaluation is presented at the beginning of the relevant chapters: the study of the conception/planning of ProMeDro (pp. 15-42); the study of the implementation of ProMeDro (pp. 43-82); the study of the FOPH's modes of delegation (pp. 83-90); the survey of the FOPH's partners (pp. 91-98); the study of the health aspects of police work among drug users (pp. 99-108).

The study of conception/planning made it possible to clarify the FOPH's concepts, and to generate a new series of indicators of process, result and environment in each field. These indicators were monitored and analysed in the study of the implementation of

ProMeDro. The indicators used in the first two phases of the evaluation (1990-96) were also revised and refined during this stage.

The FOPH's modes of delegation were studied due to its increasingly frequent recourse to this practice. The use of delegation is one of the consequences of the transition from a logic of action to a logic of co-ordination (pp. 83-90).

The survey of the FOPH's partners provides additional information about their collaboration and levels of knowledge, as well as the way in which they perceive its action and policy within the framework of ProMeDro (pp. 91-98).

Finally, the study of the health aspects of police work among drug users provides information which can help the FOPH to expand its collaboration with the repression sector (pp. 99-108).

Complementary analyses of studies and epidemiological data have required the introduction of a regularly-updated documentation system. Various reports of studies, evaluations, and research are systematically and proactively repertoried by the UEPP. These complementary analyses are partly based on studies carried out directly by the UEPP within the framework of the overall evaluation (table 2a and appendix 2a), and partly on a continuous review of the literature and documents available from our documentation service.

### Warning

It should be stressed that the causal link between actions and observed "effects" should always be seen in perspective, if only because such actions do not take place in an operational or social vacuum, but in an environment within which many different players and social phenomena are at work. It can also reasonably be claimed that these phenomena do not have a uniform influence on the selected indicators. Collected data are judged and interpreted in order to weigh the evidence. Various sources of data must therefore be compared (**triangulation**).

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- <sup>5</sup> Gervasoni JP, Dubois-Arber F, Jeannin A, Spencer B. Protocole d'évaluation globale du paquet de mesures de la Confédération visant à réduire les problèmes liés à la toxicomanie (ProMeDro) 1997-99. Lausanne: Institut universitaire de médecine sociale et préventive; 1997.

# Evaluation of the conception and planning of ProMeDro

The first part of the overall evaluation of ProMeDro aimed to establish, assess, and encourage the thinking behind the component measures of this public health program. With this goal in mind, the evaluators helped ProMeDro's collaborators to plan the program, and developed a tool which made it easier to grasp the action of the program as a whole.

### **Objectives**

To evaluate the effects and results of ProMeDro, it is important to grasp the thinking behind the FOPH's actions in the field of drug addiction. The content of the program is based on both an appraisal of past actions and an analysis of present needs and resources. Updating these different factors and their links, which means establishing the program's logic of action, globally has two practical objectives: to determine the program's underlying factors with a view toward its evaluation, and to promote a better grasp of its internal logic among the program's collaborators.

### <sup>a</sup> JL. Baierlé, D. Berner, A. Bondolfi, I. Cassis, S. Cattacin, M. Graf, B. Gravier, R. Haemmig, D. Kübler, J. Nelles, G. De Rham, M. Riek, H. Steffen, T. Steffen.

### Method

In practice, the evaluation of the conception and planning of ProMeDro was carried out in five stages:

- Definition of the Program and documentary monitoring of its component measures
   Constitution of documentation, making it possible to see how the thinking and actions of the FOPH develop in the field of drug addiction; updating of the organisation chart of the new program, of the collaborators involved and of their duties.
- Appraisal of the past activities, organisation and general orientations of the Program
   This involves interviewing ProMeDro collaborators in order to assess the effects of past measures, the choice of ongoing and future measures, and the internal functioning of the program. An initial analysis then makes it possible to define the program's orientations and targets, and to assess certain aspects of its internal consistency.
- Updating of the Program's objectives and logic of action

Draw up a "theory of action", initially for each field of intervention, and subsequently for the entire program (appendix 3a). These conceptual patterns bring out all the objectives of a field and the causal links which unite them. They thus make it possible to grasp the logic of action and effectiveness attributed to the measures, and to follow the evolution of the program's implementation through time.

 External appraisal of the program's conception and planning

In the absence of any criteria of harmonisation or recognised standards, submit the program's conception and planning to the judgement of a group of experts a, to evaluators and to FOPH collaborators. In practice, the consultation of experts on the content of the conception and planning of the FOPH and the assessment of evaluators are submitted to the attention of the FOPH collaborators.

 Connection between conception/planning and the implementation of the program
 Outline the main questions relating to the implementation of ProMeDro, subsequently formulating proposals to evaluate some of the program's measures.

Table 3a

Summary table of the stages and their content

Date	Stages	Content
Summer 1997	FOPH Interviews 21 FOPH collaborators and 4 external partners (OFP, COSTE, RADIX, OSEO)	Questions relating to the interview schedule (appendix 3b)
September 1997	Feedback I	Review of the evaluation concept
	Feedback document I	Definition of the role and tasks of the FOPH
		Internal organisation of ProMeDro
		Achievements and questions in each field
November 1997 to May 1998	Theories of action	Definition and validation of theories of action
25 May 1998	Feedback II	Presentation of theories of action by field
	Feedback document II	Overall analysis of theories of action by field
		Presentation of the overall theory of action
luly to September 1998	Panel of experts	Written expert consultation and group discussions
26 October 1998	Feedback III	Expertise of concepts of the FOPH by field
	Feedback document III	Transversal expertise of the ensemble of the package of measures
November 1998 to January 1999	Individualised feedback sessions	Analysis of the results of the assessment with the FOPH collaborators

This approach involves frequent feedback of the work of the evaluators, and by many discussions about the collected data and their analysis. In this way, the approach leads to practical transformations in the conception and planning of the program: the results of the evaluation are therefore apprehended on a continuous basis rather than after the fact (pp. 11-14). In practical terms, the approach of the evaluators was implemented in parallel with the preparation of a conceptualisation document for ProMeDro1, and these two processes constantly enriched each other.

### **Evaluation questions**

- On what is ProMeDro based (which analysis of the situation; which needs are identified)?
- What specific objectives are defined in each field?
- Which population groups are targeted by ProMeDro?
- What is the relevance of the general goals, by field?
- Is it reasonably possible to attain these goals by means of the proposed measures, and if so, how quickly?
- Have any criteria for success been defined? Can they be evaluated?
- Can ProMeDro be adequately integrated into the range of measures taken by other partners in Switzerland (cantons, organisations, institutions)? Under what conditions?

The three first stages of the method explained above (p. 15), the descriptive part, aims to answer the three first questions of the evaluation. The fourth stage, which is more analytical, forms a connection between conception/planning and implementation. It makes it possible to define answers to all of the evaluation questions. Finally, the fifth stage makes it possible to continue the evaluation approach at the level of implementation.

# Structure of the conception and planning chapters according to fields of activity

In the following pages, the fields of activity of ProMeDro (pillars and supporting measures) will be described one-by-one in accordance with the following structure:

Theme	Source and method
Conclusions and recommendations of the IUMSP during the 1990-96 evaluation	Summary of the conclusions and recommendations of the previous evaluation report
The goals and targets of ProMeDro (1998-2002)	Summary of interviews, theories of action and the concept drawn up by the FOPH
Formulation of the FOPH's actions and national role	Ditto
Planning of operations for the next few years	Ditto
The priorities of ProMeDro (1998-2002)	According to the concept of the FOPH (appendix 1b)
Assessment of current conception and planning by the experts and by the evaluation	Summary of the main elements gathered during the consultation of experts and final assessment of the evaluators.

# Conception and planning of the various fields of ProMeDro

### Prevention

Conclusions and recommendations of the 1990-1996 evaluation

- The FOPH was very enterprising during the 1990-1996 period, supporting many projects. Furthermore, experimentation and innovation were encouraged, particularly in the field of secondary prevention. In terms of effectiveness, the evaluation noted that the FOPH had more success in disseminating and supporting existing projects than in initiating new ones. In the first case, the partners supported their projects themselves, while in the second, the development of projects designed by the FOPH was handicapped by a certain opposition to change and a degree of resistance by the partners. Moreover, the partners' capacity to take over a project has sometimes been overestimated by the FOPH.
- Consequently, the evaluation recommends:
  - that the FOPH should depend on well-established partners, and that it should consider how to collaborate with players from outside the public health sector;
  - that it should dedicate itself more to extending existing projects;
  - that it should ensure that projects continue over several years, allowing them to develop, and that it should work to establish them from the outset.
- The evaluation<sup>2</sup> also urges the FOPH to better define
  the connection between primary and secondary
  prevention, and to clarify the concept of secondary
  prevention in particular. The report also recommends
  the establishment of pilot zones where the community
  network would be particularly well-developed,
  which could serve as "laboratories" to document the
  effectiveness of secondary prevention.

The goals and targets of ProMeDro (1998-2002)

In the field of prevention, ProMeDro's objective is to reduce the consumption of legal and illegal drugs, as well as the damage that they cause to individuals and the community. The groups targeted by the FOPH are children, adolescents and their social entourage.

Formulation of actions in the field of prevention

The FOPH refers to a very broad concept in the prevention of drug addiction. This encompasses both primary<sup>b</sup> and secondary<sup>c</sup> prevention, promotes the idea of greater proximity between prevention and care, acknowledges a link between the consumption of legal and illegal drugs, and considers the participation of the community in prevention activities to be a necessity. With a view to clarifying roles in the field of prevention, the FOPH intends from now on to assume the role of leader and co-ordinator at the national level. It will no longer be involved in the practical content of projects in the field, but will primarily define the main outlines of the programs in which they participate (see below).

The planning of prevention (appendix 3a)

The establishment of national **framework-programs**, delimited according to the living areas that they target (schools, leisure activities, districts, sports, hostels, immigrant communities, youth associations, families), is the central element of planning. Most of these national programs have three components: management/co-ordination (usually external to the FOPH); a funding policy for the program; and co-ordination by, or collaboration with, federal administrations.

These framework-programs aim to multiply projects, improve co-ordination between them, and, in the final analysis, to institutionalise prevention in living areas. Eventually, their goal is to make prevention a spontaneous concern in the social environment of young people.

In practice, the FOPH initially intends to develop or continue six framework-programs which concern the following: schools; districts and municipalities; sports; hostels; immigrant communities; and youth associations. To do this, in each case it links up with a partner at the national level which is in a position to implement the program.

The FOPH also intends to promote innovation in the field of prevention by supporting the development and dissemination of original projects. Furthermore, it intends to develop secondary prevention activities, documenting their effects through a large-scale operational investigation (supra-f).

Finally, the FOPH intends to develop internal collaboration between all its collaborators responsible for prevention (illegal drugs, legal drugs, AIDS, etc.).

The priorities of the FOPH (1998-2002)

To increase the Confederation's commitment to **primary and secondary prevention**, and to take action early in order to avoid evolution towards drug addiction, stressing the need for a variety or system of actions anchored in the community to enable prevention to be effective. In particular priorities are to:

- achieve synergy between various primary and secondary prevention programs, initiated or supported by the FOPH;
- implement a research program of individualised secondary prevention (supra-f) making it possible to measure and demonstrate the effectiveness of one or more approaches to secondary prevention, and their feasibility in the Swiss context;
- redirect the FOPH's instigational resources towards the "prevention pillar".

<sup>&</sup>lt;sup>b</sup> Activities which aim to prevent people from starting to use drugs.

c Activities which aim to detect drug users at an early stage, and to offer them support or care which makes it possible to stop their drug use from becoming problematic.

External appraisal of experts and the evaluation

The increased consumption of legal and illegal drugs among young people requires that prevention be grasped as a whole, and that more attention be paid to addiction than to the legality or illegality of the substances which cause it. A community-health approach, which would particularly bring together the prevention and care sectors, would also be desirable, as it would allow the various participants: to adopt a single approach; to have recourse to concepts of the same order; and to jointly rally the surrounding community.

Young adults seem to be excluded from the FOPH's policy, which appears to be aimed solely at those under eighteen years of age. However, it is known that many heroin users start consuming beyond this age. Prevention must therefore also target young adults, and it is regrettable that institutions such as the army do not implement prevention programs.

The breakdown of objectives and resources between primary and secondary prevention does not yet seem to be very clear. One may also wonder whether the FOPH, in occupying a position of leadership, will also be able to work effectively with its partners present in the field. As has been demonstrated in the past, this choice can lead to conflict and be counterproductive. During the conception and planning of prevention, the association of players who work in the field has the advantage of reducing conflicts between legitimacies.

The framework-program strategy could prove fruitful, but on two conditions: that the conceptual definition of these programs and their impact on the environment be specified; and that it is certain that their effects will persist beyond the subsidy granted by the FOPH. A fundamental question remains, already raised in the evaluation: to rally the community fabric around young people, shouldn't actions target communities first (districts, towns), and only subsequently living areas?

### Therapy and treatment

Conclusions and recommendations of the 1990-1996 evaluation

- The FOPH's activities in the field of therapy and treatments can be divided into two types: out-patient and residential. In the former, the FOPH has participated extensively in the development and evaluation of new care possibilities involving the prescription of narcotics under medical supervision (PROVE). In the latter, at the prompting of the Federal Council, the FOPH has applied a systematic approach based on an analysis of needs (Réha 2000). This approach led it to develop a package of specific measures (1994), and to set up a national co-ordination centre (COSTE). Within this framework, the FOPH has also financially supported the opening and reorganisation of various residential treatment facilities, and has created a national information system (Infoset Direkt) which should make information about treatment institutions more accessible. Finally, the FOPH has also developed and supported the introduction of national statistics in the out-patient and residential sectors.
- The evaluation stresses that the FOPH should regularly verify that the various available therapies match the needs of those addicted to drugs, with the help of national statistics in particular. The quality and suitability of treatments should also be improved by the development of criteria of quality, and follow-up studies of drug users. In the same way, it is recommended that the FOPH should also intervene more extensively in the methadone treatment sector, paying particular attention to issues of quality.

The goals and targets of ProMeDro (1998-2002)

In the field of therapy and treatments, ProMeDro aims to promote egress from addiction, to encourage social integration and to improve the physical and psychological health of those who are dependent.

The groups targeted in the field of therapy and treatments are both the addicted and the institutions responsible for, and/or active in, caring for them. Finally, those who pay, such as social security and public authorities, are also targeted by the activities of the FOPH.

Formulation of actions in the field of therapy and treatment

The FOPH refers to a concept which promotes the diversification and personalisation of available therapies according to the health-care and social needs of dependent persons, in addition to the professionalisation of institutions and persons which provide health care.

The FOPH sees itself as providing a structural contribution; in other words, its contribution modifies the conditions and the environment in which other players in Switzerland operate in this field. In particular, this contribution must affect the range of available treatment, promoting the development of its quality (including its diversity) and its accessibility (including its funding).

The planning of therapy and treatments (appendix 3a)

The FOPH works in four sectors: residential treatment, the prescription of heroin, methadone substitution, and therapies in prisons. In the residential sector, the adaptation of funding systems and the elaboration of quality criteria are a priority. For out-patient therapies involving the prescription of narcotics (heroin/methadone), the institutionalisation of treatments, priority areas are the development of knowledge, the training of professionals and the elaboration of quidelines.

Finally, the range of treatments available in prisons primarily requires better knowledge of this environment, more collaborations with prison officers and increased support for the development of available therapies.

The FOPH is continuing its participation in two major projects: the national co-ordination centre for drug-related residential therapies (COSTE) and the prescription of narcotics under medical supervision (PROVE). The institutionalisation of this form of treatment is emerging as one of the FOPH's most important activities. The question of funding for residential therapies is also deemed to be of great importance, and the FOPH, in collaboration with COSTE, is working to develop a system which is acceptable to all parties (OFAS, cantons and institutions).

The priorities of the FOPH (1998-2002)

To consolidate the range of **therapies** as a coordinated system, and provide better opportunities to **egress from dependence**, in particular:

- within the system of social security and of financial adjustment between the Confederation and the cantons, reach an agreement concerning a harmonised funding system for therapies oriented towards abstinence, which would take account of various necessary treatments, including those which target early therapeutic intervention;
- initiate a process to improve the quality of methadone substitution therapies, targeting in particular an increase in the rate of those who remain in therapy;
- establish the medical prescription of heroin as a therapy integrated into the network of therapies for drug dependence;
- bring about an improvement in the range of therapies relating to drug use in at least one-third of prison establishments, and in one-third of places of detention.

## External appraisal of experts and the evaluation

It is indeed desirable to diversify and individualise therapies according to the needs (and social needs in particular) of those who are dependent. The idea of promoting the development of the quality of therapies and the professionalism of therapists also does not encounter any opposition. However, it is not yet clear how and with whom the FOPH plans to implement these processes of change: what are the respective roles of Fos, COSTE or OFAS in the in-patient sector? What needs to be done, and by whom, in the methadone sector?

The various forms of therapies and their funding raise many conflicts of interest, revealing the need for a central actor in the field of therapy and treatment. It is thus legitimate to wonder whether a "sectorial contribution" by the FOPH is sufficient, and whether it would not be preferable for the FOPH to assume more responsibilities throughout the field, providing more overall co-ordination. A (necessary) modification of the law (LStup) to this end could make it possible to promote the networking and harmonisation of practices in order to reduce conflicts and the effects of competition, which can prove harmful to the addicted. In the absence of such a revision, the FOPH could still specify its current national competencies, thus better defining its role in relation to other players in the field. Finally, the Federal Department of the Interior is legitimately expected to issue a clear statement concerning the funding of in-patient therapies, and its administrations are expected to speak about this issue with a single voice.

Measures involving methadone substitution therapies, which involve half of all those known to be addicted in Switzerland, seem once again to be limited to rare and occasional projects, confirming that there is a certain imbalance in the FOPH's overall management of the field.

#### Harm reductiond

Conclusions and recommendations of the 1990-1996 evaluation

- Although an increasing number of low-threshold facilities are offering work and housing, the location of such facilities is still uneven from a geographical viewpoint. The FOPH should help reduce these gaps, particularly by working through the OSEO's bureau for the promotion of subsistence aid, and should also help diversify the range of available facilities. It would also be desirable if these facilities aimed offered services to others than those who are addicted, allowing the latter to meet persons from outside their own milieu.
- In the harm reduction sector, access to sterile injection equipment must be further extended, as those who inject are prepared to use it when it is easily available. To this end, improved accessibility to such equipment (number of cantons and towns, number and diversity of places, opening hours, etc.) and better-quality products (disinfectants, ascorbate, advice, etc.) should be the FOPH's priority in this sector. Furthermore, the distribution of injection equipment in prisons is both feasible and necessary, as shown by the Hindelbank project. Consequently, this experiment should be promoted and generalised in order to reduce cases of HIV transmission in prisons.
- Prevention of the sexual transmission of HIV is still insufficient, as is the promotion of "sexual hygiene" among those who inject. These actions must be encouraged among workers in low-threshold facilities, among street workers and within the context of prevention based on peer-pressure.

d Activities which aim to reduce the risk of the transmission of diseases such as AIDS and hepatitis, particularly when drugs are injected, and also activities which aim to improve living conditions and the social integration of drug users.

Goals and targets of ProMeDro (1998-2002)

In the field of harm reduction, ProMeDro aims to reduce the health and social damage linked to drug use. In other words, it aims to maintain the health and social integration of those who are dependent during their phase of drug use.

Harm reduction is aimed at users of illegal drugs, and in particular at those who are dependent. However, as the FOPH usually reaches these populations indirectly, its contribution primarily targets those working with users of drugs.

Formulation of actions in the field of harm reduction

The conception of the FOPH in this field is that those who are addicted must be allowed to live in the best possible conditions, and should also be given constant access to ways to stop taking drugs. According to the FOPH, it is possible to achieve this in concrete terms by protecting their health (mainly from HIV transmission) and by offering them access to work, housing and training.

The FOPH's role is to promote and support available assistance in the field of harm reduction in order to help extend and improve such assistance. At present, the FOPH hopes to attain this objective primarily through networking, professionalisation and quality assurance.

The planning of harm reduction (appendix 3a)

The FOPH's contribution can be broken down into three sectors: social, health and prisons. The former, which mainly involves work and housing, primarily aims to improve access to available assistance (regional cover, consideration of target groups, promotion of decentralisation). This task is mainly entrusted to the OSEO. In the health sector, the aim is to improve injection conditions (access to equipment and advice) and prevent the sexual transmission of HIV.

Most of the activity in this sector is achieved by developing or supporting projects, and by the work of the FOPH's "AIDS and drugs" expert group. Finally, in the prison sector, the priority is the qualitative and quantitative improvement of available healthcare for imprisoned drug users. The work of the "health in prison" expert group is one of the main vectors of action, particularly in developing recommendations and promoting the training of prison staff.

The priorities of the FOPH (1998-2002)

To consolidate the range of measures to **reduce harm** and **maintain social integration**, aimed at those who are dependent on or use drugs, in particular:

- ensure the perpetuation of harm reduction measures within cantonal and municipal drug policies; promote the continuity of institutions and their funding by taking their needs into account;
- broaden accessibility to injection equipment in regions and towns which are still under-stocked, thus covering needs throughout the country;
- initiate a process to improve the quality of measures to reduce harm and maintain social integration, aiming in particular to improve networking with operations in the fields of prevention, therapy and the protection of public order;
- bring about an improvement in harm reduction measures related to drug use in at least one-third of establishments of detention, or in one-third of the number of places of detention.

External appraisal of experts and the evaluation

The FOPH can be gratified for having made harm reduction one of the pillars of federal policy, and to have thus decisively contributed to the institutionalisation of this field. Furthermore, the FOPH's role in co-ordinating and networking is considered to be crucial in the harm reduction sector.

In some towns, there is a tendency to check the place of residence of drug users in low-threshold facilities, leading to unequal access to these services. It would therefore be wise to generally think about the accessibility and necessary diversity of such facilities. This thinking should also relate to the connection between secondary prevention, harm reduction/subsistence aid and out-patient therapies involving the prescription of narcotics (methadone, heroin).

The FOPH's activity in the field of harm reduction mainly targets HIV transmission among injecting intravenous drug users. Although this is indeed a priority, it should not hinder other actions aimed at hepatitis, other forms of drug use or the health of drug users in general. A diversification of available assistance, but also of objectives, should enrich this field over the next few years. Projects which aim to develop mutual aid between drug users – which the FOPH wishes to support – will also be part of this diversification.

Hindering HIV transmission in prisons must be a priority. To this end, experiments involving the distribution of syringes and disinfectant, carried out in various prisons, should be generalised. Following the example of the canton of Vaud, a penitentiary health service with a degree of independence can also prove advantageous when implementing activities to improve the health of imprisoned drug users.

Finally, as far as subsistence aid is concerned, it should be noted that the FOPH operates in a universe which is closer to welfare than health-care. This enables it to reflect on the intermingling of social and health-care issues in the field of drug addiction. Perhaps such thinking will commit the FOPH to encourage other federal and cantonal players to deal with drug dependence. A fifth pillar of the federal policy, that of welfare, could thus emerge.

### Campaign

Conclusions and recommendations of the 1990-1996 evaluation

- For the managers of the national consciousnessraising campaign, the 1990-1996 period generally appears to be a learning phase about the problems of drug addiction. Its over-ambitious initial objectives have been narrowed down, and its strategies specified. Collaboration with partners (cantons and other regional campaigns) remained limited, and was afflicted with disagreements about messages and means.
- Three priorities stand out in the future actions of the campaign: clearly specify the objectives, which must remain circumscribed due to limited resources; improve the visibility of the campaign's continuity by reducing the number of themes covered and by generalising the use of a logo, thus enabling the population to clearly perceive the Confederation's commitment to the field of drug addiction; develop collaboration (crucial) with partners, which should produce a multiplication of effects and a harmonisation of messages.
- The evaluation of campaigns by pre-testing and post-testing should be continued in order to better adjust the messages. Furthermore, the use of communication media other than classical ones should be explored and deepened.

The goals and targets of ProMeDro (1998-2002)

The goals of the national campaign are: to make the population aware of problems of dependence (including drug addiction); to decrease prejudice; to promote objective dialogue and make the Confederation's commitment to this field visible. Its messages are transmitted through the mass media, and are aimed at the general population, including persons who do not feel concerned about drug problems.

Formulation of actions for the national consciousness-raising campaign

The campaign is supposed to be a consciousness-raising campaign, aiming to decrease prejudice and allow the population to acquire an objective vision of drug problems: it is therefore not a prevention campaign. It must be limited to two themes at most per year, expressed by a few simple and informative messages. Furthermore, the aim is to establish a global view of the problem of dependence, integrating the problem of alcohol. Finally, the themes of the campaign are formulated in such a way as to allow its effects to be measured.

Collaboration with partners is a fundamental component in multiplying the actions and effects of the campaign. Contacts with internal and external partners must therefore be made at a sufficiently early stage in the production process to allow the harmonisation of messages.

The planning of the national consciousness-raising campaign (appendix 3a)

Two campaigns at most will be implemented every year, each composed of various productions on a single theme. In particular, they will render visible the Confederation's commitment to the field of drug addiction and dependence.

The second factor of planning relates to collaboration with partners in order to achieve synergy. This collaboration aims to have the campaign's productions taken over by the partners, and thus to harmonise the messages transmitted to the population. Collaboration with partners from within the federal administration, particularly with other prevention campaigns, is also planned with the same objective in mind. Finally, the integration of alcohol problems is designed to be one of the facets of a more general classification of addiction problems.

The priorities of the FOPH (1998-2002)

No priority relating to the national consciousness-raising campaign is specified in ProMeDro.

External appraisal of experts and the evaluation

The objectives and targets are well-defined, and are adjusted to a media campaign on the theme of "drug addiction". Two very positive points can be noted: the emphasis placed on the evaluation of campaigns, and (according to the unanimous opinion of experts) the clear will to work with partners in order to obtain an amplifying effect.

The FOPH has chosen to orient the campaign towards general problems of dependence, integrating the problems of alcohol and tobacco. One may well wonder whether or not this field should eventually also cover dependence on medication. Subsequently, it proves that this new broader orientation is only mentioned superficially, and only from the viewpoint of content. The tobacco problem has therefore not yet been integrated. The experts note that this strategic reorientation raises a series of questions which are dealt with only very superficially, if at all: the clear redefinition of priorities, the repartition of tasks and the allocation of adequate resources; the organisational upheavals involved in the campaign itself (caused by the broadening of its scope); the identification of new potential partners (some of whom have long been working in the new field of intervention) and the identification of possible collaborations; themes and co-ordination of the content of campaigns. As some changes based on the new orientation are already being planned or even implemented, the experts would have appreciated a clearer definition of the campaign's role in this new context.

The change of direction entailed by the broadening of the problem must be communicated to the population, explaining the underlying reasons and motivations. The campaign is aimed at diverse cultural and linguistic environments. Certain practical problems resulted from this, such as how to ensure the most uniform possible comprehension of messages, above all with regard to the cultural – and not only linguistic – translation of productions. It is unanimously agreed that particular attention should be paid to this point. It is also important not to neglect peripheral regions.

The groups targeted by epidemiology include public authority decision makers, including the FOPH itself, workers in the field of drug addiction, and in some cases, the general public. Actors collaborating in the field of epidemiology primarily include Swiss research institutions (universities, institutes, higher education establishments), which carry out studies, as well as field workers, who gather data.

### Epidemiology

Conclusions and recommendations of the 1990-1996 evaluation

- On the whole, the amount of epidemiological data available about drug use has increased considerably since 1990, largely due to the FOPH, its support for many research projects and its development of national statistics. However, it seems wise to define research priorities in the epidemiological field, taking account of the large quantity of information, often varied, which is presently available<sup>e</sup>.
- A particular effort should be made to improve epidemiological surveillance (compatibility of various instruments, analytical capacity) in order to refine estimates of the number of drug users and the degree of seriousness of their consumption. This will allow a more reliable evaluation of the current situation and its evolution.
- Although there are currently many sources of data concerning the epidemiology of HIV in Switzerland, it seems to be necessary to further develop the epidemiology of hepatitis.

The goals and targets of ProMeDro (1998-2002)

Through analyses of data and ad hoc studies, the field of epidemiology, in addition to those of research and evaluation, helps achieve ProMeDro's overall goals (p. 8): the aim is to provide a scientific basis for rational decision-making in the field of policy and operations.

# Formulation of actions in the field of epidemiology

The FOPH defines itself as the leader of the epidemiological surveillance of drug addiction in Switzerland. This line is similar to that of the FOPH in the field of HIV/AIDS, in particular<sup>f</sup>.

The planning of epidemiological studies (appendix 3a)

The establishment of a surveillance system compatible with the "REITOX focal points" system of the European Monitoring Centre for Drugs and Drug Addiction (EMCCDA)9 is the central element of the planning. This system should make it possible to monitor a series of trend indicators. Its adaptation should help to harmonise various epidemiological instruments, particularly national statistics (already set up), and to establish the FOPH's leadership in the epidemiological surveillance of problems.

- The conclusions and recommendations of the previous phases of the evaluation mainly dealt with epidemiology, including information from research and evaluations. The approach selected in the current phase of the evaluation will also make it possible to present these three fields in a more detailed way, as well as possible factors for cross-checking.
- f This aspect was clarified during the study of the conception/ planning, on the occasion of meetings with various FOPH collaborators involved in this field.
- 9 At present, all fifteen European Union Member States are participating in this network. Further information can be obtained from the EMCCDA's web-site: http://www.emcdda.org/html/reitox.html.

The FOPH also intends to fill for residual gaps in the data and to help improve the quality and coverage of drug related data on a nation-wide scale.

Finally, the FOPH is also planning to ensure the quality of epidemiological studies, by recommending the use of recognised standards in this field.

The priorities of the FOPH (1998-2002)

- The installation and effective operation of a national epidemiological monitoring observatory, based on the EMCCDA's "REITOX focal points" system.
- Effective transmission to practicing specialists and to decision makers<sup>h</sup> of the results of epidemiological studies, scientific research, and evaluations relating to the field of drug addiction.

External appraisal of experts and the evaluation

The FOPH's stated priority (to set up a **national epidemiological monitoring** observatory, based on the EMCCDA's "REITOX focal points" system) is indeed particularly desired, as it fits in with the FOPH's classical role. It should however take care not to underestimate the investment, in terms of both time and money, involved in the development of this tool. The same recommendation also applies to the harmonisation of national statistics, which is currently under way.

The effort of clarification in delegating the analysis of data and the surveillance of trends must be continued in order to avoid duplications.

The conceptual clarification of the limits to the fields of epidemiology, research and evaluation, as well as the desired improvement in collaboration between these three fields, is recognised as positive. However, the form and content of the actual transmission of results from these three fields still needs to be improved, particularly with regard to various target-groups concerned by this information. It would thus be desirable to know how the FOPH plans to carry this out, what means

of communication will be used, what proportion of the information will be transmitted over the Internet, and who shall be responsible for updating the information.

A clearer explanation is required of how certain epidemiological information from other sections of the FOPH will be taken into account (e.g.: the epidemiology of hepatitis).

The work planned in the field of quality must also be listed and specified. It is particularly important to know which standards the FOPH proposes to apply in the field of epidemiology.

### Research

Conclusions and recommendations of the 1990-1996 evaluation

As the field of research was not dealt with individually during the evaluation of MaPaDro, no particular recommendations were made..

The goals and targets of ProMeDro (1998-2002)

By developing knowledge, research aims to provide the information required for rational decision-making based on scientific foundations in the field of drug use.

In practice, it aims to:

- · develop scientific knowledge based on empirical data;
- study current and new developments in drug addiction:
- develop theories and models, subsequently verifying them;
- anticipate future developments;
- · test new forms of intervention.
- h This priority relates to three fields of ProMeDro (epidemiology, research and evaluation), which is presented as featured in the FOPH document since it involves co-ordination between these three fields which we will examine in the chapter concerning the implementation of epidemiology (pp. 62-63).

The groups targeted by research include public authority decision makers, workers in the field of drug addiction and, in some cases, the general public. Collaborators in the field of research include Swiss research institutions (universities, institutes, higher education establishments), which carry out studies, as well as field workers, who gather data.

Formulation of actions in the field of research

The FOPH intends to fulfil two functions in the field of research. On the one hand, it plans to mandate research in accordance with identified gaps in knowledge. On the other hand, it intends to ensure that the quality and development of research in the field of drug use are both reliable and useful.

The planning of research (appendix 3a)

The following research activity is planned by the FOPH: it intends to mandate research in six sectors which it has defined (substances, epidemiology, etiology, intervention, evaluative research and social research). In practice, gaps in knowledge and the identification of problems requiring urgent study are analysed by a co-ordinating group within the FOPH, whose task is also to evaluate requests.

Among the main activities planned are the continuation and development of the results of PROVE, and the implementation of two operational investigations in the fields of secondary prevention (supra-f) and withdrawal (MUSE&Swi-Of-Co).

Furthermore, the FOPH plans to develop the quality of research by defining quality criteria, particularly relating to the structure of requests and the form of publications. It also plans to depend more on scientists and experts from outside Switzerland through international bid invitations or their participation in steering groups, and wishes to set up a centre of excellence in French-speaking Switzerland. This would be close to field operations while being able to carry out complex research. The objective would be to have two centres of excellence in Switzerland able to participate in

Reitox: one would be more specialised in treatments and clinical aspects, and the other in prevention.

Finally, the FOPH plans to promote the broader dissemination of research results among various target groups. To do this, it plans to involve researchers more (contractual obligation to disseminate, ad hoc budgets) and to participate itself in the dissemination of knowledge.

The priorities of the FOPH (1998-2002)

- Implement a programme of intervention/research into individualised secondary prevention (supra-f).
- Effective transmission to practising specialists and to decision makers<sup>i</sup> of the results of epidemiological studies, **scientific research**, and evaluations relating to the field of drug addiction.

External appraisal of experts and the evaluation

The experts approve the strategic choice, and particularly the emphasis placed on quality. They note however that the FOPH, by trying to cover every field – ranging from research into substances to etiological research and societal analysis – fails to take account of its limited means. For this reason, a clear division of competencies between the FNRS and research financed by the FOPH seems desirable.

The relevance and feasibility of creating a Frenchlanguage centre of excellence is not established, as several complementary institutions already exist. It would seem more appropriate to opt for functioning within a network.

This priority relates to three fields of ProMeDro (epidemiology, research and evaluation), which is presented as featured in the FOPH document as it involves co-ordination between these three fields which we will examine in the chapter concerning the implementation of research (pp. 62-63).

The absence of a group of experts independent of the FOPH, whose role would be to appraise requests according to the state of the art, is regrettable: such a group would help to develop the quality and efficiency of research, as desired by the FOPH.

Finally, the experts deem it necessary to clarify the methodological framework of supra-f. Criticism of the PROVE research program by a group of WHO<sup>3</sup> experts should encourage the FOPH not to begin this research before being certain of its scientific and methodological relevance.

### Evaluation

Conclusions and recommendations of the 1990-1996 evaluation

The field of evaluation was not dealt with individually during the evaluation of MaPaDro, and was therefore not subject to any particular recommendations.

The goals and targets of ProMeDro (1998-2002)

Evaluation has three goals:

- to verify whether the strategies are effective by means of scientific methods;
- to verify the relevance of innovations which are not yet subject to broad scientific consensus;
- to achieve the effective transmission of the results (...) of evaluations in the field of drug addiction to practising specialists and to decision makers.

The target group includes the FOPH collaborators and the external evaluators directly involved in the evaluations, and the decision makers and intervenants who make use of the results.

Formulation of actions in the field of evaluation

The FOPH's primary function is to mandate external evaluations, when the goal is relevant, in order to document the projects that it supports. It also supports self-evaluationi procedures which can be implemented directly by project managers. Between 1996 and January 1999, these two types of evaluation were placed under the responsibility of the sections concerned. Since then, the Evaluation Service has assumed responsibility for external evaluations in collaboration with the sections involved in the selection of themes and priorities.

In parallel, the Evaluation Service is responsible for so-called "global" evaluations which involve all activities (operations, projects, and specific programmes) undertaken in the field of illegal drugs<sup>k</sup>.

The FOPH also reserves the right to mandate external evaluations of projects in which it is not involved if they are likely to yield "useful and interesting results"<sup>4</sup>. In parallel, it intends to promote the quality and dissemination of evaluations, thus enabling them to really attain the goals assigned to them.

The planning of evaluation (appendix 3a)

First of all, the FOPH intends to define its internal priorities in the field of evaluation by collaborating and consulting with the various services concerned, including those of research and epidemiology.

Since January 1999, the Evaluation Service has taken responsibility for defining mandates, specifying which questions to deal with, verifying the quality of the tenders received (relevance of the approach proposed), following the progress of evaluations, serving as an intermediary between FOPH collaborators and external evaluators, and verifying the quality of the results obtained. Previously, these responsibilities were fulfilled by the sections mandating the projects and programs (except for the overall evaluation).

<sup>1</sup> This practice is increasingly common, as it makes up for the decreasing number of external evaluations carried out.

k The Evaluation Service is also responsible for overall evaluations of activities relating to alcohol and tobacco.

In terms of dissemination, the FOPH is planning to improve the internal dissemination of evaluations which it mandates, and to encourage collaborators to use the results of intermediate evaluations in order to improve operations in progress. On the other hand, it also wants evaluators to disseminate the results of their evaluations among target groups, in accordance with a dissemination plan. Particular specifications should thus be included in their contracts.

As far as quality is concerned, the FOPH plans to apply standards of quality<sup>5</sup> to the planning and implementation of evaluations, both for FOPH collaborators and evaluators.

Finally, the Evaluation Service wishes to make FOPH executives aware of the value and usefulness of evaluations. The service also plans to set up an internal training course for collaborators in order to ensure better use of evaluation results.

The priorities of the FOPH (1998-2002)

The effective transmission of the results (...) of **evaluations** in the field of drug addiction to practising specialists and to decision makers!

External appraisal of experts and the evaluation

The experts applaud the importance which the FOPH gives to the evaluation of its initiatives. They note that the quality of evaluations is at present good, and they would like this standard to be maintained.

The choice of self-evaluation rather than external evaluation is justifiable both from the viewpoint of relevance (not all actions require external evaluation) and the management of resources (not all evaluations can be funded). This choice also confirms the FOPH's preference for the quality of evaluations rather than their quantity.

The internal and external dissemination and development of evaluation results (external interventions of evaluators themselves) fits in with the goal of subsequent use of these results. The experts stress the important role which the FOPH can play in communicating the results at the political level and to the general public.

The priorities of the FOPH concerning external evaluations are however not mentioned, although this would be useful for professional evaluators, decision makers and drug addiction workers, who would thus know what type of information would be available to them within the framework of ProMeDro.

### Training and continuing education

Conclusions and recommendations of the 1990-1996 evaluation

- The evaluation noted the FOPH's commitment to developing the training and continuing education of drug addiction workers. Despite its lack of experience in the field, the FOPH has rapidly set up a range of training courses with the help of professional associations of workers in the field of drug problems. However the development of this action has been insufficiently controlled, as indicated by the many evaluations which have been mandated, apparently with little co-ordination.
- After a few years of existence, the range of training courses reaches its limits (critical mass, certification, support) and the needs of professionals become more specific, encouraging the FOPH to rethink the scheme. The evaluation noted at the end of this period that the definitive form and content of the new training scheme has not yet been decided.

This priority relates to three fields of ProMeDro (epidemiology, research and evaluation), which is presented as featured in the FOPH document as it involves co-ordination between these three fields which we will examine in the chapter concerning the implementation of the evaluation (pp. 65-66).

 Consequently, the evaluation recommends that the FOPH: continue the development of training programs at national level, with, however, better control of existing capacities and competencies; extend the PPMT program; accentuate the training of volunteer workers; maintain support for various meetings to exchange information (conferences, seminars, congresses).

The goals and targets of ProMeDro (1998-2002)

The new program (ProMeDro) sets three objectives in the field of professional training:

- to increase the number of well-trained specialists in the field of addiction:
- to continually improve the degree of professional qualification of workers;
- to promote inter-professional co-operation. It provides for the range of training and further education to be adapted to the different needs of three target groups: workers specialised in drug addiction<sup>m</sup> (the main group); professionals who occasionally deal with drug problems (teachers, physicians, nurses, police, etc.); volunteer workers (relatives of people into drug problems, friends, associations, etc.). The range of training must be entrusted to existing institutions that already provide basic training (secondary or tertiary), so that they can progressively take on the theme of drug addiction, eventually working towards development of a real profession.

Formulation of actions in the field of training and further education

Following the announcement of an assessment, and on the basis of recommendations by experts<sup>6</sup>, the FOPH decided to change its mode of intervention, and to no longer fund training structures (teachers and buildings) but only training programs (teachers), which will be developed in existing structures (professional schools, universities, etc.).

The FOPH delegates a major proportion of planning and operations to a Commission of Experts (CE)<sup>7</sup>. The principle of this approach is to provide the "framework conditions to build a system broadly supported by the circles concerned", thus leaving teachers the initiative while providing funding. However, the FOPH reserves the final right of choice of partner to conduct and implement training (responsible organisations and module providers).

This delegation of a major proportion of planning, organisation and monitoring allows the FOPH to concentrate on the main objectives to give to continuing education, and to ensure that the CE fits in with them. This also allows it to carry out internal co-ordination between training and ProMeDro's other fields of activity, and with activities carried out within the framework of the "alcohol" program.

The planning of training (appendix 3a)

The first task of the CE (created in January 1996) was to establish a "modular" training concept which allows the FOPH's objectives to be continued in the field. This new approach, approved by the FOPH, harmonises training throughout the country. It is based on modules organised by recognised institutions which ensure their quality. The content of inter-professional modules is left to the initiative of the responsible organisations (and module providers), while the content of inter-professional modules is determined by the CE.

Programs based on the former concept (ARIA and CONVERS) have continued their mandates until the end of their term (December 1999), in collaboration with the first modules of the framework program which is

They are broken down according to their level of training (secondary or tertiary: social workers, specialised educators, psychologists, psychiatric and general nurses, psychiatrists and physicians, Federal Certificate of Capacity holders, others) and their type of activity (prevention, advice and out-patient treatment, residential treatment, subsistence aid, withdrawal, post-cure).

being set up in French-speaking and German-speaking Switzerland. Eventually, the FOPH anticipates the integration of the former training concept into the CE's framework-program (January 2000).

The objective is to rapidly create a flexible system which adapts to the different needs of various target groups whose levels of training differ. The system of modular courses is initially intended to increase the flexibility of available training – thus adapting better to demand – and then to promote the co-ordination of training structures in order to develop synergies. If these two objectives are attained, it will be possible to compensate for failings in the field of training identified as sources of problems by the FOPH, and which involve certain specific groups of drug addiction workers.

The consequence of this operation will be to increase the number of properly-trained workers, which should significantly strengthen the medico-social support network. This strengthening should be facilitated by the achievement of a third objective linked to the modular courses, namely the promotion of inter-professional collaboration over the medium term.

The FOPH is trying to improve the quality of the training syllabus, and to establish a structural link between continuing education (specialised in addiction) and their basic training (professional schools, institutes, etc.). In this way, if basic training centres (social, healthcare, psychological or medical) provide continuing education, they will probably integrate knowledge of the field of dependence into their basic training. The other objective is to obtain institutional recognition (certification) of this training, making it possible to strengthen the professional status of field workers. According to the FOPH, this approach should help to increase professional satisfaction and to decrease the burn-out, two phenomena which are deemed problematic.

The development of specialised schools of higher education (HES) is a contextual factor which can directly promote the achievement of two of the training's objectives. Providing training within the framework of HES's would make it possible to improve the quality of the training syllabus, and, through this, to ensure the certification of such training.

The priorities of the FOPH (1998-2002)

No priority directly concerns the field of professional training and continuing education. Nevertheless, the reference document<sup>1</sup> clearly indicates the objectives in this field.

External appraisal of experts and the evaluation

The principle behind the new orientation of training was favourably assessed both by the experts and the evaluation.

One concern has been voiced, however, concerning a constantly-growing target group: professionals occasionally involved in questions of drug addiction. The new scheme does not seem to pay particular attention to this growth.

While waiting to see the definitive composition of module providers, the experts would also like physicians and pharmacists to have access to attractive modules (certification) which would be specifically inter-professional in nature.

Another fear concerns the rallying of institutions called to intervene, as proper start-up budgets are lacking for the conception of a new range of training.

One suggestion would be to develop the "Infoset Direct" Internet site, enabling it to offer in the future a complete bibliography of works recommended by various courses of continuing education in the field of dependencies.

### Co-ordination

Since the mid-1980's, the definition of the objectives and of main orientations of the Federal Council's "drugs policy" has been based on dialogue between dependency experts, administrations and the federal and cantonal political authorities. The FOPH was therefore concerned with co-ordination at a very early stage, and the process of developing its own policy "took place in interaction with many partners (cantonal and local authorities, professionals and associations working in the field of drug addiction, scientists, etc.) whose assessments have been taken into account in the continued implementation of measures"<sup>8</sup>.

Conclusions and recommendations of the 1990-1996 evaluation

The field of co-ordination was not dealt with individually during the evaluation of MaPaDro, and was therefore not subject to any particular recommendations.

The goals and targets of ProMeDro (1998-2002)

The co-ordination carried out by the FOPH within the framework of ProMeDro is intended to perpetuate dialogue at national level, and to promote consensus and a commitment to the "four-pillar policy" recommended by the Confederation. More generally, the coordination measures implemented by the FOPH aim to "achieve nation-wide consistency and effectiveness".

Those targeted by the national co-ordination include representatives of public authorities involved in the fight against drug addiction, as well as the actors and experts active in this field.

Conception of actions in the field of co-ordination

The Confederation now fulfils a leadership function with regard to Swiss drug policy. However, it believes that the fulfilment of this function requires taking many different viewpoints and situations into account. Its actions are therefore based on paying attention to the experiences and viewpoints of cantonal authorities, local authorities, and specialised institutions, but also on the voluntary Cupertino of all those involved.

The FOPH's task is to supervise this national collaboration. This is achieved through explicit instruments of co-ordination and dialogue (table 4f), such as: the Federal Commission for drug-related problems, the National Liaison Committee for dependence-related problems, the interdepartmental Working Group on drug problems, the Conference of cantonal delegates for problems of drug addiction, as well as many specialised groups and other Working Groups (cooperation with the police, with prisons, etc.). The FOPH also delegates some of its co-ordination tasks to external partners (co-ordination of the range of residential therapies, promotion of available prevention measures, promotion of available social integration measures).

Each in their own way, these co-ordination activities must promote the exchange of information, the harmonisation of measures, reciprocal comprehension, the identification of specific problems, collaboration and the promotion of the four-pillars policy.

The planning of co-ordination (appendix 3a)

Any planning of interventions relates to a central factor: the "platforms" (table 4f), or meetings of representatives of the field of dependencies whose main function is to discuss, negotiate and co-ordinate with local and cantonal partners. Although interventions aim to maintain dialogue and ensure consensus, they also try to promote the commitment of cantonal authorities to decisions and strategies relating to policy in the field of drug addiction.

The FOPH therefore must above all define actions aimed at the "platforms" which reflect the Confederation's position. This requires prior internal collaboration with the police (OFP) and the social security (OFAS) in order to develop a common vision. Collaboration with the police and the social security also means maintaining this joint responsibility for the federal administration's drug policy. Furthermore, each co-ordination platform has its own objectives, determined according to its sphere of influence.

The priorities of the FOPH (1998-2002)

To optimise the co-ordinated and operational functioning of various commissions and platforms, mainly the Conference of Cantonal Delegates for Problems of Drug addiction and the National Liaison Committee for the Field of Drugs.

External appraisal of experts and the evaluation

The experts note the importance of "platforms" supported by the FOPH, and particularly of their participants who, once back in their respective cantons, translate and adapt the four-pillar model to the local context. For this reason, the experts support the continuation of these co-ordination efforts.

Nevertheless, the many "platforms" and their different statuses and levels of intervention make it very difficult to define the division of work. Going to extremes, one could even suspect the FOPH of acting rather like a "grey eminence", which tries to manipulate others. Furthermore, the experts suggest that unless the FOPH takes better account of cantonal reservations which may emerge when innovative political proposals are made, its mode of action may appear authoritarian rather than consensual.

Although the consultation carried out through these "platforms" is appreciated as a democratic principlen, this co-ordination mechanism gives an impression of "large-scale disorder", and risks having to deal with far too much information at the same time, or at least without really having the structural means to do so.

Consequently, priorities should be established in this field in order to reduce the number of co-ordinating authorities. Furthermore, more sustained attention should be paid to maintaining contact with traditional bodies of legitimisation (federal chambers and cantonal parliaments).

Prevention of addiction among non-Swiss population groups

The FOPH's Migrants-Health Project was established in 1991, within the framework of the strategy to combat AIDS, and the extension of its activity to problems of dependence was decided in June 1995. In 1996, a "Migration Service" was set up within the Principal Division for Addiction and AIDS.

An assessment of projects to prevent drug problems among Italian, Spanish and Portuguese populations is featured in the 1990-1996 evaluation report. It indicates that these prevention activities, financed by the FOPH, generally went well, being implemented by the communities themselves. A detailed evaluation of the Migrants-Health Project's activities in the AIDS-prevention field<sup>9, 10</sup> also stresses the importance of anchoring activities in existing community networks. This evaluation also raises the problem of a potential burden on mediators working among these communities. Identified as resource-persons, they have increasingly been asked about problems which go beyond AIDS prevention alone, such as questions linked to drug use, which they were not always able to answer.

Conclusions and recommendations of the 1990-1996 evaluation

The Migration Service was only created in 1996, at the end of the reference period of the last evaluation report concerning the Confederation's measures to reduce problems relating to drug addiction. There were therefore no specific conclusions or recommendations for this field.

Although the experts praised the virtually exhaustive representativeness of the "platforms", they regretted the lack of representation of the judiciary, and of judges in particular.

The goals and targets of ProMeDro (1998-2002)

In this field, the FOPH has two goals:

- to give the non-Swiss communities concerned access to prevention of AIDS and of addictions, carried out in parallel by sections of the FOPH's Principal Division for Dependencies and AIDS;
- to make the authorities and institutions involved in the health field aware of the question of migrants. Consequently, the FOPH's two main target groups within this field are the foreign communities and Swiss health-care institutions. However, it should be added that the Migration Service, due to its function as a transversal service, also targets collaborators and units of the FOPH.

Formulation of actions to prevent dependencies among non-Swiss population groups

The operations of the Migration Service are transversal to several fields: AIDS prevention, and the prevention of depending on legal and illegal drugs. Consequently, it "initiates, manages and encourages" projects in these different fields. In parallel, it tries to sensitise, motivate and involve the FOPH's political and institutional partners to include the issue of migrants in their activities. The FOPH's role is therefore to co-ordinate the various local, cantonal and national initiatives, and to make its skills available.

Prevention aimed at migrants is based on a demand for equal access rather than on the concept of a specific risk. Measures among foreign population groups are therefore conceived to be prevention towards subgroups of the general population.

Planning for the prevention of addiction among non-Swiss population groups (appendix 3a)

Planning is based on two central themes: the activities of the Migrants-Health Project and activities carried out directly by the Migration Service.

The Migrants-Health Project is an extension of the Migration Service, attached for administrative reasons to the Basle Institute of Tropical Medicine. Within the framework of the Project, the FOPH calls on external experts who work directly with the communities, recruiting and training non-professional mediators, translating and adapting educational materials, and providing information about prevention and care structures. The Migration Service itself carries out a coordinating and supervisory role nation-wide, making the authorities aware of the specific problems of migrants, and supervising external experts. All in all, the Project primarily aims to provide communities with better access to prevention, while the Service aims to reduce the institutional obstacles to prevention, treatment and harm reduction which are encountered by foreign population groups.

The priorities of the FOPH (1998-2002)

No priority directly concerns the field of migrants in the reference document<sup>1</sup>.

External appraisal of experts and the evaluation

The analysis of the situation in the field of non-Swiss population groups is relevant, comprehensible and clearly explained. The concept of the Migrants-Health Project has already proven itself in the field of the AIDS, but it remains to be seen how far this approach can be transposed to the field of addictions. The broadening of its scope to include questions of legal and illegal drugs, and even other health issues, may also cause difficulties due to its limited resources. An extension of the specified tasks of mediators may cause problems due to the risk of excessive burden, mentioned above.

The two types of intervention defined by the FOPH seem to be consistent and relevant with regard to its definition of its role, but the strategy and measures envisaged to attain its objectives are still not sufficiently detailed. More elaborate planning which includes intermediate objectives for ProMeDro would therefore be desirable.

### Overall conception and planning

The transversal objectives of the ProMeDro program

Evaluation of the conception and planning of ProMeDro began in spring 1997, although no official document precisely defining the strategies and objectives of the program was yet available. Only four transversal "tasks", which have evolved over time, delimited the role and action of ProMeDro's fields of intervention. The priorities of the FOPH for the 1998-2002 period were published in October 1998, and mainly concern fields rather than the overall program.

The evaluation's task was therefore to bring out certain main objectives in order to yield an initial glimpse of the program's overall concept. This update proved to be essential, as it represented the very subject of the evaluation. Furthermore, it allowed the evaluators, as well as the program's collaborators, to "interpret" the action as a whole, considering its transversal aspects, and particularly those factors which unify and animate the various fields of intervention and their existing or potential links and synergies.

Thus, on the basis of an inventory of objectives belonging to specific fieldso, the evaluation grouped them into "families of objectives" in order to identify the common aspects of the program. This grouping yielded a series of transversal objectives, common to several fields of intervention, and therefore relevant to an overall evaluation of the program.

This model represents the program's main objectives, and presents, by field, a summary of all the objectives mentioned during the inventory. The titles should be interpreted quite broadly, as each includes a series of sub-objectives belonging to the fields.

The objectives of this overall theory of action are divided into three categories: immediate, intermediate and final objectives. These categories succeed each other according to a logic of cause and effect: immediate objectives are pursued directly, without passing through any other stage; intermediate objectives are required to reach more ambitious objectives, etc. The main objectives in these categories are as follows:

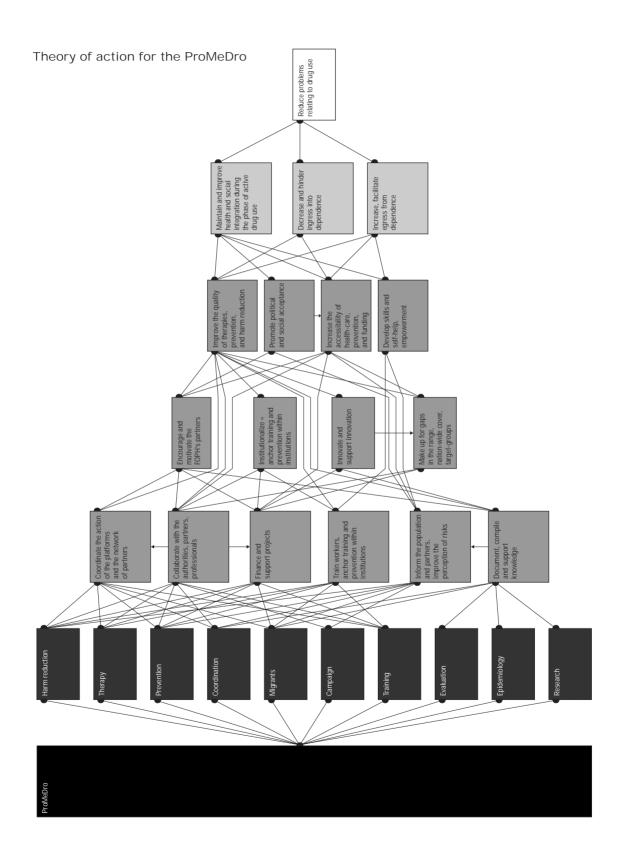
- Immediate objectives
   to coordinate the actions of "platforms" and the
   network of partners; to collaborate with authorities,
   partners, and professionals; to fund and support
   projects; to train workers; to inform the population
   and partners, improving their perception of risks; to
   document, compile and support knowledge.
- Intermediate objectives to **encourage** and motivate the partners in the action; to **institutionalise**, anchor training and prevention within institutions; to **innovate** and support innovation; to **fill gaps** in coverage, provide nation-wide coverage, and reach target groups.
- Final objectives
   to improve the quality of therapies, prevention,
   harm reduction; to promote political and social
   acceptance of the intervention; to increase the
   accessibility of care and prevention, and provide
   funding; to develop competences for self-help and
   empowerment.

These main objectives indicate how the FOPH plans to attain ProMeDro's three goals, which are as follows:

- to maintain and improve the state of health and social integration during the phase of active drug use;
- to decrease and hinder ingress into dependence;
- to increase and facilitate egress from dependence.

The purpose of this program is to **reduce problems relating to drugs**.

In the form of the preparation of a theory of action by field of intervention (appendix 3a).



The modes of action stated by the FOPHP and the overall theory of action can be compared. The model includes the four modes of action described in the ProMeDro presentation document: by grouping the objectives **informing** and **documenting** the first mode of action "Information and documentation" is obtained; the objectives **funding** and **innovating** are grouped in the second mode of action, "Promotion of tested models and instigation of innovation", etc. On the other hand, the harmonisation recommended in the third mode of action "Co-ordination and harmonisation" is not explicitly featured in the overall theory of action, although it was mentioned by the collaborators during workshops, and even if it is perhaps implied in the objective **encouraging**.

This overall theory of action was drawn up in May 1998, and a striking convergence emerges between the order in which the modes of action are presented, and the development of the Confederation's actions with passing time. At the beginning of the FOPH's intervention in 1991, the theory of action was to have focused on information and documentation. Support for innovation came rapidly thereafter. Subsequently, the Confederation's "non-authoritarian and noncentralist leadership" was progressively allowed and even requested by the cantons, and in 1995-1996, the action was oriented towards co-ordination and incentives.

Once these three elements were well-established and well "broken in", two new priorities emerged for 1998-2002: to maintain and consolidate what had been achieved, and to organise interventions relating to the management and improvement of quality in the forth-coming period. An approach of this kind has already been initiated within the FOPH, but has not yet been co-ordinated with those initiated by other partners pursuing the same objective.

The overall theory of action also makes it possible to reveal transversal objectives featured in neither the modes of action nor the priorities stated by the FOPH. The objectives **training**, **institutionalising**, **promoting acceptance**, and **developing skills** can therefore be identified with the help of this tool as transversal aspects of the FOPH's action, which are not yet featured in the reference documents.

P Information and documentation; promoting tested models and encouraging innovation; co-ordination and harmonisation; promotion of quality.

# Conclusions and recommendations

The conclusions and recommendations are presented in accordance with the evaluation questions selected by the FOPH and the UEPP for the conception and planning of ProMeDro.

On what is ProMeDro based (which needs are identified; which analysis of the situation)?

Thanks to the high degree of knowledge concerning drug abuse problems in Switzerland, acquired by the FOPH's collaborators within the framework of MaPaDro, the analysis of the situation and the needs identified are on the whole pertinent. The FOPH currently possesses important know-how and a substantial quantity of knowledge which provides the basis for measures planned within the framework of ProMeDro. Furthermore, the FOPH has developed a network of key informants and relays, enabling it to gather information from other actors involved, and to adjust its strategy accordingly.

The analysis of the situation and of needs, as presented in the concept of ProMeDro, is nevertheless sometimes too exclusively focused on the FOPH's activities and fields of interest. Moreover, a critical assessment of past activities could also make it possible to avoid reproducing previous errors, particularly those made by concentrating only on specific sectors of a field of intervention. For example, not enough attention is paid to certain weaknesses in co-ordination at the federal level, in spite of the fact that this is one of the FOPH's key roles.

The emergence of priorities in most fields is a positive aspect, but the links between the analysis of the situation and the statement of these priorities are not always very explicit.

#### Recommendations

- The analysis of the situation and of needs must be a constant concern for the FOPH. It must not only include interventions by other players, but also aspects of co-ordination at the federal level and within the FOPH itself.
- To optimise this analysis, and because it is relatively distant from the field, the FOPH must be careful to maintain and strengthen its policy on information gathering and dissemination, and must also maintain co-ordination at all levels. The FOPH must also ensure that the measures concerned (Spectra, FOPH and INFOSET DIRECT Internet sites, etc.) and planned (REITOX, research repertoire, etc.) have the means to support continuous analysis.
   Within the framework of this information and co-ordination policy, objectives, roles and the connections between various "platforms" should be more clearly defined.

What is the relevance of general goals by field?

Compared to MaPaDro, the overall goals of ProMeDro and of each field of intervention are defined with more precision and consistency. The only exception is the field of therapy, whose conception and planning seemed to be more consistent before.

Generally speaking, the sequential objectives of the fields of intervention, and particularly of the three pillars for which the FOPH is responsible, all converge towards the general goals of ProMeDro.

The connection of certain fields with the pillars is sometimes insufficiently conceptualised, although it was clarified during this phase of the evaluation, particularly after presentations of intermediate results which enabled some FOPH collaborators to situate themselves better in relation to the overall action of ProMeDro.

#### Recommendations

- There is a risk, mentioned during one of the presentations of intermediate results, that the FOPH should take into account: that ProMeDro may primarily be nothing more than an accumulation of fields of intervention, with synergetic factors insufficiently developed. The complex structure of the FOPH requires a major effort of internal co-ordination. This should help stop collaborators from pursuing goals within their respective fields which only partially or indirectly fit in with the general goals of ProMeDro. Such a co-ordination effort is particularly desired between the three pillars of the federal policy for which the FOPH is responsible.
- A document dealing with the conception of interactions between various fields of ProMeDro could also be useful to other players working in the field of addictions, particularly at the cantonal level. This planning document could also include a section listing the achievements and interventions the FOPH expects of external players. Such an approach could also make it possible to strengthen the non-authoritarian leadership of the FOPH.

Which groups are targeted by ProMeDro?

The range of groups targeted by ProMeDro, both the various types of consumers of drugs and the various actors in the field of drug addiction, is adequate and should help strengthen the relevance of an overall approach to drug problems.

The FOPH's progressive transition from a logic of action (MaPaDro) towards a logic of co-ordination (ProMeDro), and the progressive slide of its intervention towards the level of cantonal or regional players, proves to be relevant. It is however desirable that these elements be complemented, as is the case at present, by an action to support and motivate the grass-roots, carried out through co-ordination and promotion centres (COSTE, RADIX, OSEO, etc.).

With regard to gaps, young adults seem to be insufficiently taken into account by the FOPH's prevention actions. In the same way, private physicians, who care for a great many drug users, are not a priority target of the FOPH's actions. These gaps are the outcome of priorities determined by the FOPH, and these choices should be more clearly explained. Furthermore, the actions of other players involved with these target groups could be inventoried by the FOPH (for example, the FMH for physicians), and could be integrated into a transparent needs analysis. Finally, in view of the scale of the prescription of methadone, information and support concerning this sector should be reinforced.

## Recommendations

- The FOPH should take care to better explain its choice of priorities. It should also carry out a synthetic analysis of the actions of other players involved, particularly in sectors where it is not planning to take priority action.
- Working with agents to whom it delegates allows the FOPH to reach a broad audience, difficult to reach without intermediaries: this approach must therefore be encouraged and broadened. These actions of delegating must also allow the FOPH to gather information concerning actions to combat drug problems, and to participate actively in the national coordination of the fields concerned. An annual inventory of interventions and co-ordination efforts in each sector must be one of the routine activities of a national promotion and coordination centre: the means required for this task must therefore be provided.

Is it reasonably possible to attain these goals by means of the proposed measures, and if so, how quickly?

Although none of the interventions planned seems to endanger the final goals of ProMeDro, a fact which attests to its overall consistency, The concrete measures are only rarely defined in a succession of objectives and priorities. It is therefore difficult to say today whether the FOPH's self-imposed goals could be reached by 2002. Modifications in the political, social and economic environment may also occur, influencing the results of ProMeDro.

The construction of theories of action has made it possible to highlight, with the FOPH's collaborators, the sequence of immediate, intermediate and final objectives, and thus to specify the interventions necessary to the success of the action. The monitoring of interventions and the attainment of immediate and intermediate objectives will subsequently make it possible to note the relevant factors which contributed to attaining the final objectives.

Generally speaking, the attainment of these goals requires the continuation of a major political and financial commitment by the Confederation.

# Recommendations

- It would be very useful for FOPH collaborators, as well as for evaluators and certain external partners, to have a detailed planning document available (annual assessment, readjustments, definition of priorities, etc.). This could also serve in the event of change of FOPH collaborators. In such situations, the transition, and therefore the transfer of knowledge and responsibilities, has not always been optimal.
- The development of future scenarios, such as those involving a possible budget cut for ProMeDro, could help the FOPH to define the main priorities of its actions according to its role as a federal player.

Have any criteria for success been defined? Can they be evaluated?

At present, there are no explicit criteria of success, and implicit criteria of success are often based on hindsight.

In theories of action, the development of immediate and intermediate objectives should facilitate a transition to more explicit criteria.

It should however be noted that if they are attained, priorities and the objectives related to such priorities, as well as long-term goals (as defined in ProMeDro), could be seen as criteria of success.

### Recommendations

 The evaluation accompanying ProMeDro must be continued in order to better outline criteria of success, both by field and for ProMeDro as a whole, which are accepted and recognised by the FOPH.

Can ProMeDro be adequately integrated into the range of measures taken by other partners in Switzerland (cantons, organisations, institutions)? Under what conditions?

ProMeDro fits adequately into the range of measures taken in Switzerland by other partners. This good integration of the FOPH's actions also results from the use of many information channels, either established or used by the FOPH.

However, certain fields remain in which integration could be improved, due particularly to the FOPH's distance from the field, mentioned above. The transition from a logic of action to one of co-ordination (with some of its current gaps) partially accounts for the occasional resurgence of this distance from the field. Moreover, the FOPH's decision to take action on all fronts does not make the optimal integration of all fields any easier.

# Recommendations

- To maintain and strengthen the adequacy of its interventions, the FOPH should work more often with direct partners (pp. 96-97). If the FOPH, in a logic of co-ordination, primarily intends to take action at a higher level (cantonal and regional), it should set up various delegations and collaborations to ensure that information from the grass-roots reaches it in a satisfactory way (p. 89).
- When it delegates part of its role as national co-ordinator to other players, the FOPH should maintain sufficient control and follow-up to ensure the effectiveness of the intervention planned with those to whom it delegates (p. 89).
   In the future, it should further clarify the role which the FOPH intends to play in the field of drug addiction, in order to allow other players.

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# Evaluation of the implementation and outputs of ProMeDro

The second and third parts of the overall evaluation of ProMeDro deal with: (1) the junction between its design/planning and execution; (2) its actual implementation and initial results. The evaluators used three complementary approaches (cf. method below): first, they analysed the FOPH's main activities; they then developed a system of indicators that allowed the program's evolution to be followed; finally, they examined various studies allowing certain aspects of its implementation and outputs to be grasped more easily (appendix 1a).

# **Objectives**

The junction between design/planning and implementation is an essential factor in evaluating a public policy. Hypotheses are transposed into concrete activities at this level, where the implementers have to face a real social environment. Implementation is therefore liable to have a major impact on a program's outputs. Moreover, the concrete expression of the FOPH's measures involves the emergence of initial outputs which should be assessed in relation to hypotheses developed during the design/planning stage.

# Method

The evaluation of the program's implementation includes a section describing the actions carried out within the framework of ProMeDro. This stage reveals the extent to which design and planning is actually being implemented. Due to the broad scope of the overall evaluation, it is important to distinguish externally-evaluated implementation factors from those which can be evaluated internally (self-evaluated) on the basis of a series of indicators (cf. below).

In practice, the implementation and results of ProMeDro were evaluated in three stages:

# Synthesis and analysis of documents relating to activities in progress

The documentation system introduced by the UEPP made it possible to carry out a descriptive synthesis of the main stages in the program's implementation. This information was rounded off by telephone interviews with FOPH collaborators and their main partners, including those responsible for delegated activities. The interviews were intended to describe some of the measures currently being executed and their outputs. Data relating to indicators (cf. below) sometimes come from similar sources of data, such as external evaluation reports.

# · Revision of the system of indicators

A range of indicators was drawn up on the basis of the FOPH's concepts, and of the objectives (n = 307) developed during the execution of the theories of action (pp. 15-42, appendix 3a). Indicators were selected for each field of ProMeDro on the basis of the following criteria:

 in each of the field's sectors of activity, at least one process and results indicator that is located at two key points of the logical chain (e.g.: if the objective is to multiply projects within the frameworkprogram, the process indicator is the number of projects);

- a selection of indicators denoting a transition from one stage to another (e.g.: if the stated objective is the creation of a manual, the answer is in yes/no form);
- when no indicators are available, they are replaced by process evaluation questions (e.g.: if the objective is to improve the quality of treatments, what role does the FOPH play in supporting and developing the quality process in the field of therapy?).

Following this evaluation phase (1997-1999), indicators and process questions will all be re-evaluated with the FOPH in order to determine which will be maintained and followed over the long term, for both external and internal evaluation (self-evaluation).

 Integration of the results of studies carried out by the UEPP (partners, agents, police, etc.)

For the whole of ProMeDro, rather like reconstructing a puzzle, the overall evaluation integrates data gathered by the UEPP into each field (appendix 2a). For example, the "partners" survey provides and completes the information relating to process and result indicators, as well as other information about ProMeDro's environment. The study of modes of delegation also rounds off information relating to process and result indicators. Finally, study of the police's health work mainly relates to the junction between the three "health" pillars of the federal policy and the "police" pillar.

# **Evaluation questions**

- How is the FOPH organised to implement ProMeDro?
- Which actions are carried out, and what are their intermediate results (output)?
- What control does the FOPH have over the development of its actions?
- What problems are encountered, and how are they overcome?

These evaluation questions relate to ProMeDro as a whole. Their answers can be found in pp. 76-78. Evaluation of the implementation and of results by field (cf. below) used an analytical framework based on the four evaluation questions:

- how is the work (the implementation of actions) distributed?
- which actions are carried out, and what are their intermediate results (output)?
- what control does the FOPH have over the development of these actions?
- what problems are encountered, and how are they overcome?

Finally, conclusions and recommendations relating to each field are presented. As in the design/planning section, ProMeDro's three pillars are considered as priorities in terms of evaluation.

# Structure of "the implementation" chapter according to fields of activity

The implementation and results of ProMeDro's fields of activity (pillars and supporting measures) will be described one by one, in accordance with the framework of analysis mentioned above:

Theme	Main sources
In concrete terms, how is the FOPH organised to implement actions (breakdown of internal and external work [with which partners])?	Design interview, concepts of fields, documents relating to the field
What actions are undertaken in the field, and what are their results (outputs)?	Field documents, "partners" study, "delegation" study, external evaluations
What control does the FOPH exercise over the action's development?	"Delegation" study, external evaluations, field documents
What problems are encountered in the field, and how are they overcome?	"Delegation" study, "partners" study, external evaluations
Conclusions and recommendations relating to the field's implementation	The UEPP's appraisal, based on various sources of available information

#### Prevention

How is the FOPH organised to implement the field of prevention?

Several FOPH collaborators are involved in the field of prevention. First of all, there is the prevention officer from the drugs intervention section, who is responsible for supervising several framework-programs (RADIX, Le fil rouge, Drogue ou sport, Voilà), in addition to prevention activities carried out within the framework of supra-f and various other projects involving the FOPH. Another collaborator, responsible for operations in schools, is also involved. Assigned to the alcohol and tobacco section, he essentially deals with the Ecoles et santé (Schools and health) framework-program and the REES projecta. This collaborator has also helped to organise a musical about prevention and health promotion, entitled Band in Palace. The training officer in the drugs intervention section is responsible for the French-language version of the Ecoles et santé program. He also used to manage the school mediators project. Finally, other collaborators are also involved in the field of prevention: they are attached to the immigration department (Project Migrants-Santé, Internetz), the campaign department (project Funtasy), the AIDS section and the alcohol & tobacco section.

These collaborators all participate in Youth & health, one of the FOPH's internal groups, which serves as a forum for information and co-ordination between the various prevention activities aimed at young people. This group has also published a brochure entitled "The FOPH's prevention programs for youth" 1, which presents the FOPH's strategy, as well as its various programs and prevention projects.

As a rule, the implementation of projects and programs is delegated to external agents. For example, the RADIX foundation is responsible for managing prevention activities in municipalities and districts, based on a mandate to promote and fund drug-prevention projects. The same institution is also responsible for co-ordination within REES. Lucerne's HFSb also carries out two tasks: the first involves the continuation and anchoring of the Schulteam project (prevention in schools), and the second the implementation of the Le fil rouge program (prevention in hostels) in German-speaking Switzerland. The French-speaking version of this program is implemented by the Le fil rouge association, based in Yverdon. The VSDc is responsible for implementing the Drogue ou sport program in collaboration with the Ecole fédérale de sport de Macolin (EFSM), while the CSAJd implements the Voilà program (prevention within youth associations). Prevention within the supra-f project is co-ordinated by Pro Juventute, while the implementation of project Funtasy (prevention by youth, for youth) has been delegated to an organization bearing the same name.

Finally, the FOPH itself manages most of the Ecoles et santé (Schools and health) program. However, through its Health Education working group, the CDIP helps it to select projects to support.

Organisation managers participate once a year in a meeting (Erfa-Tagung) organised by the FOPH. Such meetings involve exchanges of information, the presentation of projects, and consideration of issues affecting all aspects of prevention activities (anchoring, quality, collaboration, etc.).

The mandates linking agents to the FOPH vary according to projects and programs. An exhaustive description can be found in the final report of the delegation study<sup>2</sup> carried out by the IUMSP.

Réseau européen d'écoles en santé (REES) and Réseau suisse (RES-CH)

b Höhere Fachschule für Sozialarbeit

verein Sucht- und Drogenfachleute.

d Conseil suisse des activités de jeunesse.

What actions are undertaken, and what are their results?

Several hundred projects have received logistical or financial support from the FOPH. In reality, each program or project supported calls on various resources and carries out various activities. These are summarised below.

# Setting: schools Ecoles et santé (formerly known as Santé Jeunesse)

This framework-program has a budget of SF 4 million for the 1997-2002 period. Following the initial invitation to tender for prevention/health promotion projects in schools, fifty-four proposals were submitted, of which sixteen were given financial support by the FOPH. These very diverse projects are aimed at various target-groups (children, adolescents, teachers, etc.), and have various objectives (sex education, the anchoring of prevention in schools, suicide prevention, etc.) <sup>3</sup>. A second invitation to tender is currently in progress. It will lead to the selection of a new range of projects, which will receive support starting in the year 2000. Finally, it should be noted that schools supported by the FOPH's framework-program must belong to the European network for healthy schools.

# REES

The Swiss network for healthy schools (schools which aim to become settings for healthy life, and which sign agreements to this end) currently comprises more than a hundred units<sup>4</sup>. It should nevertheless continue its development and make up for some of the gaps in its geographic coverage. The co-ordination provides such services as logistical support (information, meetings, documentation) and possible financial support<sup>e</sup>. In 1997, thirty projects were supported, costing a total of SF 103 955<sup>5</sup>. The project's overall annual budget is about SF 440000.

### Schulteam

This project aims to detect problems in schools at an early stage. Twenty-two schools are currently taking part in it, and are receiving financial support from the FOPH. The initial budget for the 1995-1999 period, including the agent's operating costs, was SF 874000. The objective was to duplicate, in at least twenty schools, a model that has proven itself in Lucerne. Once this phase was over, a new contract worth SF 250000 was allocated to anchor existing projects in schools. In this case, the aim is not only to ensure the long-term survival of projects beyond the subsidised period, but also to document such a project-anchoring phase for the first time.

# Setting: Hostels and homes for adolescents

The framework-program Le fil rouge has existed since 1994. The total budget for the 1994-2001 period is about SF 2 million, evaluation included. In 1996, its training and counselling involved nearly half of Swiss institutions for children and adolescents, and had a good reputation among the managers of such institutions<sup>6</sup>. In 1998, after the introduction of new agents whose strategies differ according to linguistic regions, the project's services involved some seventy institutions in French-speaking Switzerland<sup>7</sup>, while the Germanlanguage division established three-year collaboration contracts with twenty-three institutions<sup>8</sup>.

# Setting: Youth associations

Voilà, a framework-program which aims to introduce prevention into the activities of youth associations, has been supported by the FOPH since 1997. It has been allocated SF 1530000 until the year 2000. By late 1998, fourteen cantonal projects were in place, whereas the contractually-targeted objective for the year 2000 is twenty cantonal projects. In the current state, the budget allows the contract to be extended until 2004, but only to fund the co-ordination structure. Cantonal projects should be funded by other sources.

Max. SF 5000 per annum, and not more than 50% of the overall costs of a project

# Setting: Municipalities and districts

The framework-program to promote and fund drug prevention projects has been awarded to the RADIX foundation. The program has existed since 1993, and its initial phase ended in autumn 1998. During this period, it received an allocation of SF 3,6 million. In 1997, some SF 400 000 was used to promote 324 prevention projects. Theatrical productions have always been its main activity. In 1998, RADIX also organised the national prevention exhibition, held in Bienne. A new framework-contract for the 1998-2001 period, worth SF 2 million, was signed in 1998. Apart from renewing the program's past activities, this new contract provides for RADIX's involvement in choosing and promoting a few proven prevention models or projects throughout the country.

# Setting: Sports

The Drogue ou sport (Drugs or sport) framework-program has hitherto had two objectives: to promote sports in institutions that look after drug users, and to develop prevention in sports clubs. Over the last three years, the program has received SF 250000 per annum from the FOPH. Various forms of training, advice and logistic and financial support were allocated in 1997 and 1998. The FOPH intends to reorganise the program again, turning to Macolin for training modules and advice and asking the Swiss Olympic Committee to support prevention projects in sports clubs.

# supra-f

The "prevention" aspect of this project has a budget of SF 7325000 for the 1998-2003 period. Originally, supra-f aimed to propagate a standard structure for secondary prevention and the care of youth. This idea has been abandoned, and fourteen different projects have been selected after an invitation to tender, although this figure could still rise by one or two units. Each of the chosen projects has received SF 50000 for a preparatory phase, and the first projects were to commence their activities in the late summer of 1999 (pp. 63-65).

# Other projects

The FOPH is still supporting several other projects. One of them, Funtasy, targets prevention by young people themselves. It is gradually developing in Germanspeaking Switzerland (and to a lesser extent in Frenchspeaking Switzerland), and will have a budget of about SF 400 000 per year until the year 2000 at least. However, even more time will be required before its real results become known. The FOPH also intends to support the updating and distribution of a brochure entitled Mon enfant aussi, and is currently supporting several regional prevention projects and networks.

What control is exercised over the development of the action?

As mentioned above, each project or program represents a specific arrangement between the FOPH and one or more agents. However, three models currently in use should be noted: the first is based on collaboration between the FOPH and another national player with a high degree of legitimacy in relation to the setting in question (e.g.: the Ecoles et santé programme, the future sports programme, and supra f – at least partially). Arrangements such as these are characterised by invitations to tender, and by the selection of projects on the basis of criteria predetermined by the FOPH and the "legitimised" agent. They are also characterised by a desire to put subsidised projects in contact with each other in networks, and by relatively long-term planning. Another model involves choosing a partner, either by invitation to tender or by proposal, to manage a program or project which the FOPH wants implemented. In this event, the FOPH issues or approves guidelines, which are subsequently laid down contractually, and oversees activities, generally by means of annual reports or evaluation reports. Finally, some institutions can call directly on the FOPH for support. As a rule, each project or program is expected to be innovative and/or proven. They are monitored by means of various reports and/or steering groups. Each of these models involves the FOPH's participation and differentiated control2.

Most of the prevention programs and projects in which the FOPH is involved are subject to external supervision or evaluation. This applies to the Ecoles et santé program (program evaluation), the Schulteam project (evaluation of the initial phase), Le fil rouge (evaluation), REES (evaluation), Voilà (support), Funtasy and several other projects funded by the Ecoles et santé program (quality procedures). Furthermore, RADIX has funded an evaluation of the program to promote and fund drug-prevention projects, and has carried out an evaluation of the national prevention exhibition. The supra-f project could be partially evaluated using data produced by its integrated research module, while the Drogues ou sport program has not been evaluated for several years.

# What problems are encountered?

Two problems have been identified in the overall implementation of the prevention policy: the choice of the agent, and the development of a policy based on the concept of framework-programs. These two factors are connected: if no agents capable of carrying out a national policy are available, the practical implementation of a framework-program can be compromised.

It should be noted that several programs (Santé Jeunesse – Ecoles et santé – Le fil rouge, Drogue ou sport) have already undergone one or more changes of management, as some agents have proven unable to implement the objectives set by the FOPH. The choice of an agent is therefore crucial, and it is particularly important that programs be managed by people who can really implement them in practice. Interim arrangements, causing inadequate agents to be chosen for want of better, have not proven very satisfactory. In fact, one of the prerequisites for establishing a framework-program is probably an agent who can both legitimise the FOPH's operations and provide a national support infrastructure.

The concrete expression of a strategy dependent on the development of framework-programs is also difficult, due to the required harmonisation of practices which have hitherto been mainly based on nothing more than a concept. However, until such a concept is precisely transformed into selection criteria, methods, development modes, administrative practices, etc., it will be difficult to integrate all of the FOPH's actions into an effective and consistent policy focused on such concepts as settings and framework-programs.

# Conclusions

In the field of prevention, the FOPH essentially operates through framework-programs and projects. In all, the FOPH provides logistic or financial support to several hundred operations in the field. In particular, its participation is increasing social and political acceptance of this field of activity in Switzerland<sup>9</sup>.

In this field, where opinions often diverge and knowledge is incomplete, the generalisation of support and evaluation procedures also appears to be particularly important. The compilation of data about prevention and its effects is therefore of primordial importance. The existence of an effort to carry out fieldwork (supra-f) should therefore be commended, although the evaluation reveals that its design has many weaknesses which may greatly compromise the quality and usefulness of its results.

At the end of the evaluation period, it is evident that the FOPH's prevention strategy is entering a phase of harmonisation, particularly through such concepts as "Settings", framework-programs, and Früherfassung (early detection of problems). Nevertheless, to become really effective, this strategy should be made even more specific. Moreover, it is extremely difficult to evaluate the combined effects of programs and projects with such varied ends and means. However, let us acknowledge that the conceptualisation effort that is currently being made by the FOPH is also making its activities more transparent and intelligible.

#### Recommendations

The first recommendation relates to the development of the FOPH's current strategy. The establishment of the Jeunesse & santé co-ordination group within the FOPH should make it possible to define a more consistent and transparent prevention policy. The FOPH's current approach should be continued, requiring the definition of ways to implement framework-programs. It is necessary to define: the type of agent or partner; the organisation of support and subsidies, and access to them; the duration of programs; the co-ordination both between and within programs; the application of program results; etc. Among other things, the FOPH's support policy would stand out more clearly. This standardisation process must first meet with consensus within the FOPH before it is opened up to the experts and practitioners who must necessarily have to be involved in it.

The choice of agents is pivotal, as the FOPH often cannot intervene directly in settings which fall within the scope of cantonal policies. It is therefore important to find players who can overcome these obstacles, and who agree to implement public health policies within the framework of their own activities. Over the long term, it may prove more effective to locate and lobby partners who have the qualities required to manage a framework-program than to prematurely choose agents who may like to intervene but who do not have the necessary qualifications.

The FOPH should continue to promote innovation in the field of prevention, as this makes it possible to support projects which do not directly fit in with the strategy of framework-programs. The existence of such occasional support seems to be essential if a degree of diversity and flexibility towards fieldworkers is to be maintained.

Finally, evaluation and research in the field of prevention must be continued in order to allow the progressive development of *Guidelines* governing this field in Switzerland.

# Therapy and treatment

How is the FOPH organised to provide therapy?

Several collaborators in various sections of the FOPH are responsible for the field of therapy. A large proportion of work is delegated to external partners (cf. below).

The FOPH's actions in this field fall into three sectors: residential, prisons, and out-patients (which includes methadone substitution treatments and the prescription of heroin under medical supervision). Actions in these sectors aim to fund the range of treatments, and to improve their accessibility, integration and quality. The nature and scale of the FOPH's commitment differs from sector to sector:

- in the residential sector, strong co-ordination, information and funding activities are carried out by the COSTEf co-ordination centre for residential therapies and the INFOSET DIRECT9 web-site;
- the most important operation in the out-patient sector is the continuation of support for programmes involving the prescription of heroin under medical supervision in order to ensure sustainability, as well as the continuation of research activity (pp. 63-65). The main activity relating to methadone substitution treatments is training (pp. 67-70) and exchange of information (pp. 62-63);
- in the prisons sector, incentive measures in collaboration with the Federal Office of Justice, and the preparation of recommendations and information materialsh.

f COSTE and INFOSET DIRECT were examined during the study of the FOPH's modes of delegation (pp.83-90).

<sup>9</sup> IINFOSET DIRECT provides extensive information about harm reduction, prevention, training, etc., to those working in the field of dependence.

h This sector is mainly dealt with in the chapter implementation harm reduction (pp. 54-58).

What actions have been taken, and what are their results?

# Residential sector

The COSTE co-ordination centre was created in October 1995 on the initiative of the FOPH, in collaboration with the Conference of Cantonal Directors for Social Affairs (Conférence des Directeurs cantonaux des Affaires Sociales: CDAS). Between 1996 and 1998, COSTE supported ten institutions for a total of some SF 1970000, either as start-up funding or as support for the development of new therapeutic conceptsi.

COSTE also participated actively in the creation of two umbrella organisations, one in German-speaking Switzerland (Schweizerischer Dachverband Stationäre Suchthilfe: SDSS) and the other in French-speaking Switzerland (Coordination Romande des Institutions et organisations œuvrant dans le domaine des ADdictions: CRIAD). These umbrella organisations also include players from the out-patient and alcohol sectors.

COSTE is not only very well-known, but is used and appreciated by the various partners working in the field of illegal drugs (pp. 83-98).

In 1998, as part of its activities to provide information, COSTE produced an index of institutions working in the residential field, thus complementing the information accessible through INFOSET DIRECT<sup>10</sup>.

FOS, the league for the evaluation of residential treatments for drug dependence, has formed an expert group for the QuaFOS pilot project in which COSTE is participating. Between 1995 and 1997<sup>11</sup>, a preliminary study was carried out of a model to gather data relating to quality assurance and improvement. The QuaFOS project is based on the results of this study, and uses a modular instrument to describe residential treatments (MIDES) <sup>12</sup>. The formulation of quality standards should be completed early in the year 2000.

The general situation in Switzerland

It is difficult to follow trends in the number of residential establishments with any precision, as successive inventories do not always use the same categories. According to the latest inventory carried out by COSTE, there are now 126 institutions, offering some 1950 places. By comparing these data with those published in the REHA 2000 report of 1993, an increase of 140 places for readjustment and residential withdrawal can be noted within a five-year period (1250 in 1993 and 1390 in 1998).

As far as the introduction of quality criteria is concerned, only the OFAS (Federal Office of Social Insurance) can develop and impose such criteria, in the name of invalidity insurance (AI). The Lstup limits the FOPH's role to co-ordination alone. In this legal framework, the FOPH therefore depended on COSTE and FOS to develop quality standards (cf. above).

# **Out-patients sector**

The FOPH has set up a working group called MedRoTox (Médecins Romands Toxicomanie). This is a training project (pp. 67-70) which also aims to facilitate access to information, to run the therapeutic network and to improve working conditions.

In this field, moreover, the FOPH is also continuing to develop national statistics on out-patient substitution treatments (pp. 62-63).

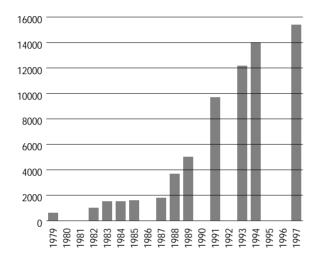
The general situation in Switzerland

The number of methadone treatments continued to rise between 1994 and 1997, increasing from 13985 to 15382 (figure 4a). The recent opening of new outpatient treatment facilities (in the Canton of Vaud, for example) shows that this type of treatment is being developed more widely by such facilities than by private physicians<sup>13</sup>.

For the 35 institutions which contacted COSTE with this type of request.

Figure 4a

Trends in the number of methadone treatments in Switzerland
(1979-1997). Source: FOPH



# **PROVE**

Since 1994, 1522 people have begun treatment involving the prescription of narcotics under medical supervision (March 1999 data). Of the 443 individuals leaving treatment whose data have been analysed, 30% received treatments based on abstinence, while 37% received methadone<sup>14</sup> treatment.

The number of people taking part in PROVE rose from 250 in 1994 to 1056 in 1998.

According to PROVE's final evaluation report, published in June 1997, the programme's main results were as follows:

- the medical prescription of heroin to the target-group specified for the study has proven to be sound, and can be done in a sufficiently safe way;
- the trials involved a highly-marginalised group of persons, dependent on heroin for several years, who had hitherto followed other treatments, either unsuccessfully or without improving their situation;

- the very high retention rate made it possible to achieve substantial improvements in the health and way of life of patients, often persisting after the interruption of treatment. The decline in delinquency was also substantial;
- these improvements also benefit the entire population (fight against infectious diseases and drug-related crime);
- in view of the very poor state of health of patients at the initiation of treatment, the annual mortality rate of 1% can be considered as relatively low;
- the socio-economic benefits of prescribing heroin under medical supervision are substantial, mainly due to the resulting reduction in expenditure pertaining to prosecutions, the exaction of sentences and the treatment of illnesses:
- these improvements are only achieved when the prescription of heroin is integrated into a broad programme of psycho-social and medical support for drug users;
- the same applies to the framework-conditions valid during the project. The safety of the participants and of the other persons concerned was guaranteed by appropriate supervisory measures.

Quality criteria are also currently being developed within the framework of PROVE, which is preparing standards relating to the nursing, social, medical and psychiatric care of patients.

Collaboration with the police, which is desired by the FOPH, is most extensively developed in cantons which are taking part in the PROVE programme (Zurich, St-Gall, Zoug, Lucerne, Bern, Basel, Soleure, Freiburg, Geneva).

The general situation in Switzerland

The urgent federal order relating to the medical prescription of heroin was approved by the two chambers of the Swiss parliament on October 9, 1998. A committee placed under the aegis of the Union Démocratique Fédérale (UDF) issued a successful request for a referendum, and the vote was held on June 13, 1999. The urgent federal order was accepted by 54.3% of voters. The FOPH implemented an extensive information strategy before the referendum, and its arguments were broadly disseminated among the various players involved in the drugs field<sup>5</sup>, as was the case before the two previous votes (Jeunesse sans drogue and Droleg).

How has the development of actions been supervised?

# Residential sector

The FOPH's supervision is based on regular contacts. However, these became rare when the FOPH collaborator responsible for this field departed, and was only replaced belatedly 15.

A supervisory committee meets four times a year to examine such issues as requests for financial start-up aid. However, the final decision as to whether or not to allocate aid is the responsibility of the FOPH management. In 1998, based on the recommendations of the external evaluation (cf. below), the supervisory committee carried out a study to redefine its structure and the roles or tasks to be assumed by its members.

The COSTE co-ordination centre has been evaluated for two years, since June 1997, by the Department of Social Psychology of the University of Zurich <sup>16</sup>.

# **Out-patient sector**

Apart from its involvement in training, information and epidemiology (national statistics on substitution treatments), the FOPH is not very active in the methadone treatment sector. Supervisory aspects are therefore not discussed in this chapter.

#### **PROVE**

The entire PROVE project was evaluated by both external evaluators <sup>17</sup> and WHO experts <sup>18</sup>.

What problems were encountered?

### Residential sector

In the residential sector, the main problem is the funding of institutions. In 1996, the OFAS attached new conditions to its funding: it required clients of institutions which it subsidises to present a medical certificate testifying to a health problem falling within the scope of invalidity insurance. In reaction to this measure, the FOPH asked COSTE to organise and implement two hearings with experts, and to draw up a report on the relationship between dependence and invalidity <sup>19</sup>. A legal assessment was also mandated by the FOPH <sup>20</sup>.

Due to the very precarious situation in this field, a request for a moratorium was submitted to Federal Councillor Ruth Dreifuss and to the Conference of Cantonal Directors of Social Affairs (CDAS). Moreover, a co-ordination group for the Funding of Therapies for Dependence (FiSu) was set up. It is responsible for developing a long-term funding system which can be accepted by the cantons and is rapidly applicable.

Due to the changes observed in the residential sector, which now seems to have a sufficient number of facilities, COSTE and its supervisory committee decided that start-up aid could also be allocated to existing institutions which are planning to make substantial changes such as adapting concepts, making qualitative innovations, and expanding or specialising services <sup>21</sup>.

Although institutions reserved for women respond to a need <sup>22</sup>, four such institutions had to close between 1997 and early 1999 (three of which had received financial support within the framework of MaPaDro). As a result, only four residential institutions specifically for women are left in Switzerland. Following a study funded by the FOPH <sup>23</sup>, COSTE felt that it would be preferable in the future to opt for facilities specific to men and women (to the latter in particular) within mixed institutions. Training relating to gender-specific health-care will also have to be improved.

# **Out-patients sector**

The FOPH has not developed many activities in this sector, apart from aspects of training, research, epidemiology and evaluation: problems relating to implementation are therefore dealt with in these respective chapters.

# **PROVE**

The WHO expert group's criticisms, some of which had already been made by the programme's opponents at national level (such as Jeunesse sans drogue), were not given much attention by the Swiss media. On the other hand, other countries relatively sceptical about this programme have extensively cited on this criticism to hinder the development of this type of treatment.

# Conclusions

# Residential sector

The priorities adopted by the FOPH in the residential field are relevant, and their implementation through COSTE is adequate.

The development of quality through the FOS is making progress due to the skills accumulated by FOS and the extent of its network throughout the country. The choice of the FOPH is optimal with regard to the two key players, COSTE and FOS.

However, the FOPH correctly anticipated neither the problems of funding residential institutions, nor the major change in OFAS policy in this field. Its limited role, defined by the LStup, did not allow it to act in a more directive way. It therefore had to depend on its external partner, COSTE, to try and correct its aim.

The umbrella organisations (SDSS and CRIAD) and the FiSu working group should play an essential role during negotiations with the OFAS on the funding of residential institutions. Their creation is therefore welcome.

The new approach to the problem of women in the residential sector has encouraged and supported the development of an integrated concept, thus matching the trend also observed in the field of harm reduction.

The prolonged absence and subsequent departure of the manager of the residential sector at the FOPH followed a period during which this field of the FOPH was particularly well-planned and implemented. Fortunately, the consequences have been relatively modest, as the FOPH was able to depend solidly on its external partners, which were very much in demand during this transitional phase.

# **Out-patient sector**

The FOPH dedicates only a small proportion of its resources and actions to the out-patient sector of methadone prescription. As already mentioned in our previous evaluation report, this is regrettable due to the large number of drug users who profit from this form of treatment (nearly 50%). It is made even more regrettable by the fact that improving the quality of substitution therapies is one of the priorities of ProMeDro (appendix 1b). It is difficult to see how this objective can be achieved without expanding the activities of the FOPH in this sector.

# **PROVE**

The encouraging results obtained by PROVE have largely contributed to the admittance of this form of treatment into the range of therapies. In this field, the FOPH's support for innovation has therefore been particularly successful. The population's acceptance of the urgent federal order has further strengthened this success (appendix 1c).

Criticism by the WHO's experts must be taken into account by the FOPH, particularly if it intends to develop other projects of the same scope.

Recommendations

# Residential sector

The FOPH should take care to maintain, or even strengthen, support for COSTE, due to its current key role in the residential sector. In particular, a share of the budget for institutional start-up aid could be directly allocated to COSTE.

The revision of the LStup, which is currently being prepared, therefore seems to be a priority for the FOPH, allowing it to strengthen its role as a key player in the field of public health.

# **Out-patient sector**

If the FOPH intends to play a leading role in the development of quality, as stated in the priorities of ProMeDro, it should strengthen its efforts on the prescription of methadone in the out-patient sector, as many drug users benefit from this form of treatment.

# **PROVE**

The FOPH would gain by examining the transfer of skills acquired within the framework of PROVE towards other sectors of therapy, such as the out-patient sector.

# Harm reduction

How is the FOPH organised to provide harm reduction?

In this field, the FOPH operates in three sectors: social, health and prisons. The nature and scale of its commitment differs from one sector to another:

#### · social

motivating and co-ordinating measures are delegated to the OSEO's promotion centre for Work and housing for users of illegal drugs;

# health<sup>k</sup>

this essentially involves exchanges of information, due to the existence of Drugs and AIDS, a working group created by the FOPH, and of the Conference of Cantonal Delegates for Drug-Related Issues (CDCT). In this sector, the action of the cantons is now predominant, as the FOPH played a major motivational role at the beginning of the AIDS epidemic;

# prisons

motivational measures, by funding evaluations of pilot-projects relating to risk reduction in prisons, and by exchanging information. The FOPH has also created a working group for the Promotion of health in prisons, which brings together the various players in the field.

What actions have been taken, and what are their results?

# Work and housing 24

The OSEO's promotion bureau mainly carries out activities involving:

- the evaluation of needs and of planning within the sector (about 15% of overall activity in 1998, decreasing);
- networking between existing facilities and partners (about 45% of overall activity, increasing);
- advice for the preparation of projects and support for the start-up of employment and housing projects (about 25% of overall activity, increasing);
- information, documentation and public relations (about 15% of overall activity).

J Which are managed by various FOPH collaborators.

k This mainly refers to the reduction of HIV/AIDS and hepatitis risks.

A manual for setting up subsistence aid centres was published in 1997<sup>25</sup>. Criteria for the allocation of start-up funding for new social projects have been drawn up, and the limits of such funding have been set (allocation lasting at most two years, corresponding to a maximum sum of SF 50000 a year, jointly funded by federal and cantonal authorities).

Between 1996 and 1998, some SF 1600000 were allocated to a total of thirty-three projects (table 4a), while another fifteen proposals were refused. In a more difficult labour market, with increased reintegration difficulties for drug users, the OSEO gave priority to employment projects, particularly in outlying areas (small cantons, the outskirts of major cities). The OSEO feels that the housing situation (especially emergency housing) has improved, and that the cantons generally make provision for it, although a small group of drug users is still in an extremely precarious situation. On the other hand, the need for day-care facilities has not yet been filled, leading to high demand for subsidies. Few requests concerning specific facilities for women reached the OSEO. However, each application for startup aid must consider the specific needs of women.

The general situation in Switzerland

No recent inventory has been made of the range of employment and housing facilities in Switzerland. Nevertheless, as the OSEO's promotion bureau is well-known, funding requests can be considered to be representative of the tendencies in facilities available.

# Harm reduction in the field of health

The FOPH's direct activity in this sector is currently limited. It essentially consists of exchanges of information within the Drugs and AIDS working group, which meets about four times a year. The group includes experts in the field of drug use and AIDS, who are involved in prevention, treatment, repression or research. It examines the main issues of harm reduction and subsistence aid, and adopts positions on them: it has already published and disseminated position papers on the prevention of hepatitis and the establishment of projects outside major urban centres <sup>26, 27</sup>. Finally, the group functions as an exchange for ideas in the field of intervention, but without having the capacity to finance projects.

Table 4a

Financial assistance 1996-1998

Field of activity	Number of projects	Type of project	Cantons	Amount
Work	14	Labour exchanges, casual jobs, protected workplaces	Bern (2), Freiburg (1), Neufchatel (2), Zoug (3), Zurich (6, of which 3 are outside Zurich's city limits),	642500
Housing	4	Supervised housing, house for patients on methadone	Argovie (1), Soleure (2), Glaris (1)	265 000
Day-care facilities	6	Reception facilities offering various comforts (coffee, meals, showers, etc.)	Neuchâtel (1), Ticino (1), Vaud (2), Zurich (2)	337 000
Specific facilities for women	3	Evaluation of a workplace, development of a concept of supervised housing, emergency accommodation	Basle rural areas (1), Zurich (2)	166 000
Prevention media	1	Comic books for the prevention of hepatitis	Bern	14650
Miscellaneous	5	New manual, workshops, research on injection conditions		165 450
Total	33		11 cantons	1590600

Although only in a marginal way, the FOPH is still participating financially in the start-up of several local projects in the field of harm reduction relating to HIV! It has also independently developed the Harm reduction cards project. This involves small information cards on various themes of harm reduction, which have been very successful. Finally, in an action aimed at municipalities, it is currently promoting the installation of automatic syringe distributors.

The FOPH maintains regular contacts with the joint FOPH/OFP working group on the police (ZUPO), and with the Swiss society of pharmacists (with which it has carried out a survey of the commitment of pharmacists to harm reduction among drug users).

# The general situation

Most harm reduction activities in the field of HIV and hepatitis are carried out by the cantons. The continuous monitoring of the availability of injection equipment makes it possible to assess changes in the situation since 1993<sup>28</sup>.

Low-threshold facilities (SBS) are the main sources of injection equipment for drug users. There are currently twenty-five such centres in Switzerland, spread across in ten cantons<sup>m</sup>, mostly in German-speaking areas. Thirteen low-threshold facilities have an injection room<sup>n</sup>. Pharmacies represent the second-largest source of supply, followed by the PROVE programme. Although automatic distributors (of which 76 have been installed in Switzerland) make a more modest contribution, this is probably qualitatively important in the event of an emergency.

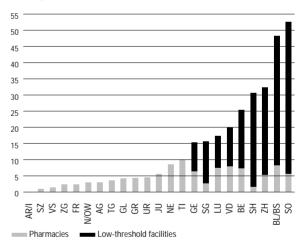
In 1996, nearly 532000 syringes were issued to drug users in Switzerland every month, equivalent to an annual volume of 6.4 million. They were distributed through: low-threshold facilities (320000 per month); pharmacies (122000 per month); automatic distributors (20000 per month); the PROVE programme (70000 per month). If the number of syringes is compared to the number of inhabitants aged 20 to 39 (figure 4b), it can be seen that the scale of coverage with injection equipment differs from canton to canton, and that the source of the equipment (pharmacy or low-threshold facilities) also varies.

Changes in the number of syringes from 1994 to 1997 can be represented graphically (figure 4c). The sharp fall in the number of syringes distributed by low-threshold facilities in early 1995 was partly offset by new entries into the PROVE programme. From the end of 1996 to the end of 1997, their total estimated volume reverted to the level recorded in early 1994, or about 500 000 syringes per month.

The decrease in the number of syringes distributed or sold to drug users is not solely due to the elimination of open scenes (in which low-threshold facilities were operating). During the same period, a vast number of drug users started oral methadone substitution treatments.

Figure 4b

Average monthly number of syringes issued/sold by pharmacies and low-threshold facilities in 1996 per 100 inhabitants aged 20 to 39, by canton.

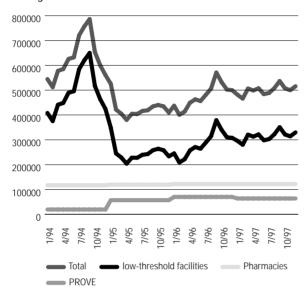


It thus made a financial contribution to the following projects: MEDIA (St-Gall), BIPS and Boulevards (Geneva), Maplu (Lucerne).

M Argovie, Bern, Basel city, Geneva, Lucerne, St-Gall, Schaffhausen, Soleure. Vaud. Zurich.

<sup>&</sup>lt;sup>n</sup> Bern 1, Basle city 3, Zurich 6, Soleure 2, Schaffhausen 1.

Figure 4c Monthly estimate of the total number of syringes sold or issued to drug users in Switzerland from 1994 to 1997.



At international level, no statistics are available that would include all sources of syringes. A limited amount of data about syringe-exchange programmes (low-threshold facilities) is nevertheless available.

Table 4b

Annual number of syringes issued by low-threshold facilities in various countries

	Switzerland 1997	United States 1997	Quebec 4.1996-3.1997
Number of syringes	3 772 00029	17 447 000 <sup>30</sup>	443 00031
Estimated number of drug users	30 00032	1 640 00033	23 00034

In Switzerland, the number of syringes distributed by low-threshold facilities is particularly high (Table 4b). The total number of syringes per drug user is 6.5 times higher than in Quebec, and 12 times higher than in the United States.

Harm reduction and treatment in prisons

In this sector, the FOPH has played a major motivating role by setting up a working group which includes representatives of several field players (prison governors, lawyers, prison physicians, researchers, etc.). The exchange of information and the discussion of pilot-projects have made it possible to promote the concept of risk reduction and to carry out pioneering experiments in several prisons. The funding of the evaluation of pilot-projectso and a policy of making research results generally known both added material for the debate, strengthening this motivating role. In 1993, the FOPH also issued recommendations for HIV/AIDS risk reduction in prisons 35. These recommendations are inspired by those of the WHO, which aim to give prisoners access to health services equivalent to those which they could obtain outside prison.

# The general situation

In this sector, direct intervention is also the responsibility of the cantons. A recent report assesses harm-reduction measures relating to HIV and hepatitis, as well as treatments offered in prisons <sup>36</sup>.

Of drug users who are in contact with low-threshold facilities, nearly two-thirds have been imprisoned for periods ranging from several days to several years. In Europe as a whole, 15% to 65% of prison inmates use drugs. The Swiss data show a proportion ranging from of 20% to 50%, depending on the prison concerned.

Medical care is provided in all prisons for problems relating to both drug use and HIV/AIDS. Nevertheless, the range of treatments varies widely from one prison to another. Moreover, the treatment of problems of dependence is not always equivalent to that available out of prison. Follow up after leaving prison still seems to be insufficient, partly due to the fact that prison medical services are not systematically informed when a prisoner is liberated.

Projects to issue injection equipment through the installation of automatic distributors in the Hindelbank and Realta prisons, prescription of heroin under medical supervision at Oberschöngrün.

Although information about the risks of HIV transmission is widely distributed (90% of prisoners have access to it), not all risks are systematically referred to. In 40% of prisons (representing about 50% of prisoners), the information only covers risks relating to the sharing of injection equipment.

Condoms are issued to prisoners in one-third of prisons (nevertheless covering 75% of prisoners). Only a few prisons have taken preventive measures relating to injecting, either by issuing injection equipment (eight prisons), or by distributing disinfectant with instructions explaining how to disinfect such equipment (ten prisons). These prisons account for about one-third of all prisoners<sup>37</sup>.

How is the development of the action supervised?

In the social sector, the FOPH exercises direct control over the OSEO's central programming. This project is steered by a small group composed of three people: a representative of the FOPH, a representative of the OSEO and the project leader.

Strictly speaking, the FOPH does not fulfil a supervisory role in the other two sectors (health and prisons); nor has it fulfilled an effective co-ordinating role over the last few years, although this seems necessary due to the uneven distribution of facilities. On the other hand, the FOPH has played a motivating and facilitating role in the prisons sector. By funding an inventory of operations in prisons and monitoring risk reduction facilities in general (cf. above), it has also played a leading role in the surveillance of facilities. In the health sector, the FOPH is planning to increase both its presence and its contribution by extending the OSEO project to cover this sector.

What problems were encountered?

The FOPH is facing difficulties in all three sectors. Although facilities are unevenly distributed among the various regions, the funding of existing actions essentially depends on the cantons. In terms of intervention and start-up aid, the FOPH's room for manoeuvre is

therefore limited. Nevertheless, it has far more room for deliberation, and this should lead to proposals to guide risk and harm reduction policies.

Until 1998, the health and prisons sectors were the responsibility of collaborators of the FOPH's AIDS section, and the co-ordination of the risk reduction pillar at the FOPH undoubtedly suffered as a result. The departure of experienced collaborators and the transfer of these activities to the Drug interventions section now raises the question of the durability of experience acquired in this field.

# Conclusions

Risk reduction and subsistence aid are well developed in Switzerland, although there are still failings and inequalities in the distribution of facilities.

The FOPH's instigation in this field, and particularly in the health and prisons sectors, was very strong under pressure from the HIV/AIDS problem in the late 1980's and early 1990's. The cantons then took over, and the FOPH intervened in a more indirect way.

During the 1998-2002 period, the FOPH's priorities are to consolidate, to broaden the range of facilities, and to improve quality. However, its room for manoeuvre in direct intervention and its financial resources are limited. Its future challenge lies in its ability to apply its acquired experience, and to motivate and co-ordinate action.

# Recommendations

The monitoring of activity in the field of risk reduction is the responsibility of the FOPH. Such monitoring should be developed and used systematically to inform and encourage its partners.

The FOPH should provide more direct or indirect coordination in all three sectors of risk reduction, as is already partially the case in the housing and work sector.

# Campaign

How is the FOPH organised to carry out campaigns?

The FOPH's Campaigns Service is responsible for the awareness campaign on drugs. It is supported by a team (the Creative Team Drogue) which includes representatives of the FOPH, other organisations active in the field of prevention, and experts in the fields of communication, prevention and public health. The campaigns are implemented by an advertising agency.

In 1997, the FOPH decided to end the drug-abuse awareness campaign, and to replace it with an Alcohol programme in collaboration with the federal alcohol authority (Régie fédérale des alcools: RFA) and the Swiss Institute for the Prevention of Alcoholism and Other Addictions (Institut suisse de prévention de l'alcoolisme et autres toxicomanies: ISPA). The structure in charge of this programme is composed of three bodies:

- an executive committee (Ausschuss) composed of four members (the head of the Alcohol/Tobacco service, the head of the Campaigns service, a representative of the ISPA and a representative of the RFA);
- an eleven-member advisory and supervisory group (Steuerungsgruppe beratendes Team), which absorbed the former Creative Team Drogue;
- a two-member programme management (Programmleitung).

What actions have been taken, and what are their results?

# Actions

Several campaigns took place during the 1996-1999 period. Surveys were generally carried out afterwards in order to measure their visibility, comprehensibility, and acceptance by the population. Some were also pretested in order to verify the comprehensibility and acceptance of their messages. The media and target-groups concerned were directly informed about the campaigns through press communiqués and documents describing their objectives and characteristics, and by articles published in Spectra, the FOPH journal.

A drug-awareness campaign entitled Avoir confiance en soi, faire confiance et s'ouvrir aux autres was launched in the summer of 1996, with a budget of about SF 2 million. Its main components were: a TV advertisement; posters mentioning the FOPH as issuer; and small-format advertisements, based on the posters, which FOPH partners could order. These advertisements could name the partners as issuers, and the FOPH's role was only indicated by a logo (a crow).

The next awareness campaign, named Drogue: rester lucide (1997), also had a budget of about SF 2 million. As in 1996, it involved posters featuring the FOPH as issuer, and advertisements which the FOPH's partners could order.

The campaign planned for 1998 aimed to link "illegal drugs" and dependence, and to obtain broader public acceptance of this concept. The campaign was cancelled due to the imminent vote on the Droleg initiative. The funds set aside for it were used for an FOPH AIDS campaign.

The Ça débouche sur quoi? campaign, which was part of the 1999-2002 Alcohol Programme (programme to prevent alcohol-related problems), was launched in the spring of 1999, and is ascribed to the Federal Office of Public Health, in collaboration with the RFA and the ISPA. It is defined as an awareness campaign against high-risk substance use among adults aged 20 to 35. It involves various actions: a major communication campaign in the media; a project in collaboration with members of the federation of Swiss physicians (FMH); actions in partnership with local and cantonal organisations which counsel those suffering from alcoholism or other forms of dependence.

It is planned to subsequently extend this campaign to other targets. Currently, its main productions include: five TV advertisements; posters in several different formats (one of which is dedicated to dependence, bearing the crow logo and the slogan Drogue: rester lucide); and a slide-rule showing blood alcohol levels as a function of alcohol consumption. The 1999 budget for this campaign is SF 3.9 million, of which some SF 200 000 is dedicated to productions for partners working in the field of illegal drugs.

The general situation and collaboration with partners

The evaluation of the 1997 campaign entitled Drogue: rester lucide showed that it had provoked a relatively high degree of public interest and opinions favourable to the continuation of federal prevention campaigns.

Pre-testing of some TV advertisements of the Ça débouche sur quoi? campaign in 1999P demonstrated a high degree of public acceptance, the suitability of its logo (a corkscrew) and its slogan (Ça débouche sur quoi?), particularly in French, and the importance of identifying the issuer for the comprehension of the message.

This campaign entailed extensive collaboration between the FOPH and its partners, essentially based on use of the campaign's productions. Two sources of information about this subject are available: the results of the 1998 survey of the FOPH's partners in the field of drug abuse and statistics relating to requests for material by partners. The statistics in question are shown in table 4c.

The survey of the FOPH's partners distinguishes three types of partner: public authorities; prevention and health-promotion institutions; and other institutions involved in prevention. It is noteworthy that 51% to 54% of respondents stated that they were very familiar with the national Drogue: rester lucide campaign. Moreover, the responses of the public authorities showed that at least one institution collaborated with the national campaign in twelve of the twenty-two cantons which participated in the study.

Statistics relating to requests for material, sent to the FOPH by its partners, confirm the scope of this collaboration (table 4c). In both 1997 and 1998, nearly a hundred of the FOPH's partners used its productions. Due to the publication of 42000 Alcohol posters, the number of orders increased sharply from 19000 to 57000, while orders for Dependence posters declined from 19000 to about 15000. Of these, 18% were in French or Italian in 1997, as compared to only 2% in 1999.

Table 4c
Use of productions of FOPH campaigns: requests for materials by partners in the Drugs and Alcohol fields. Source: FOPH

	Drogue: rester lucide	Ça débouche sur quoi?
	Campaign 1997	Campaign1999
Number of partners in:	89	109
Drugs Field	89	46
Alcohol Field	n.r.	30
Alcohol & Drugs Field	n.r.	33
Number of posters ordered*:	19185	57094
Dependence Posters	19185	14619
German text	15 780	14359
French text	2415	260
Italian text	990	0
Alcohol Posters	n.r.	42 475
German text		35 281
French text		6194
Italian text		1000

Notes: n.r.: not relevant.

\* any format.

How has the development of actions been supervised?

Here, a distinction should be made between two levels: the strategic level, which relates to the choice of campaign themes, objectives and messages, and the more operational and technical level, which deals with the suitability of productions in relation to strategic choices.

At a strategic level, the development of the action is essentially controlled by the Steuerungsgruppe and the Ausschuss. Within the latter, the FOPH is represented by the heads of the Alcohol/Tobacco and Campaigns Services, but no representatives of the drugs intervention section are included.

At an operational level, frequent use of pre-/postsurveys makes it possible to closely monitor the reception of national campaigns by the population, and to ensure the suitability of productions in relation to strategic choices.

P The results of post-testing will only be available in September 1999.

# What problems were encountered?

From the point of view of ProMeDro, problems were created (or at least revealed) by the broadening of the drug abuse awareness campaign to cover the more general problem of dependence, subsequently concentrating on the alcohol programme.

In terms of its organisation, the structure appears cumbersome. The role of the Steuerungsgruppe seems ill-defined, badly influencing its mode of operation. Moreover, the composition of the Ausschuss is probably not optimal if "drugs" inputs are to be maintained in the campaign.

Trends in orders for materials produced for the campaign show that collaboration with partners in the Dependence field could be harmed by the new objective. The decline in overall orders for materials may indicate a threat to one of the successes of the awareness campaign. Moreover, the linguistic breakdown of orders shows an almost complete withdrawal by the Latin partners.

During the conception of the awareness campaign, the importance of making the general population perceive the continuous nature of the campaign, and of setting limited objectives (to increase awareness and decrease prejudice) were raised. The regrettable but justified abandonment of the campaign planned for 1998, which was intended to explain the connection between drugs and dependence, deprived the population of an opportunity to better understand this connection. Moreover, the abandoning of the crow logo and the change of issuers probably affected the perception of continuity.

# Conclusions

For the Campaigns Service, the replacement of the ProMeDro drugs awareness campaign by the programme for the prevention of alcohol-related problems (collaboration between FOPH, RFA and ISPA) represented a major discontinuity in terms of organisation and content. It made it impossible to properly use the information and experience accumulated during the drugs awareness campaign.

The presentation of campaign materials to partners has proven to be a successful form of collaboration. Nevertheless, such a promising collaboration with partners working in the field of dependence could be threatened, as far as illegal drugs are concerned, by the change of direction.

The policy of informing the various target groups continued in a satisfactory way.

The systematic use of pre- and post-surveys made it possible to supervise and monitor the public reception of the campaigns.

# Recommendations

After the replacement of the drugs awareness campaign by the programme for the prevention of alcohol-related problems, its consequences in terms of both organisation and content must be properly assessed and taken into account.

Without commenting on the relevance of such a replacement, it is clear that the current collaboration with partners working in the field of dependence is an important achievement which should be preserved. Care should be taken to avoid linguistic imbalance in such collaboration.

Since interruptions induced by the political process are predictable, as was demonstrated by the vote on the Droleg initiative, they should be taken into account at the planning stage, taking care that they perturb the continuity of the campaign as little as possible.

# Epidemiology

This chapter deals with the implementation in the field of epidemiology. Epidemiological data in the stricter sense are presented in chapter 8.

How is the FOPH organised for implementation in the field of epidemiology?

Two FOPH collaborators, attached to the Epidemiology Division's viral disease section and sentinel system, deal with the epidemiology of drug abuse. A large proportion of activity in this field is mandated to external agents (cf. below).

The FOPH draws up and analyses national statistics relating to methadone treatments. National Statistics Relating to Out-patient Treatments in the Drugs and Alcohol Field (SAMBAD) are produced by the Federal Office of Statistics (Office fédéral de la statistique: OFS), and are analysed by the Swiss Institute for the Prevention of Alcoholism and Other Forms of Dependence (Institut Suisse de Prévention de l'Alcoolisme et autres toxicomanies: ISPA). The compilation and analysis of national statistics relating to residential treatments (FOS) is entrusted to the Institut für Suchtforschung in Zurich.

With regard to descriptive epidemiology, the FOPH gathers and summarises information from various

- drug-related deaths (provided by the OFP);
- repression (provided by the OFP and the OFS);
- HIV, AIDS and hepatitis (provided by the FOPH);
- national surveys (WHO survey carried out by the ISPA every four years, and partially financed by the FOPH; Swiss health survey, carried out by the OFS and analysed by the ISPA).

What actions have been taken, and what are their results?

New software was developed for the national methadone statistics q. It is currently being used in the cantons of BE and FR. The cantons of GE, TI and VD will be using it by the end of 1999. The cantons of NE,

TG, SH, NW, OW are still using earlier software, and will continue to do so until the end of 1999. The basic variables form a minimal core module which can subsequently be completed according to the specific needs of the cantons. This solution therefore replaces the old version, which contained three different types of questionnaire (short one-page version, middle-sized two-page version, and long four-page version, including all variables relating to serological status with regard to HIV and hepatitis).

In 1998, five other cantons (BS, ZH, SO, LU and VS) delivered their data to the FOPH as computer files. However, the files were all of different types and were unusable since converting them would have required too much time. The FOPH therefore uses the data provided by these cantons in their methadone reports.

Only a limited amount of data from the pilot phase of the national methadone statistics of 1996-97 reached the FOPH (n = 1145) and were published in the bulletin of the FOPH<sup>39</sup>.

The other national statistics supported by the FOPH (SAMBAD and FOS) currently have a high degree of coverage which is still growing steadily.

The harmonisation of national statistics, as planned by the FOPH, has been entrusted to a new collaborator who began work in the spring of 1999. The first national meeting on this issue is planned for late 1999 or early 2000.

How has the development of actions been supervised?

Supervision in this field essentially relates to the monitoring of statistical work and surveys mandated by the FOPH.

q The term "national methadone statistics" is used despite the fact that this includes every type of substitution treatment, such as those based on buprenorphine, which is nevertheless far less widely used in Switzerland than methadone.

What problems were encountered?

SAMBAD and FOS, the two national statistics, initially met with some reservations from both institutions and cantons. However such problems of participation have dwindled substantially as time goes by.

The problems encountered in introducing the national methadone statistics (limited number of participant cantons, changes of software and questionnaires, etc.) reflect the FOPH's failure to provide resources.

The epidemiology of drug abuse in Switzerland suffers from two weaknesses: the proliferation and the lack of harmonisation of data-gathering instruments. This situation is the result of a lengthy evolution, and was already the subject of recommendations during the last evaluation period. In itself, the number of instruments used is not necessarily an obstacle to effective epidemiological monitoring, provided that they are harmonised, and probably also simplified in some cases. However, these options necessarily generate resistance, and would require the FOPH to have a real will to achieve harmonisation as well as the resources to match. The FOPH would also have to have the means to provide leadership in this process, which requires compromises. Although such a desire is apparent in the priorities of ProMeDro, it is not yet perceptible in practice. Furthermore, the resources programmed seem to be insufficient.

# Conclusions

Although the conception/planning of the field of epidemiology remains relevant, the leadership and resources available seem insufficient for the priorities adopted by the FOPH.

The SAMBAD and FOS statistics have good national coverage.

Epidemiology steadily continues to provide objective information to the various target-groups concerned.

#### Recommendations

The FOPH must do its utmost to strengthen its actions and leadership in the field of epidemiology.

The FOPH should develop analytical priorities relating to the many sources of data currently available, such as trend analyses of national statistics.

# Research

How is the FOPH organised to carry out research?

A co-ordination group within the main Dependence & AIDS Unit has been set up to improve co-ordination of research in the field of dependence and make the process transparent. Apart from a managerial body, this group includes representatives of several sections of the FOPH. It is not composed of researchers, and does not include anyone from outside the FOPH. It examines the results of invitations to tender and research applications, and calls on external experts on a case-by-case basis. In principle, 80% of research funds available are reserved for studies by invitation to tender or by mandate, and 20% to research by spontaneous application.

What actions have been taken, and what are their results?

Between 1996 and 1999, the FOPH's research section drew up contracts worth about SF 4.8 million. Its central themes were the end of the PROVE research programme (analyses of the initial phase, cost analysis, comparison of methadone treatments), the new research and intervention programme supra-f, and a multi-centric study of withdrawal (Multizenterstudie-Entzug und Swiss Detoxification Co-ordination [MUSE & Swi-Of-Co]). The economic dimension (cost of dependence) was subjected to a particular research effort. Societal and basic research (aetiology, substances) received less support. Part of the research funding was used to disseminate research results and to provide information about research. For example, a document was published in 1997, summarising all of the research funded by the FOPH between 1993 and

1996<sup>40</sup>. A database on research in progress is currently being prepared. In March 1999, an international symposium was held on the subject of Treatment with heroin prescription. It enabled researchers from several different countries to compare their experience and thinking about this issue.

How has the development of actions been supervised?

Despite the concern for transparency displayed the FOPH, it is still difficult to obtain an overall view of the choices made in the field of research (access to the database is not yet possible). Mechanisms to supervise the quality of research have not yet been defined, and the structure introduced is not transparent enough to judge the quality of the scientific review of research requests (composition of the commission allocating subsidies, role of external experts, reviewing rules, etc.).

What problems were encountered?

In its assessment of the PROVE programme, the WHO noted several methodological weaknesses. The same problems were encountered in the methadone "comparison" study. Although this was planned as a control study, it could not be used as such. It nevertheless provided a limited amount of information about the monitoring of patients undergoing methadone treatment in various places (although not directly comparable, once again). Other multi-centric studies (supra-f, MUSE) compared different places or interventions. They were launched in 1998, but the documents available unfortunately do not justify the claim that these problems were overcome. In reality, this may well not be the case, as the supra-f<sup>41</sup> research concept is quite vague, s, t with unrealistic goals and designs for its intervention programme (very diverse interventions aimed at assorted groups and environments, whose only point in common is secondary prevention financed by supra-f).

#### Conclusions

The FOPH accords great importance to research, dedicating several million Swiss francs to it every year. It does not disperse its efforts in the field of research, but concentrates them on high-priority fields (PROVE, secondary prevention and withdrawal).

The FOPH exploits research results, in accordance with the role which it has adopted in this field.

The limits between experimental/applied research and research by mandate, and the rules applicable to each of them, are not clearly defined.

The supra-f intervention-research programme presents an example of the conceptual weaknesses which sometimes afflict research at the FOPH. It is not very consistent due to the vagueness of its research goals. Although the goal of precipitating interventions in this field is praiseworthy and will probably be achieved, the orientation of research suffers as a result of trying to be both experimental (which is excluded by the context, the means and the proposed design) and applied. There is therefore a high risk of reaching a questionable result which will fail to establish the experimental effectiveness of some models of intervention, and which will constitute a costly evaluation of very diverse projects of limited comparability. A clear-cut choice between an experimental and an applied approach would have made it possible to thoroughly test either one or two models according to usual standards (trials), or to evaluate more projects in a more appropriate way, an option which we feel suits the supra-f programme better.

Promotion of the quality of research is still in its infancy.

- r However, it should be noted that certain project submission rules have been laid down (alignment of the form of requests with that of the national fund).
- s With a variety of intentions relating to experimentation, researchaction and classical project evaluation.
- <sup>t</sup> This difficulty in "interpreting" the FOPH's desiderata has been raised by claimants to supra-f research coordination. They proposed a more realistic approach, the main goal of which would be to measure a general effect of supra-f projects (with some hypotheses with regard to causality, as the design would not be that of a controlled trial).

#### Recommendations

The transparency of the entire process of quality assurance in research should be improved.

A formal research commission which includes external experts should be set up.

Major research projects (supra-f, MUSE) involving several centres, large-scale resources and an "experimental" concept, should be subject to an external assessment at the very least.

# Evaluation

How is the FOPH organised to carry out evaluation?

From 1996 to 1998, each section responsible for an operation (an intervention, a project or a programme) supervised its own external evaluations (design of the mandate, monitoring, budget, etc.), while the Evaluation Service<sup>u</sup> was responsible for the overall evaluation of the package of measures.

As of January 1999, all the planned activities in the field of evaluation became the responsibility of the Evaluation Service. The task of the Evaluation Service, which is part of the FOPH's Health Strategy section, is to mandate external evaluations (programmes, projects) and the overall evaluation, supervising and monitoring them. It is also responsible for internal training for evaluation.

The other sections are working with the Evaluation Service to define and select the external evaluation themes of the actions for which they are responsible. From this perspective, the FOPH's new concept favours quality rather than quantity for this type of activity (unlike the former MaPaDro programme).

The FOPH calls on external partners for overall evaluations as well as for programme and project evaluations. Although such partners are usually institutional, some are private consultants.

What actions have been taken, and what are their results?

The overall evaluation of ProMeDro is in progress. The conception/implementation phase has now been completed (cf. the present report) and the rest of the evaluation will be dedicated to the programme's productions (output) and effects (outcome).

With regard to the actions of the sections, five external evaluations were launched during the 1997-1999 period, of which two are now over (the COSTE and Le fil-rouge projects) and three are in progress (co-ordination and service platform in the field of drugs, training policy, Schools and Health framework programme).

Only basic instructions were given for self-evaluations, and a manual 42 was recommended to this end. Projects are all supposed to include self-evaluations in their activity reports. However, the Evaluation Service does not continuously supervise this type of evaluation, but only contributes occasionally, particularly by giving advice, depending on the case.

Internal training is scheduled to begin in the year 2000. However the framework of this training has not yet been defined, and it seems initially to be planned only for executives who mandate external evaluations.

The priorities for external mandates have not yet been set, as the FOPH is waiting for the results of the overall evaluation.

This term is not official, but is used at the FOPH.

How has the development of actions been supervised?

Since January 1999, the Evaluation Service has been responsible for external evaluations in the field of illegal drugs, as well as for the overall evaluation. It draws up and manages contracts, examines the relevance of evaluation questions and of the methods used, ensures that schedules and goals are respected, and verifies the quality of the results, conclusions and exploitation of the evaluations.

Depending on the case, the Evaluation Service also uses a panel of internal and external experts to evaluate the range and the quality of the results.

In the management of mandates, supervision is strengthened by systematic use of the "Contract" software.

# What problems were encountered?

The Evaluation Service has suffered from structural problems, mainly caused by the restructuring of 1996. This reduced its staff by 50%, and limited its scope in the field of overall evaluations (withdrawing responsibility for external evaluations at the same time, which was transferred to the sections) while also adding the "alcohol" field to its three fields of competence (illegal drugs, tobacco, AIDS). Nevertheless, this restructuring did not entail a decrease in the overall sums dedicated to evaluation: on the contrary, its budget increased.

Although responsibility for external evaluations was returned to the Evaluation Service in 1999, its resources were not increased. The Service henceforth had to resort to lobbying to obtain the additional resources required for it to fulfil its new responsibilities and organise internal training for evaluation. This lobbying activity required a significant proportion of the working time of the Evaluation Service, which nevertheless managed to obtain additional funds.

# Example: internal presentations intended to make the FOPH's hierarchy aware of the importance of evaluations.

### Conclusions

The FOPH has made considerable budgetary efforts to carry out evaluations. In particular, the sums allocated to (external) evaluations of programmes and projects and to the overall evaluation of ProMeDro represents nearly of 10% of its total budget.

The problems seem to lie in internal management. In the field of evaluation, effective co-ordination of needs between the various sections of the FOPH is still lacking. Furthermore, priorities have not been defined to determine which programmes require external evaluations. Even if only provisional, a list of priorities could reflect the FOPH's desires in this field and allow a certain amount of programming, particularly in collaboration with the sections responsible for the programmes (drugs, AIDS, tobacco, alcohol).

Internal training in the field of evaluation is not yet available, and for the time being seems only to be based on occasional interventions with executives involved in requests for external evaluations.

# Recommendations

The work of the Evaluation Service must be better coordinated and made more visible to FOPH collaborators. An effective training programme must be set up: in particular, it should allow an exchange of experience between the FOPH's collaborators, and methodical learning rather than the "one-off" learning that is currently prevalent.

In collaboration with the sections concerned, the priorities governing external evaluations must now be rapidly defined in order to ensure relevant programming. The programming of self-evaluations will be particularly important, as this approach will be used in the absence of external evaluations.

# Training and continuing education

How is the FOPH organised to implement the field of training

An FOPH collaborator responsible for training and professional education manages the two programs in progress: one is based on the first package of measures, and should end in December 1999, while the other is the framework program, which is currently in its start-up phase: several training modules began in German-speaking Switzerland in 1998, and in French-speaking Switzerland and Ticino in 1999.

Other tasks are carried out in addition to these two programs: collaboration/co-ordination with other fields of ProMeDro which offer training (prevention, schools, treatment, etc.); occasional interventions within the framework of training events organised throughout the year (seminars, conferences, etc.).

In the field of training, the FOPH's main external partners are as follows:

- the Francophone study group on alcoholism and drug abuse (Groupement Romand d'Etudes sur l'Alcoolisme et les Toxicomanies: GREAT) in the case of the ARIA program; the Haute Ecole (HFS) of Lucerne, which has been the new representative of the CONVERS program since June 1998 (former representative: VSD);
- the Expert Committee of the framework program for training and professional education in the field of dependence, and in particular the University of Bern (co-ordination service for training and professional education), which is responsible for the Committee's chairmanship and secretariat. The Expert Committee also deals with providers of training modules (universities, institutes, etc.);
- the Francophone federation of training organisations in the field of dependence (Fédération romande des organismes de formation dans le domaine des dépendances: FORDD), which developed in parallel with the framework program; due to its representativeness in French-speaking Switzerland, FORDD is a partner which cannot be ignored in the organisation of training as it lies between the Expert Committee and the organisations responsible for modules.

What actions have been taken, and what are their results?

The three years between 1996 and 1999 were a period of transition, with the completion of the ARIA and CONVERS programs and the implementation of the Expert Committee's Framework program, which is to replace them.

The Expert Committee's Framework program is currently in its start-up phase: formed in January 1996, the Expert Committee worked from the outset on a new training concept which it completed in April 1998<sup>43</sup>. In German-speaking Switzerland, the competitive examination of modules had nevertheless already begun in autumn 1997. As this competition is held twice a year, the number of modules and providers is gradually increasing.

At the end of April 1999, the results of the framework program were as follows: in German-speaking Switzerlandw, fifteen modules in four fields (social work, psychology, medicine and "other") were offered between March 1998 and April 1999. More than 258 trainees followed these courses, totalling 44 days of training or 293 hours of lessons (table 4d). During the same period, only two modules were offered by the framework program in French-speaking Switzerland, which is probably due to the adjustments which have to be made with FORDD (cf. above) in this region.

At the end of April 1999, seven modules were implemented in German-speaking Switzerland (eighteen planned during the year), two in French-speaking Switzerland (nine planned during the year), and only one in Ticino.

w HFS Aargau, HFS Zentralschweitz, HFS Ostschweiz, Universität Zürich, ISF.

Table 4d

Training and professional education, January 1, 1998 to April 27, 1999

	Participants	Days of training	Hours of lessons	Equivalent day of participant	Equivalent hour of participant
Framework program for German-speaking Switzerland (3.98-4.99) 44	258	44	293	758	5048
Framework program for French-speaking Switzerland (3.98-4.99)	32	6	40	96	640
Framework program for Ticino (3.98-4.99)	0	0	0	0	0
ARIA (1998) <sup>45</sup>	379	not available	300	522	not available
CONVERS (1.98-6.98) 46	112	25	not available	384	not available
Total	781	-	-	1760	-

It would be advantageous to take the analysis even further, and to find out more about categories of participants according to target groups mentioned in the objectives of professional education. Unfortunately, available information about this subject is incomplete, and data in reference documents concerning these target groups are not explicitly divided into "specialists", "occasionally concerned" and "volunteers", as in table 4e: the data in this table should therefore be treated with caution.

Table 4e

Participants by target groups x

	Specialists	Occasion- ally concerned	Volunteers	Total
Framework program y	98	160	-	258
ARIA	221	158	-	379
Convers	non disp.	non disp.	non disp.	-
Total	319	318	-	637

In French-speaking Switzerland, it can be seen that specialists are mostly trained, while in German-speaking areas it is mainly "occasionally concerned" who are trained, although the national total erases this disparity and shows a globally equivalent representation of both groups. Moreover, this situation was already prevalent in the ARIA and CONVERS programs; the framework program has inherited it without being able to counter it for the time being.

It should be noted that, although the data shows that volunteers are not attracted by these three training programs, this data does not include training actions carried out in the other fields of ProMeDro (prevention or therapy, for example).

"Occasionally concerned" physicians, a sub-group within the second target-group, receive additional specific training action through the new MedRoTox program. This program began in 1998 in the Valais<sup>47</sup>, Geneva<sup>48</sup>, the BEJUNE (Bern-Jura-Neuchatel) <sup>49</sup>, and the canton of Freiburg<sup>50</sup>. It follows up the Vaud's prevention program to train physicians in the field of drug abuse (Prévention et Perfectionnement des Médecins dans le domaine des Toxicomanies: PPMT).

For the same period as the previous table (January 1, 1998 — April 27. 1999).

y Currently-available data deal exclusively with German-speaking areas of Switzerland.

How has the development of actions been supervised?

The FOPH training manager is responsible for monitoring programs, and can use several supervisory mechanisms to assess the development of actions<sup>z</sup>. He regularly receives activity reports on training already introduced by the ARIA and CONVERS programs, which have already been evaluated in a comparative study<sup>51</sup>. Supervision is perhaps more "polished" in this case, and exchanges of information are more fluid, as the FOPH and its partners have been collaborating in this field since 1990<sup>52</sup>, <sup>53</sup>.

As far as the new training system is concerned, the FOPH's training manager is also an active member of the Expert Committee, and is therefore in an excellent position to know the framework program's latest advances. Moreover, he is the authorised agent for the evaluation of the new training policy<sup>54</sup> (the evaluation began in July, 1999).

Training operations in the other fields of ProMeDro (prevention and research) need to be co-ordinated with the actions of the framework program, which is achieved by daily contacts between the FOPH personnel concerned.

It should be noted that the content of professional education courses is not supervised by the FOPH, but depends on two distinct players: the Expert Committee, which is responsible for the content of inter-professional modules, and the "responsible organisations" (organisers of modules) which define the content of intra-professional modules. The certification of these training courses is based on the ways and customs of each profession, as the framework program does not intervene at this level.

What problems were encountered?

The Expert Committee's new framework program is intended to improve the harmonisation of training approaches in French (professional education courses) and German (occasional training according to needs).

Some training courses also have limits which may eventually compromise quality. Professional education associations are less well-equipped than recognised organisations (professional schools, HES, universities, etc.), which reduces their student turnover, available documentation, etc. The "artificial" funding of this type of structure by the FOPH is difficult to legitimise over the long term, raising the question of the sustainability of these training courses. Finally, some training "labels" (in other words, the value attributed to a certification) are less attractive than those of official organisations (tertiary training courses, universities, etc.).

Another problem is the glut of available training courses, which leads to competition between the various training organisations. According to the FOPH, this climate is not favourable to the development of the new framework program, which presupposes collaboration between service providers and the sharing out of courses. Such harmonious relationships are complicated by competition. This situation is nevertheless contradictory, as training modules have to compete with one another, and the framework program is therefore specifically based on a principle of competition.

From this point of view, the FOPH hailed the "Francophone reaction" to the introduction of the framework program, namely the creation of a federation of training organisations (FORDD), even though this adds an intermediary between the Expert Committee and the responsible organisations. The optimism of the FOPH's reaction is noteworthy, as this new player could easily develop its own training concept, challenging that of the framework program.

For more detailed comments about different forms of supervision, see Kellerhals C, Gervasoni JP. Evaluation des différents modes de délégation adoptés par l'OFSP dans le cadre du ProMeDro. Lausanne: Institut universitaire de médecine sociale et préventive; 1999 (Raisons de santé, 42).

The above-mentioned competition may explain the slow start-up of the framework program. Although the Expert Committee began its work in 1996, the first eight modules were only available in German-speaking Switzerland in 1998. In French-speaking Switzerland, only nine modules were created in 1999, nearly three years after the beginning of the framework program. In Ticino, the delay was also due to the restructuring of the only module-provider (no module in 1999). However, it should be stressed that the framework program was not the only source of training courses, and that the ARIA and CONVERS programs made up for certain failings.

# Conclusions

The concept behind the Confederation's intervention in the field of professional education and training is presented on pp. 29-31. The implementation of the identified objectives seems to have progressed in the direction chosen, and the FOPH has managed to convince its partners to support its training policy.

The general principles of the new training concept were developed during the 1996-1999 period. The main organisations responsible are now known; the Expert Committee has accepted most of the modules and providers, and the new training has therefore begun.

The transition between the old and the new training concept is now well underway. It has a good chance of ending by January 2000, when the ARIA and CONVERS programs draw to a close. On the other hand, the number of module-providers is still insufficient in French-speaking Switzerland and Ticino. For the time being, it is therefore impossible to say anything about the success of the new concept.

This period was also marked by the emergence of a new French-speaking player in the field of training: the Francophone federation of training organisations in the field of dependence (Fédération romande des organismes de formation dans le domaine des dépendances: FORDD). From the very outset, FORDD was positioned as an essential intermediary between the Expert Committee and providers of French-language training.

In the field of dependence, the process of professionalisation is currently in full swing, and the quality of training is being improved. This construction of a complete system, integrating basic training courses into specialised programs throughout the country, is the outcome of a long period of "gestation". The pioneers in this field have made an impressive effort to persuade others and promote their activity—two factors essential to the acceptance of the theme of dependence by "traditional" training courses.

# Recommendations

Collaboration between the various service providers depends on the smooth implementation of the new professional training concept. The negative effects of competition between providers should therefore be taken into account, as it could limit their collaboration, although it may be desirable from another point of view. As a new player has been added to the Frenchlanguage network, the management of the framework program must be adapted to the new situation. In particular, potential positive and negative synergies a which may arise between the Expert Committee and the FORDD must be taken into account.

In view of the program's current state of progress, a list of missing modules and service providers in French-speaking Switzerland and Ticino should be specified as soon as possible, in order to launch the enrolment campaign and effectively begin training based on the new concept.

The situation in Ticino remains problematic, as no professional education is currently available there. As the proximity factor plays a major role in demand for training, the FOPH must do everything in its power to make up for this failing.

aa Negative synergy is equivalent to a counterproductive effect on the programme.

# Co-ordination

How is the FOPH organised to implement the field of co-ordination?

The FOPH has set up a service specially dedicated to questions of national co-ordination: the Platform for co-ordination and services in the field of drugs bb (hereinafter referred to as KDS). This service acts as a secretariat, prepares sessions, and draws up minutes and statements. To a certain extent, it is also responsible for co-ordinating the seven national platforms for the field of drug abuse (table 4f).

National co-ordination, supported by the FOPH within the framework of ProMeDro, links the Confederation to players at various levels (cantons, cities and specialists in the field of drug abuse). The KDS represents a point of intersection between the seven national platforms for the field of drug abuse: it enables the FOPH to centralise information within these forums about the development of the various issues at stake.

What actions have been taken, and what are their results?

As soon as they were created, the national platforms for drug abuse examined a number of relevant issues of direct concern to them. Their meetings sometimes involve concrete actions (consultation of experts, public statements, letters to the Federal Council, etc.). Two recent examples are: the report on cannabis 55 by the Federal Commission for drug-related issues (EKDF) and statements issued by the national liaison committee for dependence-related problems (NDA) during the debates preceding the Jeunesse sans drogue and Droleg initiatives. The NDA's statements both compellingly supported the federal "four pillar" policy. On other subjects, however, such as repression or the funding of therapy, the platforms criticised the contradictory positions of the various bodies which represent the Confederation (federal offices in particular).

Table 4f

National platforms for the field of drug abuse

Name	Function of the FOPH	Representatives (n)	N
National liaison committee for problems of dependence Nationaler Drogenausschuss: NDA	Helps each locality, region or administration to have an adequate drugs policy and effective measures (umbrella organisation).	Confederation (6) Cantons (6) Cities (6)	18
Conference of cantonal delegates for drug-related issues Konferenz der kantonalen Beauftragten für Suchtfragen: KKBS	Supports the dissemination of the "four pillars" model in each canton	Cantons	20
Conference of municipal delegates for drug-related issues Städtische Konferenz der Beauftragten für Suchtfragen: SKBS	Active exchange of information between cities	Cities	15
Federal commission for drug-related issues Eidgenössische Kommission für Drogenfragen: EKDF	Advises the FOPH, the Department of the interior and the Federal Council	Experts (scientists, drug abuse specialists, police, etc.)	14
Interdepartmental working group on drugs Interdepartementale Arbeitsgruppe Drogen: IDAD	Aims to achieve the best possible acceptance of the work of each office through an exchange of information and mutual agreements	Federal Offices concerned: Public Health, Social Insurance, Police, Justice, Foreigners, Finances, etc.	12
Delegation of the Association of Swiss cities on drug-related issues  Drogenplattform des Schweizerischen Städteverbandes:  DSStV	Raises the Confederation's awareness about problems in the cities	120 Cities	10-15
Working group for Co-ordination with the police Arbeitsgruppe ZuPo	Improves comprehension and acceptance between the social, health and police sectors	FOPH (3) OFP (1) Police (2) Police chief NE (1)	7

bb Koordinations- und Dienstleitungsplattform Drogen Schweiz (KDS).

How has the development of actions been supervised?

In this field, there is no explicit supervision, as the Confederation's aim is to organise nation-wide collaboration in accordance with its policy of encouragement and "non-authoritarian leadership".

However, the FOPH is able to monitor the development of actions, as it participates through the KDS in meetings of the platforms, almost always carrying out their secretarial work and often drawing up their statements. It is therefore present within these forums, and is indeed one of the better-informed players, at least potentially.

In May 1999, the FOPH initiated a procedure to evaluate <sup>56</sup> the KDS which provided an assessment of the effects of the various co-ordination platforms.

What problems were encountered?

Some cantons have trouble accepting that cities be represented at federal level, even if most of them (22 out of 26) were in favour of creating the NDA during the consultation procedure<sup>57</sup>. If this situation lasts, the activity of the NDA may be impeded<sup>cc</sup>.

The experts have already mentioned the limited resources<sup>dd</sup> of the KDS (pp. 32-33), which contradicts its many objectives (improve dialogue between responsible executives, propose arguments to facilitate decision-making, recommend criteria and standards, propose solutions, etc.)<sup>56</sup>.

Furthermore, some platforms have no budgetary competence, considerably limiting their influence and capacity for action.

#### Conclusions

The introduction of platforms and their logistic support shows the Confederation's intention to maintain nonauthoritarian leadership, based on encouragement and the hearing of all relevant opinions.

Some points need to be explained. These relate to the adequacy of the resources of the KDS, the real capacity of members of the platforms to disseminate the information they receive, and the capacity of the platforms to communicate directly with each other without going through the FOPH. These questions were examined by the evaluation of the KDS<sup>58</sup>.

In view of the Confederation's special co-ordinating role, the resources dedicated to this activity seem far too limited in relation to the scale of the task, the number of existing platforms and the declared objectives of the KDS. Although it is reasonable to think that the structure introduced will result in increased exchange of information, there are still many unknowns about the system's real capacity to co-ordinate.

#### Recommendations

Co-ordination activities must be maintained and consolidated, and far more funds must be allocated to the platforms.

The real capacity of the platforms to disseminate information must not be overestimated: two or three meetings a year are not always enough.

An increase in the resources of the KDS is essential if it is to attain its objectives and compensate for any failings in the circulation of information. If no such measure can be taken, it is recommended that the number of platforms be decreased, perhaps by grouping them around the NDA, for example.

<sup>&</sup>lt;sup>cc</sup> This situation was discussed during a session of the Steering Committee for the evaluation of the drugs platform in Bern on May 10, 1999.

dd The FOPH manages the KDS, provides a scientific collaborator (80%) and a full-time secretary, and grants it an annual budget of about SF 100000. Through the ZuPo working group, the OFP also provides a full-time collaborator dedicated to coordination with the FOPH.

#### Migrant communities

How is the FOPH organised to implement for migrant communities?

The prevention of forms of dependence in population groups in Switzerland that are non-nationals is the task of both Swiss institutions and of the communities themselves. The FOPH's Migration Service thus serves as an intermediary, attempting to improve migrants' access to prevention and healthcare. Direct intervention among such communities is carried out by the Migrants-Health Project at the Basle Tropical Institute (ITS). Within the framework of the project, six external experts (4.6 full-time positions) recruit and train mediators. These are "members of a given community, with extended or specific networks, who facilitate, implement or support activities linked to prevention within their community <sup>7</sup> <sup>59</sup>. The Migrants-Health Project has some 150 mediators from the African, Spanish, Italian, Latin-American, Portuguese, Tamil, Turkish, and ex-Yugoslav communities (Albanians, Bosnians, Croats and Serbs).

Intervention in this field is based on the principles of community work, using existing community networks to promote mutual assistance and solidarity. The intervention takes the cultural and circumstantial specificities of each community into account (migration history, level of integration, etc.). Within each community, actions are carried out among the general population and target groups (women, young adolescents, young parents, families with dependence problems, etc.).

What actions have been taken, and what are their results?

Information about AIDS and forms of dependence is integrated into the general issues of migration and health promotion. This information is intended to increase the capacity of communities to take charge of their own health problems, in accordance with the wishes of the communities themselves.

A broad range of actions is carried out within the various communities: interventions and projects in community culture and language schools; training of various groups (mediators, parents, opinion-leaders); events and information sessions (debates, plays, musical evenings, etc.); creation of help-lines; consultation services; self-help and solidarity groups; training lessons; co-operation with other prevention projects and with Swiss institutions; the publication and dissemination of information through written and audio-visual media; the distribution of educational media; increasing the awareness of Swiss professionals and institutions about issues relating to migration<sup>59</sup>.

Although it is often difficult to determine what proportion of the above-mentioned activities concern forms of dependence (due to the choice of an overall approach to health), it is possible to identify several operations which tend to concentrate on these issues. For example, some mediators are more specifically trained to work on questions of dependence. The Italian community, in particular, was active in this field through the Centro Scuola e Famiglia delle Colonie Libere Italiane, whose activities began well before ProMeDro. A study of forms of dependence within this community is currently being carried out by the Institute of ethnology in Bern.

Collaboration with Swiss institutional circles is also increasing. A contract was recently signed for the development and preparation of a guide to good practices in the field of prevention and community health, aimed at such circles.

How has the development of actions been supervised?

The FOPH's Migration Service is responsible for supervising the experts, who in turn supervise the work of the mediators. Every month, the experts meet with the Migration Service and present it with an activity report. Once a month, the Service's deputy manager accompanies an expert to an information or organisation meeting. Three-day retreats are organised twice a year to discuss fundamental issues.

#### What problems were encountered?

Initially focussed on AIDS, the Migrants-Health Project became far more complex when it began to deal with questions relating to forms of dependence. Although it was initially difficult to convince some communities that they were affected by problems of dependence, their commitment to this field was subsequently deemed to be "beyond our wildest hopes". It should be noted that the lack of statistics about migration and forms of dependence does not make it any easier to raise the consciousness of Swiss communities and institutions about such issues.

The manager and deputy manager of the Migration Service respectively left their jobs in 1998 and 1999, and the resulting transitional period made it more complicated to supervise the development of actions. After the initial departure, only one person was left to manage unfulfilled tasks, and this proved to be insufficient. Apart from this insufficient supervision, the situation led to a degree of frustration among the external experts, due to the reduced availability of the FOPH's staff.

The following problems were also noted:

- the priority given to the issue of dependence varies according to communities and their situation, as other, more immediate questions can prove more worrying for migrants (their future in Switzerland, work, housing, financial resources, etc.);
- due to its success, the Migrants-Health Project makes excessive demands on its staff and consequently on those of the Migration Service; as a result, the demands of migrant communities cannot all be satisfied;
- the training, supervision and support of mediators must be increased and improved;
- acquired know-how and skills must be adapted in order to make them accessible to external players.

#### Conclusions

Operations by the FOPH's Migration Service and by the Migrants-Health Project are important, and are wellreceived by migrant communities.

Although the approach chosen by the Migration Service is suitable, it causes an excessive workload.

The way in which the FOPH's personnel were changed caused difficulties in supervising the work.

Epidemiological data concerning problems of dependence within foreign population groups is lacking.

#### Recommendations

Support for the Migration Service should be maintained.

Due to the scope of their field of intervention, the priorities of the Migration Service and the Migrants-Health Project must be clearly defined.

The FOPH should examine the question of the lack of epidemiological data. The gathering of such data should not worsen the risk of stigmatising these communities.

#### Conclusions et recommendations

These conclusions and recommendations primarily relate to the relationship between the conception/planning of ProMeDro and its current state of implementation, and then, separately, to the implementation itself.

Relationship between conception/planning and implementation: Conclusions

- Generally speaking, the implementation of ProMeDro's actions is faithful to their conception/planning by the FOPH. However, the state of progress of actions varies greatly from one field to another.
- Globally, it can be seen that complex conception/planning slows implementation: the more complex the formulation of conception/ planning (many intervention sectors, partners or objectives to reach with limited resources), the less advanced the implementation of actions throughout the field of activity in question.
- Developed during the evaluation phase of conception/planning, the theories of action facilitated the choice of indicators relating to the implementation of the FOPH's actions; they will allow a more suitable and more transparent evaluation.
- Most of the actions developed by the FOPH integrate the four main modes of action designed and planned for ProMeDro (p. 7).

Relationship between conception/planning and implementation: Recommendations

- Fields of activity which experience a delay in implementing their actions must be analysed.
   To carry out necessary readjustments, the cause of the delay must be found (failings in the conception/planning phase, intrinsic complexity of the field and/or insufficient resources).
- A second theory of action should be contrived for each field in order to establish the deviations and failings which emerge between two phases of ProMeDro. This approach would also make it possible to further develop priorities in fields of activity for which theories of action have not yet been designed and planned.
- The FOPH should examine factors of synergy between the same modes of action in the different fields of ProMeDro. Recourse to the theory of overall action developed by the UEPP could serve as a conceptual approach to this examination.

## Conclusions and recommendations relating to implementation

The general goals of the evaluation are described in Chapter 2. They stipulate that information yielded by the evaluation should help to improve measures taken by the FOPH as part of ProMeDro, and must also help those responsible for development and implementation to make the right decisions. The conclusions and recommendations presented below relate to the analysis of implementation from 1996 to early 1999, and should provide the FOPH with the information required to rectify its actions.

As in the chapter on conception/planning (pp. 38-41), the conclusions are presented in the form of answers to the evaluation questions, and are followed by recommendations.

How is the FOPH organised to implement ProMeDro?

The distribution of tasks within the FOPH is complex. The most important weaknesses of conception/planning revealed by the evaluation have already led to certain readjustments, such as the improvement in internal co-ordination (prevention group, internal co-ordination group, etc.). Co-ordination nevertheless remains insufficient, particularly between the fields of research, evaluation and epidemiology.

The FOPH has successfully carried out the programmed transition of its policy from a logic of action (MaPaDro) to a logic of co-ordination (ProMeDro).

The work of the FOPH's staff is increasingly concentrating on central, cantonal or regional players.

The FOPH delegates an increasing proportion of its work to external partners (agents) in all three of the drugs policy "pillars" for which it is responsible.

As in MaPaDro, the FOPH mandates many actions within its national network of partners, which has grown considerably since 1991. The number of mandates nevertheless declined during the 1996-1999 period, being limited to firmly-established agents who co-ordinated all actions within their field of work (COSTE, RADIX, OSEO).

The FOPH also often calls on working groups, steering groups, supervisory groups, expert groups, etc.

#### Recommendations

- In the field of drug abuse, the complex organisation of the FOPH's work (internal and external) requires that co-ordination be further strengthened.
- As the FOPH is increasingly depending on delegation, it should study flows of information to and from agents. It should also continuously supervise its agents.
- With regard to the study of the FOPH's modes of delegation, the roles and functions of the many working groups set up by the FOPH should be specifically studied in order to reveal the most relevant models for the planned action.

What actions are implemented by the FOPH, and what are their intermediate outputs?

The FOPH has implemented many actions which have, on the whole, helped to improve nation-wide cover in every field concerned.

Financial support often follows an invitation to tender, targeted or open, particularly in the case of large-scale projects. This allows new ideas to emerge, and reveals players unknown to the FOPH. Innovation in some sensitive fields (prescription of heroin, prisons) continues to bear fruit, promoting dialogue and openness at both national and international levels.

The many information media developed by the FOPH (Spectra, Infoset direct, reference manuals, positions relative to votes, directories, national statistics, etc.), as well as the organisation and support of regional, national and international conferences, have made a major contribution to the acceptance of the four-pillar model.

Development of the work on quality, announced by the FOPH, is only just beginning, and some fields are further ahead than others (residential treatment, for instance).

Many of the FOPH's partners have taken part in its actions and used its products.

#### Recommendations

- The direct or indirect implementation of a broad range of actions by the FOPH is sustained by a large budget. The FOPH should therefore already be planning how to adjust its actions should its budget be reduced.
- In this sense, the ongoing study of the establishment and institutionalisation of projects borne by its external partners deserves to be strengthened.

- The FOPH must take care not to disappoint its network of partners, which took a long time to form, and is heavily assailed by various demands and countless questionnaires. It could manage this by strengthening its policy of information and feed-back.
- The FOPH's objectives in the field of quality are ambitious. To reach them, it will have to further strengthen its actions in this field.

How does the FOPH supervise the development of its action?

The FOPH uses two types of supervision: one is formal (contracts, external evaluations, supervisory committees) and the other is more informal (frequent contacts, direct collaboration, exchanges of information). Usually, its actions are really supervised by a combination of the two.

Experience acquired during MaPaDro has led the FOPH to draw up increasingly detailed contracts which in theory enables it to supervise its actions more effectively.

An increasingly large proportion of the action is directly controlled by agents of the FOPH.

As in the field of AIDS, the FOPH has acquired the means to develop its actions in a consistent way, displaying a real will to evaluate its policy, and resorting to external evaluations which increasingly target its key actions.

However, supervision is not always optimal with regard to continuity and quality.

In situations where the FOPH does not have any formal authority, it falls back on negotiation and persuasion, in accordance with an incentive mode of action.

#### Recommendations

- The FOPH should take care to improve the transparency of its modes of supervision, particularly in its work with agents.
- The FOPH must improve co-ordination of external evaluations in order to benefit as much as possible from their possible synergies, thus strengthening the supervision of its actions.

What problems were encountered, and how were they remedied?

Two main categories of problems emerge from this phase of evaluation: those located outside the FOPH and those located inside.

At the external level, some problems were essentially caused by a too hasty choice of agent (pp.83-90). As for cantonal resistance, though it decreased strongly, it nevertheless subsisted in the field of co-ordination. In some cases, the FOPH expects too much work from its agents in relation to their allocated resources, although new specifications and financial subsidies for problem cases (COSTE, OSEO) now seem more adequate.

At the internal level, the two fields of evaluation and epidemiology apparently do not receive enough support from the FOPH to correctly implement planned actions. The FOPH's major involvement in preparing votes during the 1996-1999 period also led to a delay in planned implementation, although this delay was relatively small compared to that entailed by conception/planning (pp. 35-37).

Problems relating to the overdue replacement of collaborators who resign from the FOPH lie half-way between the internal and external level. Most of the time, fortunately, the impact on actions in progress has been quite small, as agents can act as "safety nets", making up for some failings. However, as mentioned above, this situation has always led to a very excessive workload for these agents.

#### Recommendations

- The amount of time dedicated to the preparation of projects must be increased, and outside experts should be used even more systematically during such preparation. The effects of implementing these projects and of any modifications to their environment should also be better anticipated.
- The current LStup limits the FOPH's room for manoeuvre. The FOPH should thus propose changes to the legal framework in which it operates.
- As the FOPH often depends on delegation, newly-vacant posts should be filled immediately to ensure that experience and information are passed on under the best possible conditions.

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## FOPH<sup>1</sup> modes of delegation

#### Introduction

Delegation is commonly practised by the FOPH, which involves a large number of partners in the implementation of its policy to reduce problems related to drug use. Delegation occurs when the FOPH entrusts its partners (institutions, associations and private organisations) with tasks for which the FOPH is directly responsible. The term is widely used in the field of public administration: it means that an administration transfers to a third party all or part of a task or function assigned to it by legislation or the government.

Delegating not only allows the FOPH to decrease its work load, but also enables it to involve citizens in its policy, and to extend its influence through its partners. However, the FOPH also exposes itself to risk, since delegating may put its authority and autonomy at stake. This risk must be limited by such means as negotiation, contracts, systems of control, etc.

The objective of this study is therefore to identify, describe and evaluate the various types of delegation adopted by the FOPH during the 1991-1998 period. Three questions are listed in the study protocol: for what purposes does the FOPH use delegation, how is it implemented, and what are the consequences?

#### Method

We opted for a two-phased "inductive" a research approach. This involves first gathering a corpus of data about the subject of study on the basis of which to construct a framework for analysing modes of delegation. The modes are evaluated during the second phase.

Within this framework, delegation practices within the FOPH were observed by means of "case analyses". After discussions with the FOPH, eighteen cases were chosen. The analyses provide in-depth study by comparing several sources of information (interviews) and through document analysis.

In most cases, we carried out three types of interview:

- with a FOPH official responsible for formulation of strategy;
- with the FOPH respondents responsible for the case of delegation in question (the delegator)<sup>b</sup>;
- with those to whom this task had been delegated (the delegatee).

A database was created and updated to systematise data-gathering and analysis. A file was created for each case of delegation, containing all the available documents (activity reports, project evaluations, publications) as well as transcriptions of the interviews conducted.

Cases of delegation were systematically analysed by means of an analytical grid that was progressively developed. Each of the grid's headings was a theme of analysis. Each theme was explored for each of the files. Headings were subsequently added as necessary to provide a summary of the information contained

a As opposed to a hypothetical-deductive approach, in which a hypothesis is formulated, then verified by collecting data.

b The delegator is delegating tasks whereas the delegatee is carrying out tasks delegated by others.

## Main aspects of the delegation practices of the FOPH

The study revealed five dimensions underlying the FOPH's mode of delegation:

- The **assumption** about the effectiveness of such delegation. The idea may be to stimulate action or to obtain a snowball effect, or to enhance the legitimacy, effectiveness, or lifetime of a project. The intention may also be to test a programme, call on additional skills, benefit from a partnership, or to get closer to the "field". *E.g.: an organisation of young-people is better placed than a federal administration to implement prevention among young-people*.
- The function that is delegated. The FOPH transfers promotion and dissemination of projects; coordination, selection and management of requests for support; advice, information and consciousness-raising; or the definition of particular strategies (treatment, training). It also transfers the implementation of projects. E.g.: although prevention in foreign communities in Switzerland is entrusted to mediators, the operational management of the project remains the responsibility of the FOPH.
- The **selection of delegatees**. Delegatees are identified on the basis of their abilities or following an invitation to tender, either because they occupy a strategic position (key organisation) or because they are habitual partners of the FOPH. Some agents, such as those who propose projects, are also designated without prior consultation. *E.g.: the delegatee initiates a project; selection by invitation to tender is thus not necessary.*
- The **type of control** (including guidance) over the delegatee. Control can be very formal (contracts, control commission) or more informal (frequent contacts, collaboration, exchanges). In some cases, no control is exercised. *E.g.: contracts set out the conditions, the objectives and the dates when reports are expected. On the other hand, the project is directed by means of numerous informal contacts.*
- The means allocated. The transfer of a function may or may not be accompanied by the allocation of appropriate resources. E.g.: a mandate allows two posts to be funded, but the task to be performed would actually require twice as many.

These are the main factors which the FOPH has to manage when it delegates tasks. They occur in all the cases analysed, but their treatment differs according to the type of delegation involved (cf. below). in the files.

#### Response to evaluation questions

#### What is delegated?

The FOPH calls on its partners mainly promote, manage and implement intervention projects; for national co-ordination; to promote innovations; and to participate in the development of federal policy.

Recourse to Promotion Centres (appendix 5b), such as the Bureau for the Promotion of Harm reduction (OSEO), makes it possible to substantially assist the FOPH in implementing the three pillars of the federal policy to reduce problems related to drug use (prevention, treatment and reintegration, harm reduction).

More generally, it is clear that the FOPH retains certain strategic functions, such as designing and planning its operational policy, or co-ordinating and encouraging actors at all three administrative levels (federal, cantonal and municipal) to support its policy (platforms). Nevertheless, to increase the impact of this type of activity, the FOPH delegates some of it: the effectiveness of its actions is thus doubled by trusted partners who carry out tasks on behalf of the FOPH. On the specific cases of delegation studied, the functions retained by the FOPH are mainly those of steering (direction, orientation, control) and of project co-ordination.

### What are the various modes of delegation used by the FOPH?

This study defined four modes of delegation. These set the general conceptual framework, or the general orientation in which delegation takes place. It is evident that the manner of delegation within each mode depends on how the five dimensions described above (p. 84) are managed: the definitions outlined below are a starting point. The four modes are presented from the simplest to the most complicated in strategy (cf. below): an increasing number of socio-political considerations are progressively taken into account.

- The "support" mode: the operation is generally proposed by a third party (a bottom-up situation). The FOPH grants its support since there is a need for the proposed operation and it is in accord with FOPH strategy. In this type of delegation, the FOPH often adds a national dimension, requesting that the project be extended to other cantons. The agent's room for manoeuvre is very broad, although specific results are expected. The Voilà project, for example, existed even before the publication of the Confederation's first package of measures, initially receiving nothing more than financial support. Subsequently, the FOPH became progressively more involved, to the point where it became the principal investor, defining the project's main objectives.
- The "centralised" mode: the delegated action is intended to be directly steered by the FOPH, which maintains tight control of the project. This mode of delegation is designed for centralised implementation, with a national co-ordination and a degree of independence from the cantons. For example, phases I and II of the ARIA and CONVERS programs, which provide professional training for drug abuse workers, were followed up in this way: the FOPH specifically appointed a commission of experts to organise the training. The FOPH not only delegates, but is also represented on the commission.
  Moreover, it maintains control of the project, since the commission of experts formally has only a consultative role.

- The "decentralised" mode: although the envisaged action is planned by the FOPH (a top-down situation), its implementation is subject to same sort of constraint: either it falls within the responsibility of the canton, and the FOPH must follow the lead of the cantonal authorities, or the nature of the operation requires an intermediary. This was the case for the Santé-Jeunesse program to promote health in schools. As education and teaching are the responsibility of the cantons, the FOPH needs the participation of the cantonal authorities to legitimise its intervention.
- The "reflexive" mode: in this case, the delegation of tasks is a deliberate aspect of public policy (a programmatic vision). The cantons and the municipalities, in particular, are encouraged to further the Confederation's efforts through other (local) actors3. This is the case of the COSTE Promotion Centre, created in response to the recommendations of the Reha 2000 report, which detected gaps in the range of available residential therapies. To set up this project, the FOPH obtained the collaboration of the Conference of Cantonal Directors for Social Affairs (Conférence des directeurs cantonaux des affaires sociales: CDAS). In addition to carrying out a range of thematic or occasional operations, the project's main activity of co-ordination makes it an effective tool in persuading cantonal partners, as well as letting the Confederation know, in return, about their concerns.

It should be noted that these modes of delegation are not mutually exclusive: points of intersection may exist between two different modes (e.g.: between "support" and "decentralised" modes). Even more common are cases where the strategy of one mode overlaps with that of another (e.g.: "reflexive" and "decentralised" modes).

Into which strategies do these modes of delegation fit?

The "support" mode illustrates the FOPH's decision to pay attention to the grassroots, inspired by promising local initiatives, supporting and disseminating them. Operational projects which agree with its policy are thus integrated into FOPH overall efforts, receive mandates and are delegated.

The "centralised" mode is implemented when the FOPH deems that there is sufficient legitimacy at the level of the Confederation for the operation in question, and when this is acknowledged by the political partners. In parallel, the risks and rewards involved in the project are generally important (prescription of heroin, training, migrants, etc.), implying that the FOPH maintains almost total control over the operation, which usually involves strong direction and centralised control.

The "decentralised" mode is used when the FOPH wishes to intervene directly or to disseminate an existing model, but must find a field partner or cantonal partner to carry out the activity in question because of its position as a federal player. The delegation system then becomes more complex, as it presupposes an intermediary between the FOPH and the final agent (delegatee).

The "reflexive" mode is the most sophisticated form of delegation. The delegated task is integrated into an overall activity and fits into the FOPH's program. The intention is not so much to entrust implementation to a third party as to intervene in such implementation. Although this mode, like the "support" mode, is inspired by the field actors, it also includes the reverse relationship: guiding field actors. This mode of delegation is often chosen because the federal system of implementation is prevalent in the field of operation considered. We assume that the reflexive mode is chosen when the risks and rewards are important to the FOPH, and the centralised mode cannot be used for legal or political reasons. It should be noted that recourse to this mode is relatively recent (1993) and emerged after an initial series of experiments in delegation.

What are the consequences of these modes of delegation?

The mode of delegation adopted by the FOPH influences both the project mechanisms and the type of relations between the FOPH and its partners.

Delegation is managed very differently depending on whether a "centralised" or "reflexive" mode is involved, for example. The extent to which the FOPH maintains leadership varies according to the sociopolitical context in which the action is envisaged. Thus, our results show that the FOPH opts for the centralised mode (the most authoritarian), when it has a high degree of legitimacy, while the reflexive mode, which is more motivational and consensual, will be preferred in the event of strong opposition, real or potential.

The "centralised" mode is clearly the most desirable from viewpoint of the FOPH, as it provides the strongest control over projects. Nevertheless, the mode requires preconditions, particularly with regard to the legitimacy of action, which are not always fulfilled. It is therefore not always applicable.

The "decentralised" mode is particularly well-suited to situations where co-operative implementation prevails: although the Confederation is not necessarily legitimised to take action, it nevertheless wishes to do so. Association with a partner is thus an essential precondition, and the relationship becomes particularly delicate to manage. The cantonal intermediary (or delegatee) may consider the relation as one of collaboration between equal partners rather than delegation.

The "reflexive" mode most accurately reflects the FOPH's concept of the Confederation's role in the field of drug use. This policy of persuasion (or encouragement), which gives great credit to local initiatives, nevertheless involves several ambiguities which are sometimes difficult to manage. Problems of legitimacy can arise for the Confederation's partners (the delegatees): delegation may sometimes have been specifically chosen in order to bypass cantonal and municipal authorities which are too reticent towards federal policy, in order to encourage them to subsequently follow the Confederation's line once public awareness is raised by "local" actors.

This consideration also applies to the "support" mode, which is particularly well-suited to direct operations in the field, or to those in which federal competencies are recognised. These delegations reveal a real intention to decentralise or even to democratise a policy in order to increase its effectiveness.<sup>4</sup>

What control mechanisms are available to the FOPH and how effective are they?

The study noted explicit control mechanisms (direct and formal) such as contractual verification (possible when documents are sufficiently precise about objectives, and when annual reports are sufficiently detailed) or evaluations. Another mechanism is participation in limited steering groups, in which the FOPH holds a powerful position with regard to a project's possible reorientation.

Other forms, more implicit (indirect, informal), were observed in cases where decision-making power was not clearly established. In these situations, contacts with the partner were informal and frequent, providing the FOPH with real-time information about the development of projects and their state of completion. In some cases, the FOPH participates in extended steering groups, in which it tries to impose its viewpoint through persuasion and negotiation rather than formal authority.

The FOPH's control over its partners is often informal (adoption of a spontaneous style, in the form of telephone contacts and frequent exchanges of information), revealing a high level of confidence, and seems to be favourably received by both parties. This type of control guarantees continuous and detailed information about the state of progress of projects.

We have however seen high-risk situations, where despite a well-designed control mechanism, neither steering nor assessment could be implemented in a satisfactory way: for example, during a period in which a change of FOPH respondent is delayed. In this type of situation, the effectiveness of control is limited. The same cause can also harm implicit control mechanisms, which are mainly based on reciprocal trust. A lack of resources within the FOPH decreases the frequency of contacts, thus diminishing the possibility of obtaining relevant information about the progress of projects. Control of results and steering then become inoperative.

#### Is the delegation adequate?c

This study revealed the stages in which the FOPH progressively acquired effective competence in the realm of delegation. It became apparent that initial attempts to delegate, during the 1990-1994 period, were tests and experiments which paved the way for later delegations. The second phase, covering the years from 1993 to 1995, involved assessment, analysis and large-scale reworking: modes of delegation were changed, and the management of the various dimensions was improved.

The study allowed this learning process to be observed, revealing a clear overall improvement of the FOPH's abilities in the field of delegation, and consequently in the results of the projects delegated. The period from 1995 to 1998 was thus marked by dextrous management of these skills.

The individual files (in the complete report) give more details about the FOPH's delegations, and our recommendations as to possible adjustments.

At present, its ability to delegate enables the FOPH to extend its influence and give its policy considerable impact. It can double the effectiveness of its work in all three pillars by sharing functions with external partners on a large scale (cf. Promotion Centres).

Concerning the adequacy of modes of delegation, these were generally chosen correctly, thus demonstrating the FOPH's skill in perceiving strategic risks and rewards (expectations and roles of each party, federalism, different ways of thinking, etc.).

Only two cases were shown to have been poorly handled at this level: the first has been correctly modified, giving rise to a new form of operation (ARIA and CONVERS, followed by a Commission of experts). The second has not yet found its ideal ("decentralised") mode, although it also underwent a change of approach (Santé-Jeunesse, followed by Ecoles & Santé).

Concerning the management of the different dimensions of delegation, the errors observed were those of appreciation, of sub-optimal choice of agent. Such errors were generally due either to the fact that the agent selected was not the best placed to carry out the task entrusted, and that the FOPH was not aware of this at the moment of delegation; or that an ideal agent was known, but was not willing to assume the responsibility.

The preparatory phase of delegation proves to be very important, as it has a major impact on the amount of time that will later be necessary for steering and on the results obtained. However in many of the cases analysed this phase was carried out too superficially.

In some cases, the means necessary to carry out the delegated task were notably under-estimated. Mandates contained too many delegated tasks in relation to the person-resources that would be covered by the sum allocated.

The extent to which a function is actually delegated (the basis of delegation) is sometimes not absolutely transparent. A certain confusion results, particularly with regard to decision-making powers: as a result, the FOPH and its partner no longer know very clearly whether their relationship involves collaboration (partnership) or delegation (principal-agent).

Finally, some problems of delegation can also appear over the long term, for example due to a conflict of personalities or to a change of collaborator, etc.

#### Conclusions

- The success of a task delegated by the FOPH is strongly dependent on the procedure applied to select the agent.
- More specifically, it appears that the chances of success are best when the agent is selected following an invitation to tender.
- In many of the cases analysed, the FOPH did not sufficiently anticipate the effects to be achieved through the delegation (continuation of the action by the partners, effects on the target-group).
- Proper preparation generally reduces the amount of time the FOPH will later have to devote to a delegated task.
- In some cases, it is not clear whether one is dealing with a delegation or a subsidy, an agent or a partner, a centralised or a decentralised mode.
- The effectiveness of some delegations mainly depends on the quality of relations with the FOPH.
- The belated replacement of staff has harmful effects on the collaboration, steering and control of delegation.
- The means allocated are sometimes insufficient to perform the tasks delegated.

#### Recommendations

- Invitations to tender should be systematically used to choose agents, in order to identify previously unknown actors, specify the FOPH's demands and adjust theses as well as possible.
- The preparatory phase prior to delegating must be improved. A certain amount of reflection is required, including at minimum an analysis of the different aspects of the delegation (assumptions, function, selection of the agent, type of control, resources). Ideally, the assumption of effectiveness should be tested by an ex ante evaluation of the feasibility of delegation (before its implementation), in order to best anticipate any difficulties which could occur and to avoid wasting time.
- The roles and expectations of each partner should be clearly specified in order to avoid any ambiguity in their relationship.
- It would be prudent to maintain a high level of collaboration with the agent in cases where the effectiveness of the delegation essentially depends on the quality of its relations with the FOPH.
- In the event that staff are replaced, it is imperative to find ways to maintain continuity in order to avoid compromising the collaboration, steering and control of delegation.
- Delegated tasks must receive adequate resources.

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# Survey of the FOPH's partners in the field of drug use (illegal drugs)<sup>1</sup>

#### Introduction

In the field of drug use, the Federal Office of Public Health (FOPH) only rarely has immediate access to the groups targeted by its operations<sup>a</sup>: It therefore collaborates with actors who are closer to these groups or in direct contact with them. In Switzerland, collective management of problems related to drug use is handled by the cantons, municipalities and private institutions. From the federal viewpoint, these actors can be seen as a "national network to reduce problems related to drug use" (hereinafter referred to as "the network"). The Network's actions (and its effects on problems related to drug use) vary according to its composition and resources, the types of exchanges and interdependencies between its members, and the existence of common frames of reference<sup>2</sup>.

In this context, the FOPH works by allocating various forms of support to members of the network, which will permit them to attain their goals, thus also enabling the federal authorities to attain theirs. The survey presented here deals with such interactions between the FOPH and this group of actors with which it may collaborate (and sometimes is obliged to collaborate).

#### Method

At the end of October 1998, a questionnaire was sent to all the actors featured in the main index of addresses dealing with the reduction of problems related to drug use in Switzerland<sup>3</sup>. These include representatives of the local authorities (towns and cantons) concerned by the social and health aspects of drug use, as well as public and private institutions involved with drug problems.

The questionnaire had three parts:

- How members of the network assess their collaboration with the FOPH;
- How members of the network assess the actions supported by the FOPH and the ideas underlying its work, and how these actions and ideas are disseminated within the network:
- General questions concerning the policy to reduce problems related to drug use.

The second part was further subdivided according to the field of operation (prevention, therapy, harm reduction). As representatives of **local authorities** are a priority target of the FOPH's work, they were asked about each of the fields. **Institutions** were asked to answer only the parts of the questionnaire relating to fields in which they invest part of their resources.

#### **Evaluation questions**

The **evaluation questions** are as follows (the term "network" refers to the system of actors involved in reducing problems related to drug use in Switzerland):

- are members of the network who collaborate, or have collaborated, with the FOPH satisfied with this collaboration?
- are there any reasons why some members of the network do not wish to collaborate with the FOPH?
- are the members of the network aware of the policy and the various activities implemented or supported by the FOPH?
- do members of the network use the "actions" of the FOPH? If so, which ones?
- do members of the network view the work of the FOPH in a positive light, and do they deem it useful for their own operations?

a Users of illegal drugs and those likely to use them.

#### Response rate

Table 6a

Response rate

	Local authorities		Institutions		Total	
	n	%	N	%	n	%
Valid addresses	97	100%	745	100%	842	100%
Questionnaires returned	53	55%	413	55%	466	55%
Double replies*	19	20%	92	13%	111	13%
Refusals	3	3%	7	1%	10	1%
Other motives	5	5%	9	1%	14	2%
No response	17	17%	224	30%	241	29%

<sup>\*</sup> The questionnaire had already been filled in by one of the departments of a local authority or by one of the establishments of an institution.

More than the half of those contacted participated in the survey. After subtracting the 111 double replies identified, the participation rate was nearly two-thirds (64%). The survey's geographic coverage was not quite complete: gaps were mainly for a few small cantons with only a limited number of institutions working in the field of drug use. Apart from these exceptions, most of the cantons showed an overall response rate of between 40% and 65%. If the categories of activity proposed in the FOPH's index are considered, only mutual assistance groups and parents' associations had a response rate of less than 45%.

#### **Description of respondents**

#### Local authorities

Of the fifty-three representatives of local authorities, twenty-two were **specialists** (drug delegates, representatives of a drugs commission, officers of cantonal institutions working in the field of drug use), while twenty-eight were **generalists** (cantonal physicians = 17, representatives of departments of social and/or health affairs, representatives of public education or of school health); three were **representatives of supracantonal organisations**<sup>c</sup>.

In most cantons (fifteen) the respondents include at least one specialist and one generalist. Responses by specialists are lacking in the cantons of LU and TG, and by generalists in the cantons of GR, JU, OW, SH and SZ.

#### Institutions

Of the 413 institutions analysed, 223 (54%) **commit at least half of their resources to problems related to drug use:** ten of these allocate these resources mainly to prevention, 131 to therapy, forty-five to social and medical harm reduction, and thirteen to other fields (training, research, mutual assistance, networking, etc.). Twenty-four institutions commit resources to more than one field (generalist institutions).

Of the 190 institutions which do not commit most of their resources to problems related to drug use, forty-four deal mainly with prevention and health promotion; sixty-four with therapy, treatment and medical care; and sixty-nine with social aid, counselling, accommodation and employment aid. Thirteen institutions work mainly in other fields (mutual assistance, research, etc.).

b Glaris: no questionnaire filled in; Appenzell Outer Rhodes, Nidwald and Solothurn: no questionnaire filled in by a local authority.

Conference of cantonal directors for social affairs (Conférence des directeurs cantonaux des affaires sociales: CDAS), Conference of cantonal directors for health affairs (Conférence des directeurs cantonaux des affaires sanitaires: CDS), Delegation of the Union of Swiss towns for drug-related issues (Délégation de l'Union des villes suisses sur les questions de drogue).

Table 6b

Main activity of institutions

	Prevention	Therapy	Harm reduction	General	Other	Total
Drug use major activity	10	131	45	24	13	223
Drug use minor activity	44	64	69	-	13	190
Total	54	195	114	24	26	413

Among the 413 institutions:

- 54 (13%) work primarily in **prevention/health promotion**;
- 195 (47%) principally provide therapy, treatment & medical care;
- 114 (28%) work mainly in the fields of harm reduction/social welfare/employment/and accommodation counselling;
- 24 (6%) are generalists in the drug field;
- 26 (6%) work mainly in other fields (research, training, mutual assistance, etc.).

#### Results

#### Collaboration

More than two thirds (69%) of respondents, in all categories, state that they have collaborated with the FOPH at least once<sup>d</sup>. This rate, which is remarkable, is higher for local authorities (94%) than for institutions (66%), as might be expected.

When asked about the last support provided by the FOPH, virtually all representatives of local authorities and institutions acknowledged the "competence" of the FOPH's staff. However, their ability "to grasp local issues" was criticised in nearly 20% of cases. Comparison of these results primarily indicates that the personal capacities of the FOPH's workers are widely

acknowledged. On the other hand, some respondents felt that the FOPH was too far away from the "field", or that the elaboration of a project which targets both the partner's local objectives and the FOPH's national objectives does not always yield a satisfactory result for the partner.

The organisation of the FOPH's work was sometimes criticised. For instance, the "availability" of the FOPH's collaborators was judged negatively by respectively 14% and 20% of the local authorities and institutions concerned. Its "administrative functioning" generated the least favourable opinions, being criticised by nearly a quarter of the respondents who had experience of collaboration with the FOPH. These results might urge the FOPH to reconsider its functioning and organisation, which should be as highly appreciated as the ability of its collaborators.

Nearly three quarters (72%) of the respondents representing local authorities, and nearly half (42%) of those representing institutions stated that they had collaborated indirectly with the FOPH through agents. Of these, the most commonly mentioned institutions were **COSTE**, **RADIX** and the **OSEO's** promotion bureau. The work of these three agents is very much appreciated by the various members of the network which have collaborated with them.

The minimal criticism expressed about the main agents (delegatees) also credits the FOPH, which has apparently been able to find intermediaries and call on high-quality workers to represent it within the network. The above results could also confirm that operations carried out with the help of an agent present in the field tend to satisfy the players involved there.

Dissemination (use and awareness) of actions in which the FOPH is involved, and of the ideas which guide its actions

Most of the programs, projects and products supported by the FOPH are widely disseminated within the network. In the field of **prevention**, the **RADIX** program and the **national campaign** are widely used by members of the network, but are also well-known to those who do not use them. **Other national** 

d This rate only applies to the sample which replied to our survey; nevertheless, it should be noted that the fact of having collaborated with the FOPH may have provided a motivation to participate in the study.

**programs** supported by the FOPH are widely disseminated, although not enough to claim national coverage. The **REES**, **Voilà** and **Migrants** projects and programs could well use an additional information campaign, aimed at local authorities in particular.

In the field of **therapy**, the excellent dissemination achieved by **COSTE** and **Infoset Direct** indicate that the FOPH has helped to set up two projects that are widely used and well-known. Moreover, most of the projects supported by the FOPH in this field, and the reports which deal with it, are widely used or well-known. Information about **FOS** and **SAMBAD** could nevertheless be developed further.

Results in the field of harm reduction are more difficult to interpret, due to the many different actors involved in this field. One should nevertheless note the excellent dissemination, in terms of both use and awareness, of Flashboxes and the folder on HIV prevention in Switzerland, as well as the very high awareness (among those who did not participate in the programme) of syringe-distribution projects in prisons. On the other hand, the OSEO's promotion bureau seems to be relatively less used and less well-known, particularly among respondents from local authorities. The same applies to Harm Reduction Cards. Particular attention should be paid to these two projects and products if their dissemination is to become truly national in scope.

The dissemination of **training courses** and important **documents** either supported or published by the FOPH is remarkable, as most of those questioned stated either that they use them or know of their existence. This excellent dissemination may have contributed to the fact that in Switzerland, actors in the field of drug use have an increasing number of references in common, and that some ideological debates are gradually giving way to more pragmatic thinking. Moreover, information disseminated through brochures and reports seems be used directly by the respondents in their work. They are also often aware of the existence of various **federal commissions** which discuss problems related to drug use.

The respondents seem to be well aware of the FOPH's operational concepts in the fields of prevention, therapy and harm reduction: they correctly identify the objectives of the FOPH, and the opinions of the different categories of respondents diverge very little. It therefore seems that the FOPH's operational concept is well-known to the respondents, and that risks of misunderstandings are consequently low. It is nevertheless worth noting that the final objectives sometimes seem to be better known than the methods envisaged by the FOPH to attain them. In particular, this is the case for prevention.

Assessment of operations in which the FOPH is involved, and the ideas which guide its actions; priorities to be adopted.

Very few critical judgements are made about the effects of the FOPH's **actions** as a whole, or about its operational **concept** in each of the three pillars for which it is responsible. The respondents indicate that the FOPH's **actions** primarily have a beneficial effect on "the social and political acceptance" of prevention, therapy and harm reduction. The FOPH's **concept** in these various fields is primarily qualified as "realistic". For both **actions and concept**, "usefulness in their own work or their daily practices" is stressed slightly less when respondents are asked to evaluate the effects of the FOPH's work.

The priorities which respondents would like to see adopted by the FOPH vary from one field to another. In the field of **prevention**, the FOPH is expected to provide co-ordination and disseminate information at national level. As in other fields, the institutions also expect a policy of financial support. Quality assurance is not mentioned as an operational priority in the field of prevention.

Inversely, in the field of **therapy**, the main priority mentioned is the development of instruments related to quality. Next comes the classical distinction between local authorities, who would like more co-ordination, and institutions, which would like more funding. The dissemination of information is not deemed to be a priority at present.

The situation is more confused in the field of **harm reduction**, where local authorities would like priority to be given to national co-ordination and the development of instruments related to quality, while institutions would above all prefer the dissemination of information.

In the field of **training**, the situation is similar to that of therapy, while in the fields of **research**, **evaluation** and **epidemiology** the respondents expect the FOPH to become involved in national co-ordination and funding. In **prisons**, work on co-ordination and quality comes before funding, which is not deemed to be a priority. Finally, according to the respondents, the field of **migrants** mainly requires co-ordination and the dissemination of information.

#### Legislative, political and financial aspects

From among several legislative scenarios, respondents were asked to choose those which would rally the support of collaborators within their administration or institution. Essentially, the answers indicate that current legislation has little support, and that no scenario related to criminalisation or decriminalisation is widely supported. Nevertheless, the option of "banning drug dealing and decriminalising drug use" obtains the most support from both local authorities and institutions. It is also noteworthy that options involving the "decriminalisation of the sale and consumption of cannabis only" or the "decriminalisation only of the consumption of cannabis" only obtain a relatively low degree of support. This may be because the option is rejected both by respondents who feel it goes too far and those who feel that it doesn't go far enough.

The three scenarios of general laws on drug use proposed in the questionnaire obtain a majority of support only from institutions. Collaborators within these institutions also seem to be more favourable to a law that targets the consumption of both legal and illegal drugs. Collaborators of local authorities only partially approve the proposed scenarios.

More generally, both categories of respondents (local authorities and institutions) feel that the Confederation currently does not do enough in the fields of

prevention and of combating the drug trade.

Operations in the fields of therapy and harm reduction are deemed insufficient only by institutions.

Finally, for the respondents from local authorities, the ideal repartition of costs related to drug use would be as follows: the cantons and municipalities would assume most of the costs in the fields of **prevention** and **harm reduction**, while the health insurance and social security systems would assume most of the costs related to **therapy.** Federal support is primarily expected in the field of **prevention** (desired federal participation: 50% of overall costs engendered), and in that of **harm reduction** (desired federal participation: about 25%).

e 1. A law that implements the federal policy based on the four pillars (prevention, therapy, harm reduction, repression) which would oblige the cantons to apply this policy. 2. A law on prevention of drug abuse (legal and illegal drugs) which would oblige the cantons to develop preventive measures. 3. A law of assistance to severly dependant drug users (legal and illegal drugs) that obliges the cantons to offer means of assistance.

#### Conclusions

- The amount of collaboration, both direct and indirect, between the FOPH and members of the network is remarkable.
- The competence of the FOPH's collaborators is almost unanimously acknowledged. On the other hand, their ability to grasp local issues, and the organisation of the FOPH's work (availability of collaborators and administrative operation) were subject to a few criticisms which deserve consideration.
- Among the projects supported or initiated by the FOPH we note the excellent dissemination (use and knowledge) of the following: COSTE; Infoset Direct; the RADIX program; the national campaign; training courses; Flashboxes; all of the reports and information brochures. This excellent dissemination probably contributed strongly to the harmonisation and development of the national network to reduce problems related to drug use.
- Among the national projects less used and less known by members of the network are: the OSEO's promotion bureau; Harm Reduction Cards; the Voilà program, the Migrants Project and the REES.
- The members of the network know the FOPH's concept of the reduction of problems related to drug use, qualifying it as pragmatic and varied.
- The members of the network had hardly any criticisms to make about the range of actions in which the FOPH participates, or about its concept of the reduction of problems related to drug use.

- With regard to priorities in the FOPH's operations, the members of the network would like to see different priorities in each field of operation. It should be noted, however, that national co-ordination is often one of the leading priorities.
- The members of the network, particularly the collaborators of local authorities, state that they are still relatively undecided about the content of the revision of the LStup (national drug law).
   It is clear however that most of the network's members are not satisfied with current legislation.
- Local authorities and institutions agree that the Confederation's commitment to prevention and to combating the drug trade is insufficient.
- Finally, the respondents from local authorities expect support from the Confederation above all in the fields of prevention and harm reduction. In other fields, they feel that costs should be assumed by local authorities (cantons and municipalities), health insurance and the social security system.

#### Recommendations

- The scope of the collaboration between the FOPH and the network should be maintained, as the partners seem to be satisfied with it, and the actions which it generates are usually widely disseminated.
- Indirect collaboration through delegation to agents is very much appreciated by the partners. This type of interaction should be maintained, as it brings actors closer together, making them better able to appreciate the local issues faced by partners.
- To improve the conditions of its collaboration with members of the network, the FOPH could focus in particular on its administrative organisation, and on the capacity of its collaborators to grasp local issues.
- The reasons for the relatively poor dissemination of some projects or products require examination. If necessary, additional information campaigns should be carried out.
- Widely disseminated programs, projects and products must not be neglected, as they are remarkable tools for collaboration and exchanging information within the network.
- The priorities suggested by the members of the network should urge the FOPH to think about its future operations, and about the best form of national co-ordination in each of the fields dealing with the reduction of problems related to drug use.
- Of all the fields dealt with by the FOPH, prevention appears to be the one which requires an increasing amount of intervention, and to which the Confederation is expected to make a major financial contribution. The FOPH would be well advised to respond to the expectations of its partners.

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## Health aspects of police work among drug users<sup>1</sup>

#### Introduction

Through ProMeDro, the second federal programme of measures to reduce drug-related problems, the FOPH hopes to intensify collaboration between the repression pillar and the three health-related pillars (prevention, subsistence aid and therapy). At federal level, the Federal Police Office (OFP) is responsible for repression, the fourth pillar of federal drugs policy.

The fourth pillar has never before been evaluated by the FOPH. Nevertheless, many of those responsible for repression (the police in particular) have direct and regular contacts with drug users a during the course of their duties, and work carried out by the police in the narcotics sector has a definite impact on the health of drug users. Furthermore, the activities of the police often intersect those of the health and social services, and relations between the police and social/health workers are increasingly based on co-operation. However, repression remains clearly distinct from health work, and the specific roles of those involved should therefore be precisely defined.

The interdisciplinary study outlined in this chapter analyses the legal basis of police operations, and examines the role which members of the police believe they play in the health of drug users, taking account of the structural organisation of the police as a whole.

#### **Evaluation questions**

- Which laws and regulations determine the attitude of the police towards the health problems of users of drug users?
- Are the various laws and regulations consistent with each other?
- What differences are there between the laws and regulations?
- Against the background of its general preventive duties, how does the police see its role in protecting the health of drug users? What measures to this end is it planning to take?

#### Method

To answer the above evaluation questions, two distinct methodological approaches were applied:

- the analysis of written information (laws, decrees, executive decisions, service orders, rule-books, etc.);
- interviews with key individuals (appendix 7a) based on an interview guide, of which two versions exist (one for the national level, and the other for the cantonal and municipal level).

At **national level**, apart from the analysis of available written information, seven interviews with representatives of the following organisations were included (some interviewees represented several organisations):

- Federal Police Office (OFP);
- Conference of cantonal judiciary and police directors (CDCJP);
- Conference of Switzerland's cantonal police commanders (CCCPC);
- Union of Swiss criminal investigation department heads (ACPS);
- Swiss union of municipal police chiefs (ADPM);
- Federation of Swiss police officers (FSFP);
- Interdepartmental narcotics working group (GTIS);
- National drugs committee (CLD);
- Federal commission for drug-related issues (CFLD);

In this chapter, the term drug user(s) refers to persons who consume illegal drugs.

- Conference of cantonal representatives for addiction-related issues (CDCT):
- Conference of municipal representatives for addiction-related issues (CDVT);
- Drugs working group of the Swiss federation of cities (GTDUSV).

At **cantonal and municipal level**, eight towns and cantons were chosen on the basis of the following criteria:

- representation of the various linguistic regions;
- size of the police force;
- liberal versus restrictive drugs policy;
- · urban versus rural areas.

Following the analysis of written information, a total of eight interviews were carried out with police chiefs in the following cities and cantons:

- · cities of Basle, Bern and Zurich
- cantons of Bern, Geneva, St. Gallen, Vaud and Ticino

The fifteen interviews lasted between one and two hours each, and took place at the workplace of the interviewee. To prepare the ground, the evaluation protocol was sent to the police directors and commanders of every canton and selected town, accompanied by a cover letter from the director of the Federal Police Office.

During the preparation of the report, further information was obtained from interviewees by telephone, including an extensive interview with the interim director of the Swiss police institute (ISP) in Neuchatel. Cantonal laws and federal legislation, decisions of the Federal Supreme Court and specialised legal documentation on specific themes were consulted in addition to the documents received.

On May 11, 1999, the interviewees were all sent a written draft of the report in order to check whether the published information about their canton or town was factually correct. The resulting feedback was then taken into account. On May 12, 1999, a feedback meeting was held with a representative of the working group on collaboration between the police and social work in the field of drugs and AIDS (CoP/ ZuPo).

## Results: Context of drug-related police work

#### Initial situation in structural terms

In principle, policing is a matter for the cantons, and is thus federally regulated. However, the federal government also carries out police activities, helping the cantons to combat organised and international crime.

The cantons of Basle city, Bern, Geneva, St. Gallen, Vaud and Ticino, all closely examined in the study, have their own police laws which define the tasks and responsibility of the police, and regulate the division of duties between the cantonal and municipal police forces.

As far as police organisation in the drugs field is concerned, the federal government, or more specifically the Federal Police Office, operates the "Zentralstelle für die Bekämpfung des unerlaubten Betäubungsmittelverkehrs" b, supported by the federal government and cantons. In the examined cantons and towns, the fight against drugs (focusing on drug dealing) is as a rule organisationally integrated into the criminal investigation department or the security police as a separate unit (drugs squad). In major urban centres, additional efforts are made to prevent the formation of open drug scenes, and the public consumption and dealing of drugs, by special units and/or specialised police officers.

b Central office to combat the illegal drugs trade.

At national level, the police is organised into various alliances, some of which deal with drug-related issues. Moreover, the police is represented in bodies to combat drug dependence set up by the health and social services. The following police alliances exist at national level:

- Conference of cantonal judiciary and police directors (CDCJP);
- Swiss conference of cantonal police commanders (CCCPC);
- Union of Swiss criminal investigation department heads (ACPS);
- Swiss union of municipal police chiefs (ADPM);
- Federation of Swiss police officers (FSFP); Specific working groups:
- the interdepartmental working group for drugs (GTIS);
- the CoP or ZuPo working group (collaboration between the police and social services in the fields of drugs and AIDS).

Basic training for police officers is either provided by the (larger) police forces themselves, or is provided by the Swiss police institute (ISP). The ISP is jointly financed by the federal government, the cantons and other organisations. The Institute also provides further training and produces teaching aids. In 1998, under the responsibility of the ZuPo working group, an unprecedented interdisciplinary course on collaboration between the police and social services in the fields of drugs and AIDS was provided by the Federal Police Office, the Federal Office of Public Health and the FSFP.

### Health problems of drug users and everyday police work

People who merely consume drugs are no longer the focus of police attention except when there is question of preventing public consumption and the formation of open drug scenes. Any police officer can come into contact with drug users, mainly within the context of security-motivated police activity (patrols, identity checks, etc.), but also during vehicle spot-checks or police investigations primarily relating to theft, burglary of vehicles, acts of violence and homicides. This brings the police into confrontation with the various health problems of drug users, such as withdrawal

symptoms, infected lesions, overdoses, poor general condition, etc.

As in other situations, the police provide first aid if necessary. Depending on the case, the medical police are called. Furthermore, drug users are made aware of medical and social relief centres. Further measures comply with drug policy concepts (such as bringing non-local drug users to the expulsion centre in Zurich). In all of the towns and cantons examined, institutionalised collaboration exists between the police and the health & social authorities in both the strategic and operational fields.

## Results: Answers to the evaluation questions

## Which laws and regulations determine the attitude of the police towards the health problems of illegal drug users?

While fulfilling its duties, the police is, like any other administrative authority, bound to the constitutional principles of legality, the public interest, fairness, the principle of loyalty and faith, and equality before the law. In addition, however, there are special principles of police law: the Opportunity Principle (Opportunitätsprinzip), the Disturbance Principle (Störer-prinzip) and the Polluter-Pays Principle (Verursacherprinzip).

The Opportunity Principle gives the police latitude as to whether and how it takes action against a threat to public safety and order, or against a disturbance which has already occurred. The Opportunity Principle is only valid within the context of general protection of public order; it does not apply to prosecutions or to police protection of property under special laws. Once a specific law has been broken, the opportunity principle no longer applies to police work.

The general police clause should be mentioned in connection with the principle of legality. The general police clause allows the police to take steps to eliminate or ward against any disturbances or threats to public safety and order, even without any particular legal basis. In the above-mentioned cases, the general police clause provides a legal basis; the clause is therefore of a subsidiary nature.

For a long time, the behaviour of the police was not specifically defined in law. In some cantons, general police laws embodying the above-mentioned principles and defining the tasks and responsibilities of the police were only promulgated after 1980. Geneva has had a police law since 1957, while the first police law in the canton of Ticino dates back to 1893.

The specific material law governing police activity against drug users is the narcotics law (BetmG or LStup)², or more specifically its Article 19 ff., with the appropriate penalties for offences against the LStup. In combination with the federal law on federal criminal investigation offices and its provisions, Article 29 of the LStup provides the decisive legal basis for the central criminal investigation office, or respectively, the responsible federal police office, to combat the illegal narcotics trade.

In addition to the LStup, which provides the specific material basis for the task of the police in the narcotics sector, the implementation (the how) of this task is ruled by the above-mentioned general constitutional principles governing administrative actions, and by the specific principles of police law, as well as by the provisions of cantonal police and criminal procedure laws, with the appurtenant implementation decrees.

As briefly stated above, the Opportunity Principle does not apply in prosecutions, and is therefore not applicable to police work in the drugs field. Article 19a, subparagraphs 2 and 3 of the LStup is in fact a (federal criminal) provision based on the Opportunity Principle. However, this does not allow the use of the Opportunity Principle at police level, as the dismissal of legal proceedings requires a formal decision, either by the public prosecutor's office or a judicial authority.

In the drugs field, the administration is not only subject to legal constraints (federal and cantonal laws and decrees, constitutional principles) but also to its own internal regulations (general service instructions) and (sometimes) the service orders (service instructions for individual cases) which underlie everyday police work in the drugs sector. For police work, drugs policy concepts or principles are also quite decisive.

Police work in the drugs field has direct or indirect effects on the health of drug users. The following fields in particular have effects: emergency help, medical care (during arrests or police custody), confiscation of syringes, relations with the open drugs scene, prosecution practices (consumption and small-scale dealing), collaboration between the police and the health & social services. On the whole, there are few regulations governing the above-mentioned fields. As a rule, cantonal criminal laws or prison ordinances comprise regulations governing medical care for arrested or imprisoned persons. The police has to provide on-site first aid as part of its general duties. The issue of the confiscation of syringes is governed by general service instructions. Legal regulations, principles or executive decisions govern collaboration between the police and the health & social services.

According to the available information, open drug scenes are not tolerated in Switzerland. The general purpose of the police, which is the protection of public order and safety, supported by the general police clause, forms the legal basis for police intervention if cantonal police laws do not contain appropriate regulations. Concrete instructions at executive level govern the actions of the police.

As far as prosecutions are concerned, the police is obliged to prosecute criminal offences, which include drug use. Service instructions agree, although in view of the limited means these are not very explicit, focusing on specific groups or points.

#### Are the various laws and regulations consistent?

This question addresses the relationship, or rather the agreement between administrative rules or service orders and the law (which takes precedence).

While fulfilling its tasks, the police is bound to the above-mentioned constitutional principles. The activities of the police, or rather the corresponding service instructions or orders must not contravene the law. However, verification of the legality of police activities in the drugs field is not the subject of the present investigation, which aims to compare cantonal laws and service instructions applicable to the drugs field in the examined cantons and towns.

### What differences are there between laws and regulations?

To sum up, the cantons examined have few laws dealing with the relationship between police work and the health of drug users. Cantonal laws or decrees lay down regulations relating to medical care for those arrested or detained, contained either in the penal care laws or prison ordinances of individual cantons, and the content of which does not vary greatly. Only two of the examined cantons have regulations with legal force which serve as a basis in connection with the open drugs scene.

In all of the cantons and towns examined, the executive authorities or police commanders have all issued service instructions concerning drugs and relations with drug users. In some cases, however, these have not been issued in written form. In terms of content, certain differences can be noted, particularly as regards the confiscation of syringes: the cantons and towns examined all accept that clean syringes should not be confiscated, and service instructions read accordingly. However, used syringes are confiscated everywhere, except in the cantons of Geneva and St. Gallen. In the canton of Basle-city, syringes are not systematically confiscated, whether they be new or not. Particularly noteworthy is the fact that the Geneva police gives new syringes in exchange for old.

In some of the examined cantons and towns, the explicit overall drug-policy concepts or principles of the executive form the basis for police work in the drugs field. In connection with institutionalised collaboration between the police and the health & social services, it should be noted that a police presence on commissions to combat drug abuse (created by law or decree) is only explicitly provided for in the regulations of the cantons of Geneva and Ticino.

## Against the background of its general preventive duties, how does the police define its role in protecting the health of drug users? Is it planning to take any measures to this end?

The prevention activities of the police primarily relate to crime prevention. Drug users' right to health is not handled differently than that of the rest of the population. All of the interlocutors agree that the primary tasks of the police relate to order and security. However, they also unanimously stress that this clear division of roles between police and the health & social services only works in the event of concomitant close and high-quality collaboration. Such collaboration has developed extensively over the last few years in a positive way.

#### Overall results

The following **obstacles** to co-operation between the police and the health & social services were mentioned by the interviewees:

- the police have been made to feel insecure in their role due to general social changes;
- the development of drug policy is ahead of that of legislation. Several of those interviewed pointed out that the implementation of the legal provisions is difficult, and a revision of the narcotics law is seen as urgently necessary;
- the differences between cities and rural regions.
   Some say that the police always has to fulfil a dual function in rural areas as both representatives of the law and as "social workers". For a clear division of roles, the necessary social and health infrastructure should be available, which is often not the case in rural areas;
- the lack of a round-the-clock service in the social field. Even in towns, where the necessary infrastructure is available, it is not possible to call on professional social help at any time of day, as these institutions are not organised to provide round-theclock services;
- only limited scope for exchanges of information. Due
  to official secrecy, privacy laws and data-protection
  laws, the desired information flow between the police
  and the health & social authorities is not possible.
  However, objections are made that such exchanges
  deal with existing or new phenomena in the drugs
  scene, rather than with individuals.

The following are **beneficial** to collaboration:

- continuing education. In particular, the abovementioned CoP course was mentioned, as well as other ways to learn about each other work (visits to institutions, reciprocal training exchanges);
- leadership training. The training of executives makes a top-down strategy possible; the leadership's knowledge and understanding of the narcotics field can thus be passed on to the grass-roots;
- the development of pilot-projects. This helps to clarify the role and duties of the police, making the orientation of individual police officers easier;
- staff selection. Efforts can be made to choose officers who are open to the constant rethinking required in the drugs field. Moreover, the social skills increasingly required of police officers are not only useful in the drugs field;
- information. Regular and transparent information (via in-house journals, staff publications etc.) about new developments in the drugs sector helps personnel to understand the reasons behind measures and changes;
- policies should pay attention to "front-line" staff and take their needs into account, as it is their task to implement decisions. Hierarchical structures within the police force make it either difficult or impossible to pay attention to grass-roots opinion

Within the clear separation of roles required by the police and the health & social authorities, however, the interlocutors saw very effective police contributions to prevention in the drugs field. For example, indirect contributions include interventions at an early stage, which help to stop initial drug use or its continuation. These include a police presence in the drugs scene, the obstruction of open drug scenes, the use of therapeutic internment, assistance in placement and repatriation centres, risk reports, the fight against organised crime and organised drug dealing.

In the primary prevention field, direct contributions of the police to prevention of drug abuse are as follows:

- information and public-relations work through brochures and teaching aids;
- · passing on experience in schools;
- during parent-teacher meetings; during in-house police training and professional education;
- · during traffic training.

In the secondary or tertiary prevention field, they are as follows: joint support for installations such as retreat rooms, day-care centres, or the prescription of heroin as an active and direct contribution to maintaining the health of drug users; informing drug users about medical and social relief centres; interventions relating to fitness to drive under the influence of drugs; stopping seriously health-threatening or even deadly substances from coming onto the market; syringe exchanges, as practised by the Geneva police, and the Basle model relating to young people "chasing the dragon" (inhalation of heroin vapours).

#### Recommendations

Legislation/drugs policy

- As unanimously stated in the interviews, drugs policy has developed very rapidly over the last few years.
- The rethinking of drugs policy should be based on appropriate and clear legal stipulations.
   Present efforts should be continued, and the FOPH and representatives of the police should inform the general public and decision-makers (at every level) about the needs of such a continuation.
- More attention should be paid to the priority of health over prosecution in the narcotics field. A corresponding joint statement by both the FOPH and the decision-makers of the Repression pillar should be aimed at, and should be made known both in public and within the four pillars themselves.

#### Co-operation

- collaboration between the partners of the fourpillar policy, particularly between Repression and the other three pillars, has developed positively over the last few years.
- Projects, plans, measures and statements initiated by, or jointly supported and organised by, the FOPH, should be examined to see where, how and to what degree the Repression pillar should be involved. This demand should be implemented as part of the quality procurement and development required by ProMeDro.
- The CoP / ZuPo working group should be given suitable support and its efforts strengthened.

In collaboration with social and health institutions, the FOPH should test whether and how round-the-clock availability in the social field (as in the police force) could be organised.
 A pilot trial could yield valuable information.

#### Training and professional education

- Present efforts in training and professional education show that it is possible to break down prejudices, promote understanding of the various tasks of the four pillars, and to intensify collaboration.
- Joint further training courses for police, social and health specialists, such as the pilot course organised in Bern in 1998 by the Federal Police Office, the FOPH and other institutions, should be offered in every region of Switzerland at regular intervals.
- Motivational conferences, jointly carried out for the police and the health & social services in every region of Switzerland by the Federal Police Office, the FOPH and the CDCT, should be institutionalised. They should make sufficient allowance for exchanges of experience and the presentation of new procedural methods and exemplary models. Among other things, they should aim to compile a collection of "good practices", which could then be disseminated and implemented in the cantons and towns.
- In contact and in close collaboration with the Swiss police institute, the CoP / ZuPo working group and the CDCJP, the FOPH should develop a concept for the training and professional education of police officers in the drugs field. The training of executives should be given priority. These efforts should be co-ordinated with existing concepts for the training and professional education of addiction specialists.

#### Information

- factual information, as objective as possible, about current developments in drugs policy and the drugs field is very important.
- In its drugs information policy, the FOPH should actively seek the co-operation and joint support of the Repression pillar.
- The FOPH information bulletin, Spectra, should be sent to all police officials active in the field of drugs.
- In selected information outlets of the four pillars, guest columns should be set aside for representatives of the other pillars.

Health-promotion within the police force

- Police officers carry a heavy burden.
   Particularly in the drugs field, they are frequently confronted with great human misery, conflictual situations, violence, and as a result, contradictory roles.
- In collaboration with the responsible training and professional education institutes, the police and the SVPB, the FOPH should test, select and implement measures which protect and promote the health of police officers.

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## Epidemiological situation with regard to drug use in Switzerland

#### Data available

In its package of measures to reduce drug problems, the Federal Council expressed its objectives in terms of a reduction in the number of people seriously-affected by drug addiction. Thus formulated, these objectives might seem to suggest that the epidemiological situation of illegal drug use in Switzerland is well known. This is certainly not the case, although the amount and the quality of available data have improved over the last few years.

We use two types of indicator to determine the scale of problems linked to drug use, the advantages and limits of which we shall describe here. It should be noted from the outset, however that these indicators generally provide information which only partially reflects the results of the range of actions undertaken, since:

- the final results expressed, for example in terms of the consumption behaviour or the level of social integration of target populations, are often the result of a combination of influences. These are not attributable to the actions of the FOPH alone, but also to those of the other actors involved;
- these results are also influenced by other processes, such as the economic situation, the drug market, repression, etc.

Direct indicators of consumption (prevalence of consumption during a lifetime, over the last twelve months, during the last month, etc.) are available. They are gathered by surveying the general public. Their reliability is limited (primarily with regard to estimates of levels of consumption), as the phenomenon examined is rare, and the veracity of the answers is difficult to ascertain as illegal substances are involved. Moreover, those most seriously affected by drug problems, the priority targets of the Confederation's objectives, are often not included in this type of survey. The trends observed are nevertheless reliable, as data-gathering conditions do not change from one survey to another.

Some indicators do not measure consumption directly, but only phenomena or practices that are related. These **indirect indicators** also provide information about **the scale and magnitude of the effects of drug use**. They are the indirect expression of the problem, indicating trends without really making it possible to quantify the number of people who are addicted. Several indirect indicators provide information about the **magnitude** of problems linked to drug use, and about its development over time. The indirect indicators considered here are:

- the number of deaths:
- indicators of repression (denunciation and sentencing figures);
- the social situation of drug users: housing and working conditions, contacts with the repressive system;
- state of health, exposure to certain health hazards, particularly HIV and hepatitis, age of entry into various treatments;
- intensity and modes of consumption of hard drugs, including multiple drug use;
- legal drug use (tobacco, alcohol) among young people.

Table 8a

Trends in lifetime illegal drug use among fifteen-year-old adolescents in their ninth year of school. Source: ISPA<sup>1</sup>

Substance	1986			1994			1998		
	Boys n=418	Girls n=510	Total n=928	Boys n=608	Girls n=675	Total n=1283	Boys n=901	Girls n=1035	Total n=1936
Cannabis	9,7	7,1	8,4	20,5	15,8	18,2	35,6	25,7	30,8
Glue	9,8	7,1	8,5	8,0	6,6	7,3	7,7	7,7	7,7
Opiates	0,6	0,1	0,4	2,0	1,4	1,7	0,6	0,3	0,5
Cocaine	1,4	0,8	1,1	0,4	0,7	0,6	1,1	1,5	1,3
Amphetamines	0,8	2,3	1,5	10,3	5,6	8,0	2,3	3,8	3,0
Ecstasy	-	-	-	2,1	0,6	1,4	1,0	1,6	1,3
Mushrooms	-	-	-	-	-	-	3,4	3,5	3,5
LSD	0,7	1,1	0,9	-	-	-	1,1	1,5	1,3
Other	1,6	0,9	1,3	6,2	2,0	4,2	3,4	1,9	2,7

N.B. A copy of this table showing confidence intervals is to be found in appendix 8a.

#### Direct indicators of consumption

Illegal drug use among adolescents (age 15)

Surveys carried out by the ISPA among young people provide information about trends in illegal drug use among adolescents. In this monitoring operation, the reference sample is composed of fifteen-year-olds in their ninth year of school, whose lifetime consumption is a (table 8a).

The proportion of drug users among adolescents proves to be very stable for all the substances taken into account except cannabis. Moreover, girls do not differ systematically from boys in levels of consumption or in consumption trends. The age of beginning hard drug use does not seem to have fallen.

Cannabis is the only illegal drug whose consumption shows a sharp increase between 1986 and 1998: the overall proportion of users increased during this period from 8.4% to 30.8%. This growth, was rapid for both sexes, but faster among boys. The difference between girls and boys, grew from 2.6% in 1986 to 4.7% in 1994 and to 9.9% in 1998. There was also an increase in willingness to consider using drugs ("yes" or "maybe"), which increased from 12.9% in 1986 to 30.2% in 1998 (without any major difference between boys and girls).

Table 8b shows the prevalence of lifetime consumption of specific drugs among schoolchildren aged 15 to 16 in various European countries. Switzerland leads in the consumption of cannabis, alongside the Netherlands and the United Kingdom. Switzerland is about average for all other substances considered (for glue-sniffing in particular), or rather in the lower half of frequencies of consumption.

Trends in illegal drug use in the population aged 17 to 45

The available data make it possible to follow lifetime trends in illegal drug use among the general population aged 17 to 45 over the long term, between 1987 and 1997 (figure 8a and appendix 8b).

From 1994 to 1997, the proportion of users of soft drugs increased from 22% to 33% among those aged 17 to 30, and from 15% to 22% among those aged 31 to 45. The proportion of users of hard drugs did not follow this trend, generally remaining stable at between 2% and 4% among younger users, and about 2% among older ones. This stability is confirmed by the proportion of people who inject, which remains low and constant below 2% (both throughout the lifetime and during the last twelve or six months preceding the survey).

a Consumption at least once in a lifetime (appendix 1a).

Table 8b

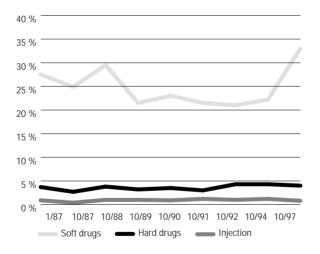
Lifetime use of specific illegal drugs among schoolchildren aged 15-16 in various European countries (in %). Source: EMCDDA 1998<sup>2</sup>

Substance	Austria 1994	Denmark 1996	France 1993	Italy 1995	Netherlands 1996	UK 1995	Switzerlanda 1998
Cannabis	9,5	18,0	11,9	19,0	31,1	41,0	30,8
Glue	n.a.	6,0	5,5	8,0	n.a.	20,0	7,7
Opiates	n.a.	2,0	0,8	2,0	1,3	2,0	0,5
Cocaine	2,0	0,5	1,1	3,0	4,3	3,0	1,3
Amphetamines	n.a.	1,9	2,5	3,0	7,8	13,0	3,0
Ecstasy	n.a.	0,5	n.a.	4,0	8,1	8,0	1,3
LSD	n.a.	0,4	1,5	5,0	n.a.	14,0	1,3

<sup>&</sup>lt;sup>a</sup> For Switzerland, schoolchildren aged fifteen in their ninth school year (ISPA data).

Figure 8a

Trends in lifetime use of soft and hard drugs, and injection of hard drugs among the Swiss population aged 17-30, between 1987 and 1997 (in %). Source: IUMSP surveys.



Among young people aged seventeen to twenty, the use of hard drugs, mainly heroin and cocaine, fluctuated within a narrow bracket without any clear tendency: 1.3% in 1987 and 4.1% in 1997. The proportion of individuals who had already injected drugs never exceeded 1%, and amounted to 0.2% in 1997.

Initially, the use of soft drugs also fluctuated within a bracket of 18% to 27% with no clear trend: 27.4% in 1987 and 21.6% in 1994. However, it reached 34.7% in 1997, a clear increase over 1994.

### Indirect indicators of consumption

Indicators of repression: trends in denunciations for illegal drug use

Different trends can be noted according to the substance involved: denunciations for cannabis and cocaine use are constantly increasing, while denunciations for heroin use have declined since 1994 (figure 8b). Should one deduce that the number of people who use drugs is increasing? This is doubtful, as separate processing of initial and repeated denunciations (figure 8c) shows that only the latter have increased, while the number of initial denunciations has tended to stagnate or even decrease.

Figure 8b

Trends in the number of denunciations for consumption 1974-1998, according to the type of substance involved. Source: OFP

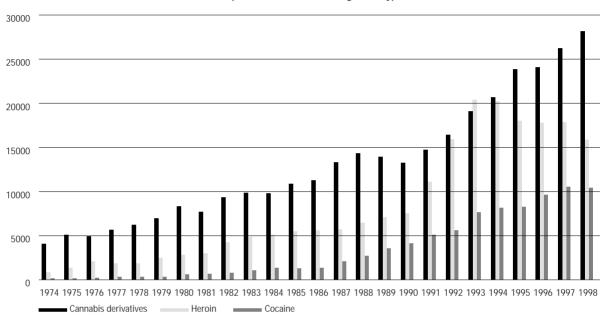
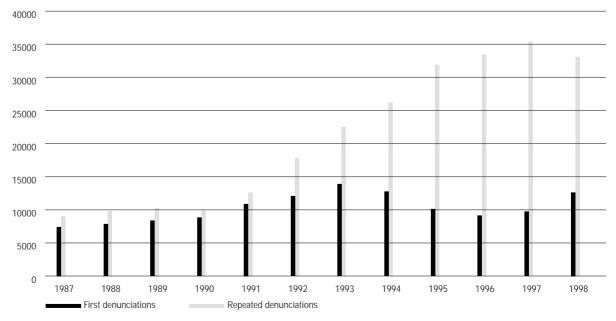


Figure 8c

Trends in initial<sup>a</sup> and repeated denunciations for consumption relating to breaches of the Lstup (Federal Drug Law), between 1987-1998. Source: OFP



a All substances.

#### Drug-related deaths

After increasing until 1992 (peaking at 419), drug-related deaths started a pronounced and steady decline, reaching 210 cases in 1998 (figure 8d). Deaths due to AIDS with intravenous injection as the presumed path of infection developed in the same way: a rapid increase to a peak of 318 in 1994, then a sharp fall to only fifty cases in 1998 (this figure may be revised upward, due to delays in declaration). Since its peak of 717 in 1994, the total number of drug-related deaths has therefore fallen by 64% over the last four years (260 in 1998).

Death trends in other European countries are presented in appendix 8d.

#### Consumption of tobacco and alcohol

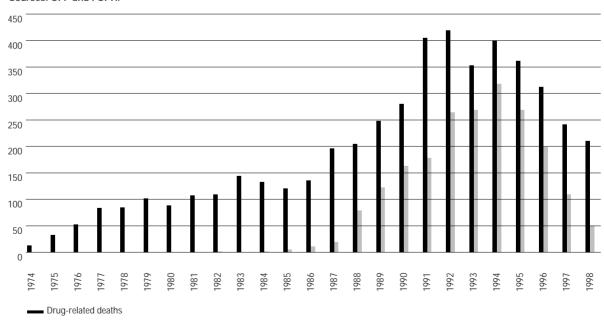
Among adolescents, consumption of alcohol and tobacco grew perceptibly between 1986 and 1998. The proportion of fifteen-year-old schoolchildren who had already smoked tobacco increased from 53% to 67%. These figures differed little between boys and girls, and evolued in parallel (table 0). In 1997, 43% of young people aged 15 to 24³ stated that they smoked, as compared to only 31% in 1992. Nevertheless, the proportion of heavy smokers among them, who can be considered as dependent (more than one packet a day), remained unchanged (10%).

Alcohol consumption developed in different ways (table 8c). Nearly all adolescents (88% in 1998) had already drunk alcohol at age fifteen. Although the proportion of daily drinkers remained stable between 1986 and 1998

Figure 8d

Trends in the number of drug-related deaths between 1974 and 1998, and in deaths due to AIDS, with intravenous injection as the presumed transmission vector, between 1985 and 1998.

Sources: OFP and FOPH.



Deaths due to AIDS with intravenous injection as the presumed path of infection

Table 8c

Trends in alcohol and tobacco consumption among fifteen-year-old adolescents in their ninth year of school (in %, with 95% confidence intervals). Sources: ISPA

Substance	1986			1994			1998		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
	n=446	n=555	n=1001	n=662	n=740	n=1402	n=857	n=998	n=1855
Ever drank alcohola	84,4	79,7	82,1	89,7	85,7	87,8	88,7	87,6	88,2
	± 3,4	± 3,4	± 2,4	± 2,3	± 2,5	± 1,7	± 2,1	± 2,0	± 1,5
Daily use	4,6	1,2	3,0	5,4	0,6	3,1	2,7	0,6	1,7
of alcohol	± 2,0	± 0,9	± 1,1	± 1,7	0,1-1,4	± 0,9	± 1,1	0,2-1,3	± 0,6
State of	32,2	19,8	26,2	37,7	27,5	32,7	43,9	33,2	38,8
drunkenness <sup>a</sup>	± 4,3	± 3,3	± 2,7	± 3,7	± 3,2	± 2,5	± 3,3	± 2,9	± 2,2
Ever smoked tobacco <sup>a</sup>	54,9	51,1	53,1	62,7	56,2	59,5	69,9	64,1	67,1
	± 4,6	± 4,2	± 3,1	± 3,7	± 3,6	± 2,6	± 3,1	± 3,0	± 2,1

N.B. Confidence intervals have been calculated by normal approximation (by the exact binomial method for proportions lower than 1%)

(2% to 3%), the proportion of adolescents who had already been drunk increased from 26% to 39% during the same period.

An upward trend can mainly be noted in those trying out both tobacco and alcohol, and in those consuming too much alcohol. On the other hand, the frequency of (possible) dependence situations remained stable within this age-group.

## Other indicators of the magnitude of the effects of drug use, gathered through surveys of drug users

This chapter presents tendencies among certain indicators which are useful in assessing trends of the magnitude of drug use, or in assessing some of its effects: social integration, drug use, contacts with the system of repression, exposure to health risks (HIV/hepatitis)

This information mainly comes from surveys<sup>4,5</sup>, carried out in 1993, 1994 and 1996 among users of low-threshold facilities oriented towards the prevention of HIV/AIDS in Switzerland. Only low-threshold facilities in towns which participated in all three surveys are included in the analyses of trends, or nine centres in seven different towns<sup>b</sup>. The three years of surveys covered 1019 individuals in 1993, 764 in 1994 and 661 in 1996.

Other data from both Switzerland and abroad cast additional light.

## Socio-demographic characteristics and social integration of drug users

The population of drug users that frequents low-threshold facilities (mainly long-term drug users) is now beginning to age. From 1993 to 1996, the average age of users of low-threshold facilities increased from 26.6 to 28.6, and the proportion of persons who had begun to inject drugs within the last two years decreased sharply from 31% to 14%. This general trend can also be seen in statistics relating to entries into out-patient and residential treatment (appendix 8c). This indicator of the number of (new) drug users therefore reflects the decline in their numbers, and in any event a decrease in the number of heroin users.

Homeless drug users also declined in number from 14% in 1994 to 8% in 1996. The number of insurance beneficiaries (invalidity, unemployment) increased (8% in 1993, 25% in 1996), as did the number of welfare beneficiaries (24% in 1993, 34% in 1996). The rate of professional inactivity remained stable throughout the surveys (about 50%).

a At least once during the lifetime.

b Bern, Soleure, Olten, Basle, St. Gall, Geneva, Lucerne.

#### Modes of consumption

Multiple drug use (heroin and cocaine) is currently on the increase. Most users of low-threshold facilities take drugs by injection: 85% to 86% had injected drugs during the six months preceding the surveys. Three-quarters had taken heroin and cocaine within the last thirty days, either separately or simultaneously (in a "cocktail"). Heroin is nevertheless the most regularly-used substance: more than two-thirds of users of low-threshold facilities take it several times per week (64% in 1993 and 69% in 1996). Regular use of cocaine has increased: 32% of users took it several times per week in 1996, as compared to 24% in 1993. Finally, regular consumption of "cocktail" has more than doubled: 17% in 1993 and 36% in 1996.

The sharp increase in the consumption of cocaine is worrying. The stress and the compulsive behaviour involved in this type of drug-taking, in addition to the increase in the number of injections, could increase exposure to the risk of transmission of HIV/AIDS and hepatitis transmission in the future.

Low-threshold facilities also except drug users undergoing treatment. In 1993, 34% of those attending to low-threshold facilities (mostly injecting drug users) were taking methadone treatment, and this figure reached 45% in 1994 and 1996. In 1996, 12% of them were following programs involving the prescription of drugs under medical supervision (PROVE), as compared to 7%c in 1994. Among those attending low-threshold facilities, the increasing proportion of drug users taking substitution treatment raises certain questions about the quality of such treatments: is the dosage of methadone insufficient? Does parallel consumption of cocaine occur? etc.

#### Relations with the system of repression

Police controls have constantly increased among users of low-threshold facilities: in 1993, 35% had experienced controls related to their drug use in the month preceding the survey. This figure increased to 43% in 1994 and 53% in 1996, when one-third of users of low-threshold facilities stated that they had been in prison at least once during the previous two years.

Trends in exposure to risk, protection, HIV tests among users of low-threshold facilities<sup>6</sup>

The use of a syringe or needle already used by another person<sup>d</sup> at least once during lifetime, remained stable throughout all three surveys (38% in 1993 and 41% in 1996) (table 8d). On the other hand, the recent use (within the six months preceding the survey) of injection equipment already used by another person declined from 15% in 1993 to 9% and 10% respectively in 1994 and 1996. In 1996, nearly all those who had shared injection equipment had washed it first (91%). However, the disinfection was generally inadequate: 87% of those questioned stated that they used only water, while 28% used alcohol and 2% used chlorine bleach.

Protection during sexual relations has not evolued significant by over the last years; it is still insufficient, particularly with steady partners. In 1996, during the six months preceding the survey, two-thirds of drug users systematically used protection during casual sexual relations. On the other hand, 16% stated that they had never used a condom. The opposite can be observed in steady relationships: a quarter of those involved protect themselves systematically, while two-thirds never use any form of protection. The rate of protection is higher when the steady partner is not a drug user: in 1996, 31% of those with steady partners who do not take drugs stated that they always use a condom, as compared to only 16% when the steady partner takes drugs.

The use of condoms is therefore still insufficient, in view of the prevalence of HIV in this population. Furthermore, many drug users have partners who do not take drugs.

The prostitution rate is much higher among women: 25% had resorted to prostitution during the last six months, as compared to 2% of men (1996). The use of condoms within the context of prostitution also differs according to gender: nearly all women always use condoms with their clients (93% in 1996), whereas less than half of men use them systematically (44% in 1996).

<sup>&</sup>lt;sup>c</sup> This question was not asked in Basle in 1994 (n=391).

d Sometimes referred to in this chapter as sharing of injection equipment.

The proportion of persons who stated that they had taken an HIV test rose from 88% in 1993 to 93% in 1996. The reported number of positive HIV tests fell from 10% in 1993 to 8% in 1996.

With regard to the exposure to risks and the protection of users of low-threshold facilities, recent trends can be compared to older data, and to information from other types of facilities, particularly those providing treatments <sup>e</sup> (appendix 8c).

The rate of syringe-sharing in low-threshold facilities decreased, particularly in French-speaking areas of Switzerland, where it had been the highest. In Geneva, for example, the rate was 44% in 1992<sup>7</sup>, but fell to 14% in 1996<sup>8</sup>, while in Zurich it was already 13% in 1989<sup>9</sup>, falling to 10% in 1996<sup>8</sup>.

Data about syringe sharing in treatment facilities are too rare to reveal any trend. The rate is nevertheless low in the few cases for which data are available.

The reported rate of HIV prevalence (for which more data are available) has progressively decreased in all types of facilities: there is therefore indeed a general trend. In Geneva, for example, the rate measured in low-threshold facilities declined from 17% in 1992 <sup>7</sup> to 8% in 1996 <sup>8</sup>, and in Zurich from 24% in 1989 <sup>9</sup> to 21% in 1996 <sup>8</sup>. In out-patient treatment facilities, 15% of drug users were HIV positive when they began treatment in 1989 <sup>10</sup>, as compared to 13% in 1996 <sup>11</sup>, and 10% in 1997 <sup>11</sup>. In residential therapy centres in Zurich, the HIV prevalence rate fell from 21% in 1990 <sup>12</sup> to less than 10% in 1993 <sup>13</sup>. In 1997, the average rate on entering Swiss residential treatment facilities was 5% <sup>14</sup>.

In scientific trials involving the prescription of drugs under medical supervision (PROVE)<sup>15</sup>, the initial rate of HIV prevalence was slightly higher (16% during the 1993-1996 evaluation period). However, the population involved were long-term drug users, who are particularly exposed.

Taken together, these data confirm a halt in the progression of the epidemic in this massively-tested population group. Epidemiological surveillance data show that the number of new cases of HIV among drug users is decreasing <sup>16</sup>.

Table 8d Risks and protection: users of low-threshold facilities in Switzerland: 1993 to 1996 (in %, with 95% confidence intervals)

	n=1019		
	11-1017	n=764	n=661
aduring lifetime	38 ± 3	37 ± 4	41 ± 4
in the last six months	15 ± 2	9 ± 2	10 ± 2
	60 ± 3	56 ± 4	56 ± 4
always used a condom	26 ± 4	24 ± 4	24 ± 4
never used a condom	56 ± 4	62 ± 5	63 ± 5
	34 ± 3	29 ± 3	29 ± 4
always used a condom	61 ± 5	71 ± 6	66 ± 7
never used a condom	16 ± 4	14 ± 5	16 ± 5
	-	30 ± 9	25 ± 6
always used a condom c	-	93 ± 9	93 ± 8
tested	88 ± 2	91 ± 2	93 ± 2
HIV positive d	10 ± 2	8 ± 2	8 ± 2
	always used a condom never used a condom always used a condom never used a condom never used a condom tested	in the last six months $15 \pm 2$ $60 \pm 3$ always used a condom $26 \pm 4$ $15 \pm 2$ $160 \pm 3$ always used a condom $56 \pm 4$ $34 \pm 3$ always used a condom $61 \pm 5$ $16 \pm 4$ $16 \pm 4$ $180 \pm 2$ always used a condom <sup>c</sup> $180 \pm 2$	in the last six months $15 \pm 2$ $9 \pm 2$ 60 ± 3 $56 \pm 4$ always used a condom $26 \pm 4$ $24 \pm 4$ never used a condom $56 \pm 4$ $62 \pm 5$ 34 ± 3 $29 \pm 3$ always used a condom $61 \pm 5$ $71 \pm 6$ never used a condom $16 \pm 4$ $14 \pm 5$ - $30 \pm 9$ always used a condom       - $93 \pm 9$ tested $88 \pm 2$ $91 \pm 2$

<sup>&</sup>lt;sup>a</sup> Rate in relation to injectors.

e And which represent different sub-groups of drug users.

b In the last six months. Use: always, sometimes, never (total = 100%).

c Use of condoms with clients.

d Percent age of persons declaring a positive result in their last HIV test.

Table 8e

Comparison between countries of the number of users of low-threshold facilities who state that they share injection equipment, and prevalence of HIV infection in these populations.

Country or city	Year	Group	Rate of sharing	Period	Prevalence of HIV
London <sup>17</sup>	1993	Drug users both in and out of treatment	39%	last 6 months	7%
Australia <sup>18</sup>	1995	Syringe-exchange programs	31%	last month	2%
Vancouver <sup>19</sup>	1996	Syringe-exchange programs	40%	last 6 months	23%
Switzerland	1996	low-threshold facilities	11%	last 6 months	11%

The sharing of injection equipment in Swiss lowthreshold facilities is rare compared to other countries, not all of which have experienced a high prevalence of HIV infection (table 8e).

### Synthetic overview

Direct indicators of illegal drug use are developing in two opposite directions, depending on the substance involved: the number of heroin users has stabilised, and may even be declining, while cocaine and cannabis users are both increasing in number.

It is difficult to interpret the increased presence of cocaine on the market (as measured by denunciations): does it mean an increase in the number of really dependent persons, including a population of persons dependent on cocaine alone? On the other hand, consumption data gathered among injecting heroin users show that dual dependence (heroin/cocaine) is increasing.

An increase in (lifetime) consumption of cannabis can be noted, which is already clearly perceptible among young people aged fifteen.

Indirect indicators (table 8f) would tend to indicate a decrease in the number of dependent drug users (mainly heroin).

Assessing trends in the magnitude of problems relating to drug-dependence calls for a degree of caution: indicators of consumption (frequency of injection, multiple drug addiction) show negative trends, whereas health and social integration indicators have improved or remained stable. The many actions carried out in the field of care, harm reduction and subsistence aid therefore seem to have a "buffer" or "protective" effect on the health and social situation of drug users, in spite of deteriorating consumption conditions. However, an increase in multiple drug use, and particularly in the consumption of cocaine, could lead to the saturation of this protective effect. As far as therapy is concerned little is currently available to address this type of consumption.

Table 8f

Trends in the main indirect indicators of the number of dependent drug users, and of the magnitude of dependence-related problems<sup>a</sup>: Summary and anticipated changes.

Indicators <sup>b</sup>	Trend	Anticipated changes	
		in the number	in the gravity
		of dependent drug users	of dependence-related problems
Number of denunciations:		■ urug uscrs	•
heroin	<i>A</i>		
cocaine	7		
Average age of drug-users	7	<b>→</b> à <b>▼</b>	•
Number of persons undergoing treatment	7	±	▼
Number of drug-related deaths	7	±	▼
New cases of HIV	A	•	▼
Exposure to HIV risk	7	•	▼
Multiple drug addiction	7	•	<b>A</b>
Frequency of injection	7	•	<b>A</b>
Prostitution	<b>→</b>	•	<b>&gt;</b>
Social integration:			
housing	7	•	▼
Social integration:			
work	<b>→</b>	•	<b>▶</b> à▼
social and disability assistance	7		
Legend	→ increase	± uncertain indicator	
	decrease	indicator in favour of an	increase
	→ stable	▼ indicator in favour of a	decrease
		▶ indicator in favour of a s	stabilisation
		<ul> <li>indicator not pertinent</li> </ul>	

a Explanation of the table:

Trends in epidemiological data are summarised in the first two columns. In the absence of any direct indicators of the number of drug users, and of the magnitude of problems relating to drug use, the information in the first two columns are used and interpreted in the last two columns as indirect indicators of these two phenomena.

Column 2: prostitution is stable

Column 3: prostitution is not an indirect indicator of the number of drug users.

Column 4: prostitution is an indirect indicator of the magnitude of problems relating to drug dependence.

If prostitution is stable, the following hypothesis can be formulated: problems relating to drug dependence are not getting worse.

<sup>&</sup>lt;sup>b</sup> Example illustrating how to read the table: prostitution

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# Conclusions and final recommendations, prospects and ideas for consideration

This final chapter is divided into three parts. The first part presents actions taken by the FOPH as a result of the conclusions of the previous evaluation report, and describes changes observed on the occasion of the transition to ProMeDro. Next, a brief summary outlines the FOPH's reactions to past and present challenges in the field of drug abuse; this part also deals with questions that the FOPH will have to answer in the future. Finally, the evaluation report concludes with a series of recommendations to optimise the FOPH's short-term actions.

## Follow-up of the general conclusions of the 1990-1996 evaluation

The main conclusions of the previous evaluation report are summarised below. Each is accompanied by comments concerning the present status of the objectives targeted.

 The FOPH has been very active and innovative in developing and supporting projects relating to prevention, therapy and harm reduction.

In all three pillars for which the FOPH is responsible, this trend is still continuing. However, a gradual change can be seen in the spirit of the work, as financial support and innovation are gradually being replaced by co-ordination of ongoing activities and projects. This change corresponds to a general transformation in the fight against drug abuse. At the behest of the FOPH in particular, the field has seen the gradual harmonisation and institutionalisation of cantonal policies, as well as diminution of gaps at regional level. The 1997-1999 period also proved to be highly politicised, involving no less than three federal votes and various cantonal ballots related to drug use. Trials involving the

distribution of heroin under medical supervision lay at the centre of these debates, and the FOPH, which was particularly involved in the trials, was repeatedly required to explain and document its actions. For the same reasons, some FOPH interventions had to be suspended until after ballots that could have modified the scope of its operations had taken place.

 In interaction with the FOPH's partners (cantonal and municipal authorities, professionals, associations, intervenants, etc.), FOPH collaborators have progressively developed consistent policies in each of its fields of intervention.

Evaluation of the conception/planning of the new program indicates that FOPH workers have continued to extend their knowledge and abilities. Interactions with other players are very frequent, as shown by the results of the survey of the FOPH's partners. Moreover, co-ordination centres are institutionalising these many interactions. As yet, however, neither the real objectives nor the connections between them are very clear. Finally, delegation has enabled the FOPH to add further skills, resources and legitimacy to its work, and is another effective vector for interactions between the FOPH and fieldworkers. However, the FOPH's external policy is far more consistent than its internal policy, particularly in terms of co-ordination.

 The decision to operate in all fields relating to drug abuse has greatly contributed to achieving general recognition that the problem requires a global approach.

The FOPH has not changed this approach, and still operates in all fields related to drug abuse, although not with similar resources in each. The above conclusion therefore remains valid for the current period. It should also be added that the institutionalisation of the four-pillar model is one of the great successes of the Confederation's efforts, and has made a decisive contribution to having drug use considered as a whole. The only noteworthy lack is of a pillar dealing with the social dimension of problems related to drug use.

 Against a background of proliferating activities, not always under control, the FOPH has sometimes implemented or supported projects despite the fact that the required maturity, experience and abilities were not available.

This trend is diminishing, as the FOPH has progressively developed the conception/planning and consolidation of its activity, and its collaborators have acquired more experience. However, guarantees of a project's quality are not always available. If the transparency of project criteria and selection methods would allow the experience gathered over the years to take concrete form in intervention models that are easy to evaluate, and that could be applied to the FOPH's other fields of operation (AIDS, alcohol, tobacco, etc.).

• In the field of prevention, the use of existing experience and abilities has proven more fruitful than the development of totally new projects.

In this field, the FOPH has now corrected its aim through framework-programs that specifically rely on field experience rather than on totally new ideas. This new concept of action, which involves defining a general operational framework into which local projects can be freely introduced, seems to optimise the roles of each. However, the FOPH is still developing a few operations itself (Funtasy, supra-f), and these are the ones which specifically require the most readjustment and reorganisation during their implementation. Finally, most projects in the field of prevention, whether supported by the FOPH or not, claim to be innovative in approach, thus illustrating the strange attitude of the entire field of prevention in Switzerland towards anything new. This suggests that it is urgent to centralise accumulated knowledge of past and present experience in this field rather than to persevere with an impetuous strategy of uncertain effectiveness.

 The FOPH has helped to develop a broad range of therapeutic and harm reduction approaches, thus improving care for various types of drug user. The introduction of innovations in this field (trials involving the medical pres-cription of narcotics, distribution of syringes in prisons, etc.) has been carefully managed, and depends extensively on fieldworkers. In the fields of therapy/treatment and harm reduction/ subsistence aid, the FOPH's operations can be divided into several sectors, confirming its intention to maintain a wide range of services for drug users. Nevertheless, the diversification and personalisation of available services is a fragile process that requires constant readjustment. The goal of a range of services that specifically answer the needs of drug-dependent individuals is thus being compromised by: difficulties relating to the funding of in-patient therapies; lack of sufficient reflection concerning definition of quality of methadone treatments (taken by nearly 50% of drug users); the raising of some of the thresholds for access to harm-reduction services. To maintain a truly accessible range of services, it is also essential that such services be institutionalised and funded.

 Generally speaking, we are witnessing a stabilisation in the number of severely dependent drug users, as well as a decrease in the sharing of syringes and a decline in HIV prevalence. On the other hand, multiple drug use has increased, the consumption of legal drugs by young people is growing, and there is a fringe of drug-users who cannot be said to be socially integrated in any way whatsoever, and who live in highly precarious circumstances.

Current trends concur with most of those of the previous evaluation report. The number of consumers has now stabilised, and the number of deaths linked to drug overdoses or HIV infection has declined, indicating a reduction in the number of new drug users and of drug-related risks. On the other hand, some factors signal the emergence of new trends, such as increased cocaine consumption, multiple drug use, and more frequent injecting by users of hard drugs. The increased use of cannabis and legal drugs by young people is also corroborated. There are therefore new challenges in both prevention and the care of drug users. Finally, the social integration of highly-dependent individuals does not seem to have deteriorated. During a period of high unemployment, in which the limited range of available work restricts opportunities for reintegration, this can be seen as to some extent positive.

### Past, present, and future challenges

The Federal Council's decision to reduce problems related to drug use in the early 1990's was based on very concrete problems: growth in drug use and drug dealing, the increasing number of health and social risks incurred by drug users, problems of public order in some cities, limited knowledge of how to treat drug problems, etc. At the time, the FOPH's mandate was to reverse ongoing trends. In addition to the means placed directly at its disposal, it could call on a range of institutions and individuals in Switzerland who had developed initiatives and capacities relating to drug problems.

When its work began, the FOPH supported numerous projects to help drug users. This enabled it to make contact with the relevant authorities and professionals, and to make a concrete contribution to reducing national deficiencies in this field. If drug use is now a highpriority issue for public authorities, this is mainly due to the FOPH's global approach (which recognises drug use as a many-faceted phenomenon) and to its many interventions and collaborations, which have also helped to institutionalise harm reduction and subsistence aid. However, one of the main results of the FOPH's work is certainly the social and political acceptance of actions to benefit drug users, as is shown by the results of votes, and by changes in cantonal and municipal policies. In more concrete terms, work to help drug users has been quantitatively and qualitatively improved by: the development of national co-ordination centres; support for innovation and research into caring for drug users; the transmission of information; the introduction of specialised training.

The overall evaluation notes that FOPH reveals the limits to its effectiveness when it supports projects without ensuring the prerequisites for their success. The proliferation of actions has revealed deficiencies in internal co-ordination, in addition to a number of weaknesses in terms of consistency and priorities. Although probably one of the strengths of the FOPH's work, collaboration with fieldworkers has sometimes been carried out with a haste harmful to the choice of appropriate partners or agents to whom tasks were delegated, some of whom lacked in certain cases the abilities required to carry out their task. Although the

FOPH may reprimand incompetent partners or agents, such reproaches, even if well-founded, do not release it from the responsibility of having made a poor choice in the first place. Finally, although it is supposed to be one of the FOPH's routine tasks, the development of a surveillance system by harmonising the collection and analysis of epidemiological data has not received sufficient attention and resources compared with some other activities.

Some of the trends noted in 1991-1992 can still be observed today. Drug abuse remains a major problem that requires intervention by Switzerland's public authorities and institutions. Nevertheless, the priority is no longer to urgently make up for national deficiencies, nor to make people aware of the reality of drug problems, as used to be the case. Although they should not be abandoned, these objectives have been partially attained. Today's challenges relate to maintaining and optimising interventions applicable to drug use. Current priorities are: to ensure the quality of such actions; to anchor them in the social, health and educational systems; to develop and effectively transmit knowledge; to train and support those who care for drug users; to co-ordinate services throughout the country, and to guarantee their accessibility. The FOPH will therefore have to transform its efforts and assume a new role. This requires a high degree of consistency, and a remarkable ability to negotiate with other actions involved. Calling on external experts should become routine when their capacities are lacking within the administration. The new ProMeDro policy already integrates these new ideas, and it is important that the FOPH should continue its efforts in this direction.

Any consistent public policy to fight drug abuse must follow the succeeding steps: intervene in the case of health emergencies, develop social and political recognition of both the problem and its complexity, and then stabilise the content of the interventions, improving them while developing knowledge and co-ordination. Some aspects of the FOPH's work can thus be considered as exemplary, as it has dealt with all of the fields concerned from the very outset.

One last remark: epidemiological indicators suggest that the consumption of both illegal and legal drugs by young people is following new trends. Furthermore, all

forms of cocaine consumption are increasing. These trends foreshadow the challenges of tomorrow: to develop public health policies that optimally combine prevention of abuse of both legal and illegal drugs while at the same time proposing models of intervention which cover all substances while nevertheless taking their individual specificities into account. Finally, these policies should deal with the question of drug abuse and its prevention within a new social environment. Knowledge of new trends in drug abuse and an adaptable social and healthcare system will therefore always be of decisive importance. Developing the abilities and knowledge of drug users themselves will also be a challenge over the short term. Although actions to this end are still quite rare, this need has already been acknowledged by the FOPH.

#### Final recommendations

- The FOPH should pay particular attention to harmonising statistics related to drug problems in order to obtain reliable epidemiological indicators. Epidemiological surveillance is essential, if an effective health policy is to be implemented in the field of drug abuse, and should therefore be a priority for the FOPH.
- Nearly 50% of heroin users are now treated with methadone: resources must therefore be allocated to this sector, in order to ensure the quality of such treatments and gain further knowledge concerning them.
- Offering therapies and subsistence aid are of fundamental importance: the FOPH should make constant efforts to ensure their diversity, personalisation, professionalism and accessibility.
- The processes of anchoring projects in which the FOPH participates should be generalised; this will ensure that their effectiveness is not limited to the duration of subsidies, and will guarantee their long-term effectiveness and accessibility.
- The FOPH's internal co-ordination should be developed so that its partners can refer to clearly-defined concepts and methods. In particular, this concerns co-ordination in the general field of prevention, and in such sectors as substitution therapies, subsistence aid and secondary prevention. Those collaborating with the FOPH would find it easier to adjust their efforts if projects or research were subject to competition, and if selection criteria were more clearly stated.
- Delegation to agents has been very successful, and the FOPH should continue this type of operation. However, it should ensure that agents really have the abilities required to carry out the tasks delegated, and that they receive sufficient resources to do so.

- One of the FOPH's essential activities is to inform its partners and the general population. Through public awareness campaigns, brochures and reports, it is able to develop national co-ordination and encourage the social and political acceptance of dealing with drug problems. The FOPH's work is exemplary in this field, and should be continued.
- The FOPH has also shown great skill in taking the needs of field workers into account. It would be desirable to carry on in the same vein, increasing the number of relays and pathways for the exchange of information.
- National co-ordination should be further specified and developed, as should the role of co-ordination centres and their interconnections.
- The FOPH should unquestionably transfer experience and knowledge acquired in the field of illegal drugs to that of legal drugs. Furthermore, it should develop synergetic interactions between these two fields.
- Collaboration with the police should be maintained and strengthened, and the FOPH should ensure that police forces are aware of the health aspects of drug use.
- The FOPH should also pave the way for the future in the field of drugs, particularly by identifying future issues relating to substance abuse. Future scenarios could prove very useful for long-term planning.
- Finally, continuity in the FOPH's actions is essential if the achievements of the last few years are to be maintained.

## Appendix 1a Glossary

Term	Definition
FOPH collaborators	The term used to designate persons who work for the FOPH.
Lifetime use (of a drug or substance)	Means that a person has used the drug in question at least once in his/her life.
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.
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.
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.
Hierarchy of programme components	Classification from the smallest to the largest: project – measure – action (modes of action) – Programme.
MaPaDro	The acronym MaPaDro is used when referring to the 1990-1996 period of the FOPH's operations.
Names of the various components	Ten fields, composed of 3 pillars and 7 supporting measures. The components of the "pillars" are "sectors" (out-patient, residential, etc.).
Phases of the evaluation	The evaluation has 3 phases. The first two relate to MaPaDro (I. Initial assessment 1991-1992, Cah. Rech. Doc. IUMSP, no. 81. / II. Deuxième rapport de synthèse, 1990-1996, Cah. Rech. Doc. IUMSP, no. 111 a). The third phase relates to ProMeDro (evaluation in progress).
Platform	On several occasions, ProMeDro alludes to "platforms" in the chapter dedicated to coordination between the Confederation, the cantons and the municipalities (towns). These are in fact groups of representatives (cantonal officials, physicians, professionals, etc.) who meet to coordinate the various policies applied to drug use. At present, there are seven such "platforms", each corresponding to different decision-making levels: the National Liaison Committee (NDA), the Conference of cantonal delegates on drug addiction (KKBS), the Federal Narcotics Commission (EKDF), the Inter-departmental coordination group on drugs (IDAD), the drugs group of the Association of Swiss municipalities (DSStV), the Conference of municipal delegates on drug addiction (SKBS) and the working group for "coordination with the police" (ZuPo). All these platforms have a secretariat entitled "coordination and service platform in the field of drugs" (KDS), made available by the FOPH.
Primary prevention (of drug use)	Includes all activities intended to stop people from getting involved in drug-taking, whether of legally available or illegal drugs.
Secondary prevention (of drug use)	Includes all activities organized to detect drug-taking at an early stage and offer users care and treatment so that they do not actually become addicted.
Tertiary prevention (of drug use)	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.
Programme	When referring to ProMeDro, the word "Programme" is used (with a capital "P", and avoiding the term "package of measures").
ProMeDro	The acronym ProMeDro is used to refer to the 1997-2002 period of the FOPH's actions.

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).
Risk reduction	Activities intended to reduce the danger of the spread of transmissible diseases such as hepatitis and AIDS.
Low-threshold centres/structures	To minimize 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.

N.B. The meanings assigned to some of the terms used in this report are presented here without any pretension of giving them an absolute value.

## Appendix 1b

### ProMeDro's main priorities from 1998 to 2002

The following priorities are the FOPH's declared goals for its actions. In parallel, the FOPH has defined other priority goals relating to drugs policy and legislation (which are not mentioned here).

Increase the Confederation's commitment to **primary and secondary prevention**, and to early intervention in order to avoid a drift towards drug addiction, stressing the need for a bundle/system of interventions anchored within the community, and thus to ensure that prevention is effective:

achieve synergy between the various programmes of primary and secondary prevention initiated or supported by the FOPH;

implement a research programme of individualized secondary prevention (supra-f), making it possible to measure and demonstrate the effectiveness of one or more approaches in secondary prevention, and their feasibility within the Swiss context;

redirect the FOPH's resources towards the "prevention pillar"

Consolidate the range of therapies as a coordinated system, providing better opportunities for withdrawal from dependence:

reach agreement on a harmonized system for funding therapies based on abstinence, within the social insurance system and the financial adjustment between the Confederation and the cantons, taking account of the various services required, including those aimed at early therapeutic intervention;

initiate an improvement in the quality of methadone substitution therapies, specifically aiming to raise the number of patients remaining in therapy;

establish the medical prescription of heroin as a therapeutic option integrated into the network of therapies for drug dependence;

initiate an improvement in the range of therapies and risk-reduction options linked to drug use in at least 1/3 of prisons, or respectively 1/3 of the number of places in prison.

Consolidate the range of measures to reduce risks and maintain social integration, aimed at drug addicts or users, such as:

ensure the perpetuation of measures required to reduce risks within the framework of drug policies implemented by municipalities and cantons; promote the continuity and funding of institutions while taking account of needs;

broaden access to injection equipment in regions and towns which are still under-equipped in order to cover needs throughout the country;

initiate an improvement in the quality of measures to reduce risks and maintain social integration, in particular aiming to improve cooperation by networking with the fields of prevention, therapy and the protection of public order;

initiate an improvement in the range of therapies and risk-reduction options linked to drug use in at least 1/3 of prisons, or respectively 1/3 of the number of places in prison.

Establish and operate a **national epidemiological monitoring** station based on the "focal points REITOX" model defined by the European Monitoring Centre for Drugs and Drug Addiction (EMCCDDA).

Transmit the results of **epidemiological studies**, **scientific research** and **evaluations** in the field of drug addiction to specialist fieldworkers and decision-makers. Initiate a **quality promotion** and **management** process common to the whole of ProMeDro, differentiated according to fields, useful to, and used by, more than

half of institutions working in the field of drug abuse, and of the decision-makers involved (Confederation, cantons, municipalities, private institutions).

Optimize the **coordinated and operational functioning** of the various commissions and platforms, in particular the Conference of cantonal delegates on drug addiction, and the National Liaison Committee for drugs.

Appendix 1C

Trends in the acceptability of various measures to combat drugs from 1991 to 1997, percentages of those in favour

	1991	1994	1997
Drug prevention in schools	97	98	98
Range of treatments	96	97	96
Prosecution of dealers	97	96	95
Prevention of AIDS through sale/distribution of syringes	87	90	89
Help drug users to live	90	94	94
Prescription of heroin/cocaine under medical supervision	67	74	69
Range of premises available for injecting	63	76	72
Tolerance use/sale of hashish in small quantities	42	53	42
Unrestricted sale of hashish and marijuana	29	35	35
Tolerance use/sale of heroin and cocaine, small quantities	15	17	21
Fines/prison for all drug users	13	10	19
Forced withdrawal	38	36	40

Source: Longchamp C, Cattacin S, Wisler D, Lehmann P. Pragmatismus statt Polarisierung: die Entwicklung von Einstellungen und Verhaltensweisen zur Drogenpolitik der Schweiz in den 90er Jahren, mit einer Analyse der Volksabstimmung über Jugend ohne Drogen. Muri: Zentralsekretariat SGGP; 1998.

## Appendix 2a Additional studies and analyses carried out by the evaluation programme, phases I, II and III

Fields	Phase I, 1990-1992	Phase II, 1993-1996	Phase III, 1997-1999
Context	Analysis of the press	Analysis of the press	Analysis of the press
	Opinions and attitudes of the Swiss population concerning drug-related problems	Opinions and attitudes of the Swiss population concerning drug-related problems	Opinions and attitudes of the Swiss population concerning drug-related problems
			Partners study
			Police study
Strategy of the FOPH		Series of interviews of FOPH staff responsible for each field	Series of interviews of FOPH staff responsible for each field
			Study design/planning
			Study of modes of delegation
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 Cirque project	
		Analysis of the FOPH's secondary prevention policy	
		Analysis of opinions on drug prevention and consumption among groups of young people	
Treatment/assistance/harm reduction		Monitoring of activities of low-threshold centres <sup>a</sup>	Monitoring of activities of low-threshold centres
		ABfD evaluation, Lucerne	
Epidemiological situation	Study of drug use among adolescents (secondary analysis	Study of clients of low-threshold centres	Further analysis of studies of clients in low-threshold centres
	of population surveys)	Study of the "hidden population"	Further analysis of studies of the
	Analysis and synthesis of epidemiological data	Analysis and synthesis of	"hidden population"
	epidemiological data	epidemiological data	Analysis and synthesis of epidemiological data
Other sources of data	Analysis and synthesis of other evaluations	Analysis and synthesis of other evaluations	Analysis and synthesis of other evaluations

a Special structures (premises, a bus) for injecting drug users. Although they do not offer traitement, they provide various services which fall within the framework of harm reduction and subsistence aid (injection equipment, condoms, rest areas, advice, basic medical assistance, etc.). Furthermore, they respect the anonymity of "clients".

## Appendix 3b Interview grid for FOPH collaborators

Could you briefly sum up the actions carried out within the framework of Mapadro in the field of ...? (an overall assessment, not action by action)

In your opinion, what are the main successes and weaknesses so far in the FOPH's actions in the field of ...?

With regard to the new package of measures, what are the general goals (rather than actions) which you have set yourself for ProMeDro? Who do they concern?

Why did you choose these goals? What is your analysis of the situation? Past experience? Means and capacity to intervene? etc.

How do you envisage your intervention, and with whom do you plan to work to attain your goals? Within the FOPH? Outside it? Responsibilities and distribution of roles? Active or passive intervention?

In the documents which we have received, it is stated that ProMeDro's strategy concentrates on four main tasks:

information and documentation;

coordination;

financial support for the cantons;

quality assurance.

In concrete terms, what do these tasks mean in the field of ...?

In the final analysis, what, in your opinion, is ProMeDro as a whole?

In terms of information and evaluation, what needs could we perhaps fulfil in your field over the next few months?

Appendix 4a
Changes in the number of residential treatment establishments and places in Switzerland (1993-1998)

Source	Types of establishment (residential treatment)	Establishment	Places
REHA 2000 (FSG/OSSA 1993)	Residential readaptation establishments	83	1250 (readaptation)
	(with protected apartments)		235 (prot. apartmt.)
1996 Cantonal survey	Unknown	86	997
ISPA, telephone survey Summer	This mainly covered therapeutic communities	65/1993	1232 / end of 1993
1996	throughout Switzerland, as well as a few treat-	74/1994	1429 / end of 1994
	ments not based on abstinence, establishments applying penal measures and drug withdrawal centres	78/1995	1456 / end of 1995
"Schild Commission" Evaluation	Unknown	90	Circa. 1250 / 1996
Schaaf (1999)	Sample (N=51) of establishments associated	51	875 (readaptation)
	with FOS statistics in 1998, and offering therapies based on abstinence		179 (places in prot. apartments) for 1998
COSTE Manual "Offres de thérapies	Residential readaptation establishments, drug	126	Circa. 1950 (total)
résidentielles pour les problèmes de drogues" (1998)	withdrawal centres and residential treatments not based on abstinence, or which do not target drug users alone.		Circa. 1390 (readaptation, without prot. apart.), including a few places in establishments with mixed clientele (not drug users alone)

Source: Institut de recherche sur la toxicomanie. The League for the evaluation of residential drug treatments in 1998: activity report and overall annual statistics (including a comparison of entry data from 1995 to 1995). Abridged version. Zurich: Service de coordination de la Ligue FOS; 1999: 18. (Research report of the Institut de recherche sur la toxicomanie No. 77).

Appendix 5a
List of cases analysed during the study of the FOPH's modes of delegation (in alphabetical order)

National centre for the coordination of residential therapies for drug problems (COSTE).
ou sport?
Drug prevention course for sports monitors and sports lessons for the staff of therapeutic institutions to help drug users.
Promotion centre for dependence-prevention projects in institutions for children and adolescents (youth hostels).
Promotion centre (advice and direct funding) for small "extra-structural" (street, concerts, etc.) projects among youngsters.
Project to develop a communication system to provide information about available out-patient and residential therapies (web-site).
Project by the Basle municipal authorities to increase awareness of the prevention needs of foreign migrants.
The University of Berne's Koordinationsstelle für Weiterbildung (KWB) is appointed to continue ARIA and CONVERS, involving (1) the analysis of training requirements and (2) the organization of such training (Trägerschaft).
Commission of experts, based on the KWB's proposals, appointed to coordinate a system of further professional training for drug workers.
Office to promote Work and housing for people in the world of illegal drugs, operated by the Oeuvre Suisse d'Entraide Ouvrière (OSEO).
Project to inform the general population of each community, and to train mediators from within these communities. Pursues the same objectives as the FOPH's Migration Service in making society and the authorities aware of the needs of migrants.
Research project involving the prescription of drugs under medical supervision (PROVE).
Office to promote prevention projects in municipalities. This office is entrusted to the RADIX Promotion de la santé foundation.
Promotion and dissemination of the Schulteam project (secondary prevention in schools, aims to involve schools and communities in dealing with crisis situations).
Project to promote health in schools.
Framework-programme to provide financial support for projects promoting health in schools.
Promotion of the programme entitled schoolchildren-multipliers: awareness of alcohol and tobacco (Schüler Multiplikatoren Alkohol und Tabak) SMAT/MESAT.
Drug-prevention and health-promotion magazine. Information about the development of the FOPH's projects.
Project for research into prevention (Supra-f).
Project to promote health and prevent dependence within youth associations. The FOPH would like to extend this project throughout the country.

## Appendix 5b Breakdown of cases of delegation according to types of project

Type of project	Name of project	Field of activity				
Promotion centre	Centrale COSTE	Treatment				
	Le fil rouge	Prevention-youth hostels				
	Funtasy	Prevention-leisure activities				
	Bureau OSEO	Harm reduction				
	Bureau RADIX	Prevention				
Programming centre	Ecoles et Santé	Prevention in schools				
	Mandat KWB, Commission Formation	Training-workers				
	Projet Migrants	Prevention-migrant communities				
	Recherche PROVE	Research-therapy-harm reduction				
	Santé Jeunesse	Prevention in schools				
	Recherche supra-f	Research-prevention				
Direct intervention &	ARIA, CONVERS	Training-workers				
project multiplier	Campagne Drogues ou Sport?, Service Drogue et Sport	Training prevention-therapy				
	INFOSET DIRECT	Coordination-treatment				
	INTERNETZ	Coordination-prevention-communities of migrants and raising the awareness of municipalities				
	SCHULTEAM	Prevention-schools				
	Promotion du programme SMAT	Prevention-schools				
	Revue spectra	Information-workers				
	Voilà	Prevention-youth associations				

Appendix 7a
Interviewees and sources for the study concerning "Health aspects of police work among drug users"

#### National level

Institution	Contact	Address
Verband Schweizerischer Polizeibeamter (VSPB)	Herr Jean-Pierre Monti, Generalsekretär VSPB	Tribschenstrasse 19, Postfach 4913, 6002 Luzern
Institut suisse de police	Herr F. Lehmann, Stellvertretender Direktor	Faubourg de l'Hôpital 3, 2001 Neuchâtel
Konferenz der Kantonalen Justiz- und Polizeidirektoren (KKJPD)	Herr Regierungsrat Dr. Jörg Schild, Präsident KKJPD	Polizei- und Militärdepartement, Postfach, 4001 Basel
		Sekretariat: Kantonale Polizei- und Militärdirektion, Kramgasse 20, 3011 Bern
Konferenz der Kantonalen Polizeikommandanten der Schweiz (KKPKS)	Herr Dr. Jürg Rüsch, Kommandant, Mitglied KKPKS	Kantonspolizei Thurgau, Zürcherstr. 325, 8500 Frauenfeld
Schweizerische Kriminalkommission (SKK)	Herr Dr. Jürg Rüsch, Präsident SKK	
Vereinigung der Schweizerischen Kriminalpolizeichefs (VSKC)	Herr lic. iur. Martin Accola, Chef Kripo Kantonspolizei Graubünden, Präsident VSKC	Kantonspolizei Graubünden, Ringstrasse 2, 7001 Chur
Schweizerische Vereinigung Städtischer Polizeichefs (SVSP)	Herr Hans-Rudolf Eichenberger, Kommandant, Präsident SVSP	Stadtpolizei Winterthur, Obertor 13, 8400 Winterthur
Koordinations- und Dienstleistungsplattform Drogen Schweiz (KDS)	Herr Ueli Minder, wiss. Adjunkt, Leiter KDS, Fachsekretariat EKDF, NDA und IDAD	Bundesamt für Gesundheit, Sucht- und Aidsfragen Hess-Strasse 27e, 3097 Liebefeld
Konferenz der Kantonalen Beauftragten für Suchtfragen (KKBS)		
Konferenz der Städtischen Beauftragten für Suchtfragen (SKBS)		
Eidgenössische Kommission für Drogenfragen (EKDF)		
Nationaler Drogenausschuss (NDA)		
Interdepartementale Arbeitsgruppe Drogen (IDAD)		
Drogenplattform des Schweizerischen Städteverbandes (DSSV)	Herr Jürg Häberli, Direktionsadjunkt, Sekretariat DSSV	Fürsorge- und Gesundheitsdirektion Stadt Bern, Predigergasse 5, 3000 Bern 7
Bundesamt für Polizeiwesen (BAP)	Herr Dr. Anton Widmer, Direktor BAP,	Bundesamt für Polizeiwesen, Bundesrain 20,
Interdepartementale Arbeitsgruppe Drogen (IDAD)	Vorsitz IDAD (gemeinsam mit BAG)	3003 Bern
Arbeitsgruppe Zusammenarbeit zwischen Polizei und Sozialarbeit im Drogen- und Aidsbereich (ZuPo)	Christian Buschan, wiss. Adjunkt, Vorsitz ZuPo	Bundesamt für Polizeiwesen, Bundesrain 20, 3003 Bern
Arbeitsgruppe Rauschgift	Herr Dr. iur. V. Roschacher, Koordination AG Rauschgift	Bundesamt für Polizeiwesen, Bundesrain 20, 3003 Bern

#### Cantonal and municipal level

Institution	Contact	Addres
Kantonspolizei Basel-Stadt	Herr Meidinger Chef der Abt. Grenz- und Fahndungspolizei	Postfach, 4001 Basel
Staatsanwaltschaft Basel-Stadt	Herr Homberger Chef Betäubungsmitteldezernat der Staatsanwaltschaft	
Kantonspolizei Bern	Herr Fürsprecher Kurt Niederhauser Kommandant	Nordring 30, 3001 Bern
	Frau Judith Voney Chefin Spezialfahndung 2	
Police cantonale genevoise	Monsieur Urs Rechsteiner, Chef de la police de sûreté	case postale 236, 1211 Genève 8
Kantonspolizei St. Gallen	Herr Bruno Fehr Chef Kriminalpolizei	Klosterhof 12, 9001 St. Gallen
Comando polizia cantonale (Ticino)	Signore Romano Piazzini Comandante	Viale Stefano Franscini 3, 6501 Bellinzona
	Signore Orlando Gnosca Chef der sezione antidroga	
	Signore Mombelli Commissario sezione antidroga	
Police cantonale vaudoise	Monsieur Pierre Aepli Commandant	Case postale,1014 Lausanne
	Monsieur Jacques-François Pradervand Chef de la police de sureté	
	Monsieur Christian Hochstaettler Chef de la brigade des stupéfiants	
Stadtpolizei Bern	Herr Dr. Christoph Hoffmann Kommandant	Waisenhausplatz 32, Postfach,3000 Bern 7
	Herr Michael Perler Chef Kriminalpolizei	
	Herr Zwahlen Unteroffizier Stützpunkt Mitte	
Stadtpolizei Zürich	Herr Dr. Marcel Bébié Leiter Einsatz und Planung	Amtshaus 1, Bahnhofquai 3, 8021 Zürich

Appendix 8a
(Additional table for the chapter 8)
Lifetime trends in illegal drug use among
fifteen-year-old adolescents in their ninth year
of school. Expressed as a %, with confidence
intervals of 95%

Substance	1986			1994			1998		
	Boys n = 418	Girls n = 510	Total n = 928	Boys n = 608	Girls n = 675	Total n = 1283	Boys n = 901	Girls n= 1035	Total n = 1936
Cannabis	9.7	7.1	8.4	20.5	15.8	18.2	35.6	25.7	30.8
	± 2.9	± 2.2	± 1.8	± 3.2	± 2.8	± 2.1	± 3.1	± 2.7	± 2.1
Glue	9.8	7.1	8.5	8.0	6.6	7.3	7.7	7.7	7.7
	± 2.9	± 2.2	± 1.8	± 2.2	± 1.9	± 1.4	± 1.7	± 1.6	± 1.2
Opiates	0.6	0.1	0.4	2.0	1.4	1.7	0.6	0.3	0.5
	± 0.8	0.0-0.1	0.1-1.0	± 1.1	± 0.9	± 0.7	0.2-1.3	0.0-0.8	0.2-1.0
Cocaine	1.4	0.8	1.1	0.4	0.7	0.6	1.1	1.5	1.3
	± 1.1	0.2-2.0	± 0.7	0.0-1.2	0.2-1.7	0.3-1.2	± 0.7	± 0.8	± 0.5
Amphetamines	0.8	2.3	1.5	10.3	5.6	8.0	2.3	3.8	3.0
	0.1-2.0	± 1.3	± 0.8	± 2.4	± 1.7	± 1.5	± 1.0	± 1.2	± 0.8
Ecstasy	_			2.1	0.6	1.4	1.0	1.6	1.3
				± 1.1	0.2-1.5	± 0.6	± 0.6	± 0.8	± 0.5
Mushrooms	_						3.4	3.5	3.5
							± 1.2	± 1.1	± 0.8
LSD	0.7	1.1	0.9				1.1	1.5	1.3
	± 0.8	± 0.9	0.4-1.7				± 0.7	± 0.8	± 0.5
Others	1.6	0.9	1.3	6.2	2.0	4.2	3.4	1.9	2.7
	± 1.2		± 0.7	± 1.9	± 1.1	± 1.1	± 1.2	± 0.8	± 0.7

N.B. Confidence intervals were calculated by normal approximation (or by the exact binomial method for proportions of less than 1%). Source: ISPA

Appendix 8b (Additional table for the chapter 8) Trends in illegal drug use among those aged 17 to 45, expressed as a %

	Jan. 87	Oct. 87	Oct. 88	Oct. 89	Oct. 90	Oct. 91	Oct. 92	Oct. 94	Oct. 97
Age 17-30									
Soft drugs lifetime	27.4	24.9	29.4	21.4	23.0	21.4	21.0	22.1	33.0
Hard drugs lifetime	3.6	2.6	3.7	3.1	3.3	2.9	4.1	4.2	3.9
Injection lifetime	0.8	0.2	0.9	0.9	0.7	1.1	0.9	1.0	0.7
Injection 6 months	0.1	0.0	0.2	0.1	0.3	n.d.	0.2	0.1	0.1
Injection 12 months	n.d.	n.d.	n.d.	n.d.	n.d.	0.4	0.3	0.1	0.1
n total	1182	1211	1213	1231	1227	1427	1426	1378	1405
Age 31-45									
Soft drugs lifetime	n.d.	n.d.	n.d.	10.5	13.2	12.2	13.8	14.7	22.3
Hard drugs lifetime	n.d.	n.d.	n.d.	1.7	2.1	2.2	2.3	2.9	2.4
Injection lifetime	n.d.	n.d.	n.d.	0.3	0.6	0.4	0.5	1.3	0.6
Injection 6 months	n.d.	n.d.	n.d.	0.0	0.0	n.d.	0.0	0.1	0.1
Injection 12 months	n.d.	n.d.	n.d.	n.d.	n.d.	0.0	0.0	0.2	0.1
n total	n.d.	n.d.	n.d.	1177	1174	1371	1374	1425	1460
Age 17-45									
Soft drugs lifetime	n.d.	n.d.	n.d.	16.0	18.2	16.9	17.5	18.3	27.5
Hard drugs lifetime	n.d.	n.d.	n.d.	2.4	2.7	2.5	3.2	3.5	3.1
Injection lifetime	n.d.	n.d.	n.d.	0.6	0.7	0.8	0.7	1.1	0.7
Injection 6 months	n.d.	n.d.	n.d.	0.0	0.2	n.d.	0.1	0.1	0.1
Injection 12 months	n.d.	n.d.	n.d.	n.d.	n.d.	0.2	0.1	0.2	0.1
n total	n.d.	n.d.	n.d.	2408	2401	2798	2800	2803	2865

Note: n.d.: no data available. Source: IUMSP surveys

Appendix 8C
(Additional table for the chapter 8)
Age, syringe-sharing and HIV tests-reported or measured-in various populations of drug users: 1989-1997

Lieu	Year	N	Average age	shared 6 months	tested	HIV +
Low-threshold centres						
Zurich <sup>1</sup>	1989	106	27.4	13	82	24
Geneva <sup>2</sup>	1992	99	25*	44	89	17
Switzerland <sup>3</sup> (overall sample)	1993	1119	26.6	17	88	10
Switzerland <sup>4</sup> (overall sample)	1994	907	27.8	9	91	8
Switzerland <sup>5</sup> ((overall sample)	1996	944	29.0	11	93	11
Out-patient treatment						
Switzerland SAMBAD statistics <sup>6</sup>	1989	449			79	15
Switzerland SAMBAD statistics <sup>7</sup>	1996	690	25	6	84	13
Switzerland SAMBAD statistics <sup>7</sup>	1997	412	26-27*		89	10
Switzerland PROVE programme (heroin) <sup>8</sup>	1993-96	1035	30.8			16
Residential treatment						
Zurich <sup>9</sup>	1990	205	23-25*			21
Zurich 10 (out-patient and residential)	1991	340	26.1	4		
Zurich <sup>11</sup>	1993	293	23-25*			<10
Switzerland FOS statistics 12	1996	748	27.2			5
Switzerland FOS statistics 12	1997	752	27.5			5
Switzerland FOS statistics 12	1998	913	28.2			5
Hidden population						
Switzerland 13	1994	165	28*	11	85	13

<sup>\*</sup> Median age (female-male)

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Appendix 8d
(Additional table for the chapter 8)
Trends in the number of drug-related deaths in European Union member-states and Switzerland, 1985-97

Country	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	Population
Belgium	12	20	17	37	49	96	90	75	80	46	48			10.1
Denmark	150	109	140	135	123	115	188	208	210	271	274	266	274	5.2
Germany	324	348	442	670	991	1491	2125	2099	1738	1624	1565	1699	1486	81.8
Greece	10	28	56	62	72	66	79	79	78	146	176	222	222	10.4
Spain	143	163	234	337	455	455	579	556	442	388	394	429		14.5
France	172	185	228	236	318	350	411	499	454	564	465	393	228	58.2
Irish Rep.	22	8	7	15	8	11	14	17	20	19	31	40		1.8
Italy	242	292	543	809	974	1161	1383	1217	888	867	1195	1566	1153	57.1
Luxembourg	1	3	5	4	8	9	17	17	14	29	20	16	9	0.23
Netherlands	40	42	23	33	30	43	49	43	38	50	33			15.4
Austria	nc	nc	nc	nc	20	36	70	121	130	140	160	179	132	7.9
Portugal		18	22	33	52	82	143	155	100	142	145	169		9.8
Finland			3	11	14	17	26	15	17	13	19			5.1
Sweden	150	138	141	125	113	143	147	175	181	205	194	250		8.8
United Kingdom	nc	nc	nc	1212	1191	1284	1402	1450	1399	1651	1805			58
Switzerland	120	136	196	205	248	280	405	419	353	399	361	312	241	7.1

Notes: Data are not comparable between countries due to differences in the definition of cases and in data-collection methods.

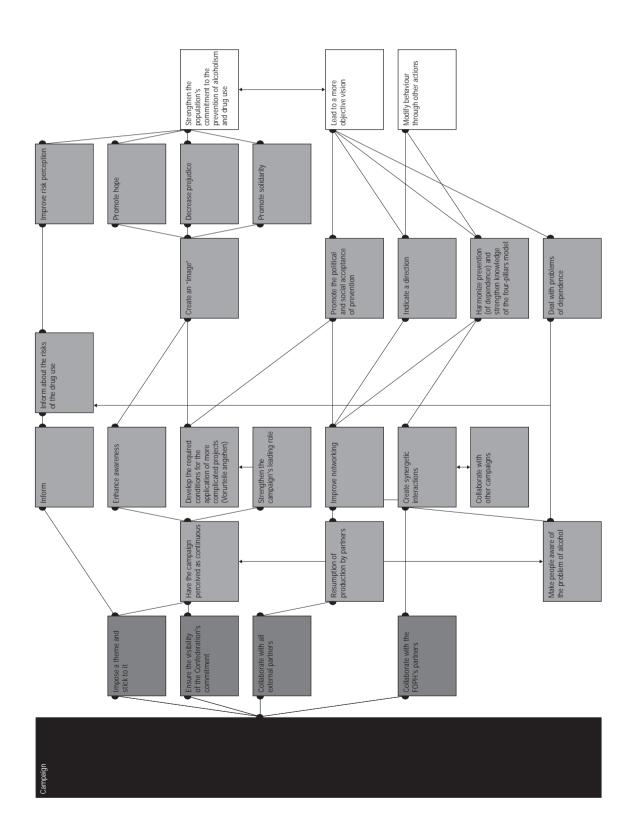
nc: data available, but not comparable with other years.

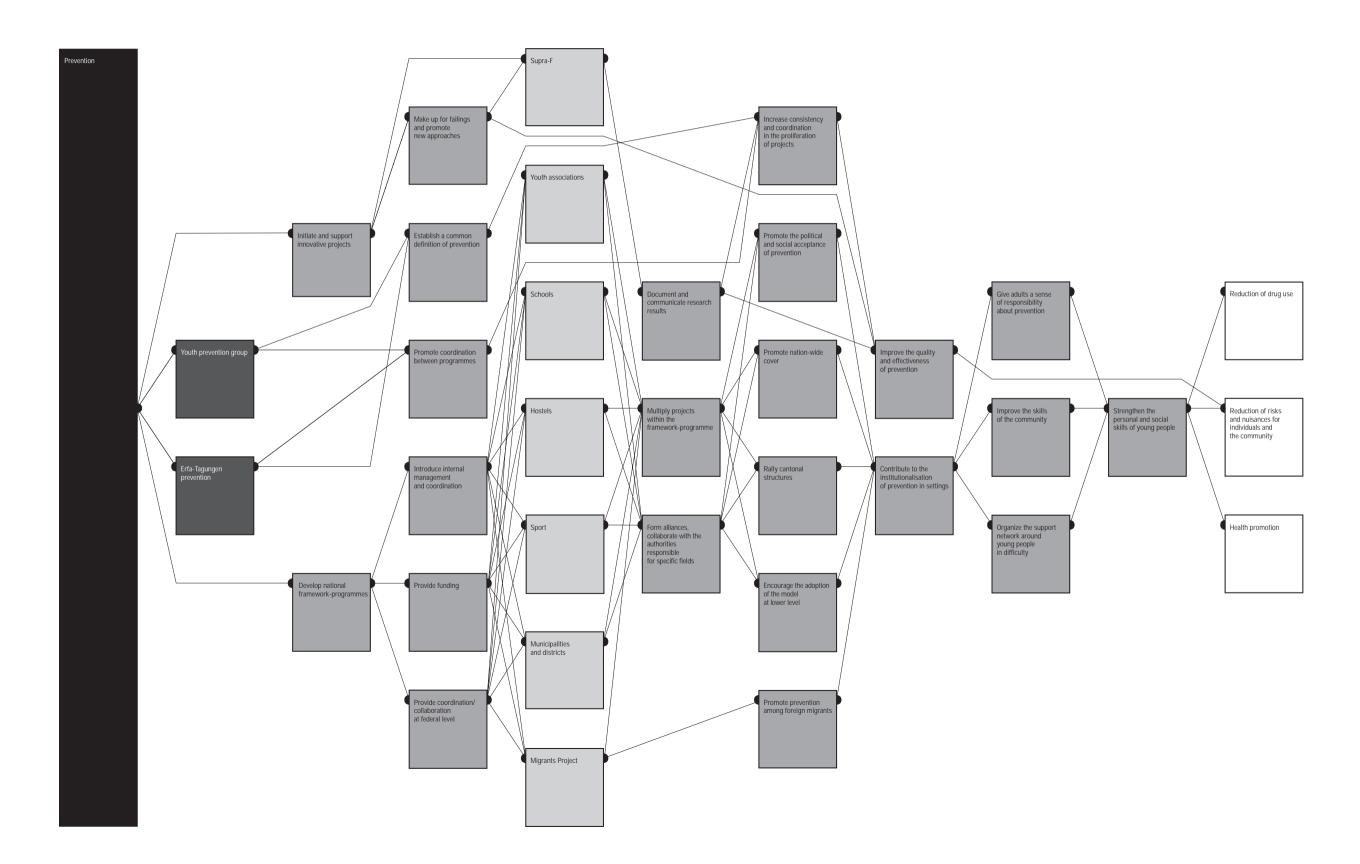
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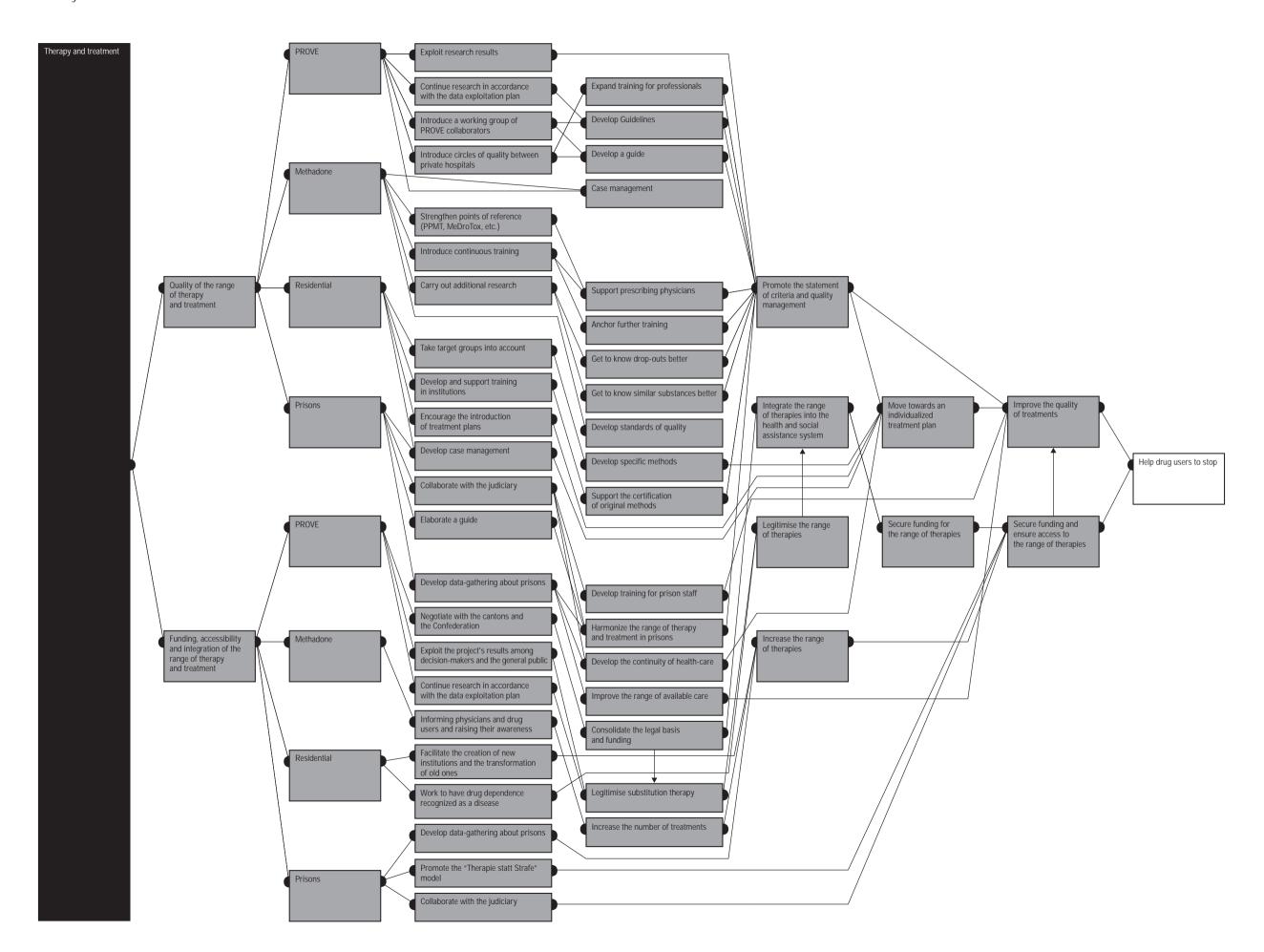
Separate Document 1
(Appendix 3a)
Theories of action
in the various fields

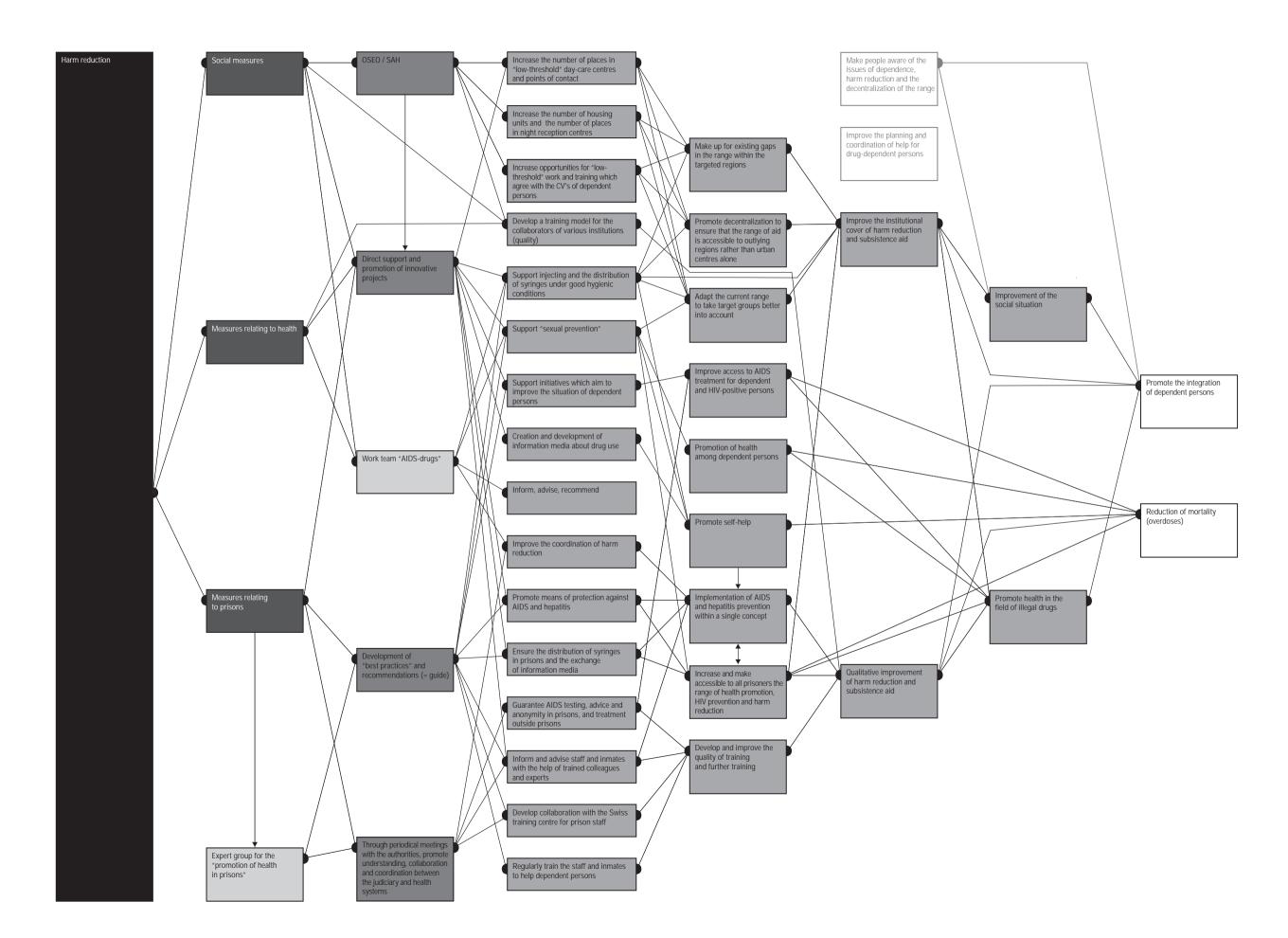
Evaluation of the Confederation's measures to reduce drug-related problems

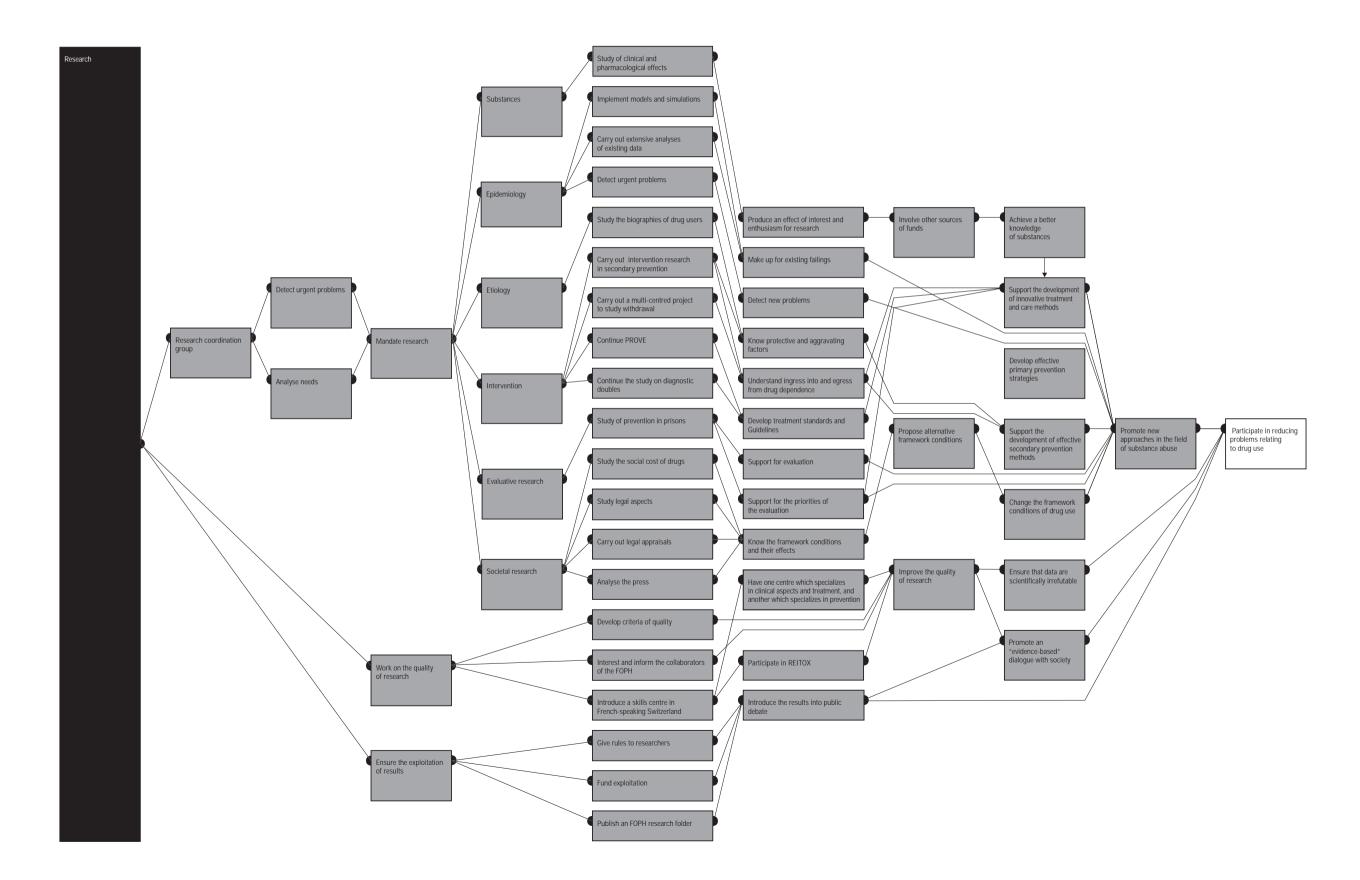
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Separate Document 2 (Appendix 3a) Theories of action in the various fields

Evaluation of the Confederation's measures to reduce drug-related problems

Third synthesis report 1997-1999

