

Switzerland's National Drugs Policy

The federal government's third package of measures
to reduce drug-related problems (MaPaDro III) 2006–2011



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Not all the persons illustrated are drug dependent.

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Foreword

In the first half of the 1990s the public regarded the open drug scenes as one of Switzerland's most urgent problems. Public pressure resulted in political intervention at all levels. The federal government also began to take an active role and embarked on its four pillar policy consisting of measures in the areas of prevention, therapy, harm reduction and law enforcement.

Through its two packages of measures the federal government has helped to improve both the social situation and state of health of drug dependents. But the most important success has been in lowering the number of HIV/Aids infections and drug-related deaths. Furthermore, the number of criminal misdemeanours has fallen and the open drug scenes have largely disappeared. A drop in heroin use can also now be observed. However, consumption of other substances, such as cannabis, synthetic drugs and cocaine is currently on the rise. Poly drug consumption has also increased. Illegal drugs are therefore still a problem, both for users and for society as a whole.

The federal government's third package of measures to reduce drug-related problems (MaPaDro III), presented here, is the next stage in the four pillar policy to tackle illegal drugs for the 2006 to 2011 period, and aims to secure the successes already achieved by the two previous packages of measures. MaPaDro III proceeds from the existing legal basis. However, not only the problem itself, but also the political and economic conditions have changed in recent years. The federal government is confronted with strategic challenges, which MaPaDro III is designed to meet.

MaPaDro III forms the general framework for the federal government's drugs policy and covers all four pillars, including law enforcement. The package of measures was developed under the guidance of the Federal Office of Public Health (FOPH) with the collaboration of the Federal Office of Police (fedpol) and the Federal Office of Justice (FOJ) and will in principle be supported jointly by these three offices. Each of the offices takes full responsibility for the measures in its area of competence.

The federal government merely plays a supporting role in Swiss drugs policy, while the cantons, working together with the cities, communes and private organisations, are responsible for implementing the measures on the ground. The main bodies, institutions and organisations active in the area of illegal drugs were therefore invited to submit their opinions on MaPaDro III in writing, and the content was discussed with experts. The backing of all those involved in drugs policy is essential if the aims of MaPaDro III are to be achieved. MaPaDro III can serve as a guideline for their own drugs policies.



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MaPaDro III in brief

MaPaDro III, the third package of measures drawn up by the federal government to tackle drug-related problems, outlines the existing state of affairs and the underlying principles of drugs policy and on this basis defines the federal government's undertakings in this area for the next few years.

At the end of the 1980s it was largely pressure from the public in response to the open drugs scene which forced politicians to act. As a result, the federal government embarked on a policy consisting of four pillars of prevention, therapy, harm reduction and law enforcement, and implemented two packages of measures.

It is not only the federal government, but also the cantons and communes and other private organisations that play a part in implementing drugs policy, assuming a range of different tasks. It is therefore important to encourage coordination between the various players at national level.

While only a minority of the population uses drugs, the consumption of cocaine and, particularly among young people, the consumption of cannabis are on the rise. Changes in the pattern of drug consumption mean that measures must be monitored and adapted continuously.

Social and political developments have led to increasing pressure to justify aspects of drugs policy. MaPaDro III provides a response to the various challenges currently facing the government.

The vision towards which the federal government is directing its efforts is a reduction in drug-related problems in Switzerland. This vision is to be implemented by achieving three goals:

- reducing the consumption of drugs
- reducing the negative consequences for drug users
- reducing the negative consequences for society as a whole.

In implementing its drugs policy the federal government will continue to base its global strategy on the four pillar model:

- Prevention helps to reduce drug consumption by making it harder to start using drugs and by preventing the development of addiction.
- Therapy helps to reduce drug consumption by enabling users to break free of their dependency and to stay free of it, or at least by keeping this option open to them. In addition it promotes the social integration of those under treatment and helps to improve their health.
- Harm reduction helps to reduce the negative consequences of drug use on the consumer and indirectly on society as well, by providing individually tailored and socially less problematic ways of consuming drugs.
- Law enforcement uses appropriate regulatory measures to implement the prohibition of illegal drugs, thus helping to reduce the negative consequences of drug taking for society as a whole.

MaPaDro III is designed to open up the four pillars of this policy and increase the interchange between them. The federal government's role is concentrated above all in the following areas: drawing up the basic principles, evaluation, further training for drug professionals, quality enhancement, information, coordination and international cooperation. Furthermore, in implementing its drugs policy the federal government is paying particular attention to the two cross-sectoral issues of gender and migration.

Part I

Point of departure and basic principles



Drug consumption in Switzerland

People have always tried to influence their emotional state by using → *psychoactive substances*. This entails the risk that users develop problematic consumption patterns or even dependency (→ *patterns of consumption*) which can lead to physical, psychological, social and economic problems both for the person concerned and for those in their immediate and wider environment. The kinds of psychoactive substances that are consumed, how they are consumed and how society reacts to them have changed over the course of time. What follows examines the current use of → *drugs* in Switzerland.

Non-use is the norm

If one takes Switzerland's resident population aged between 15 and 39 as a whole, only a minority have ever used drugs in their lives. For substances such as heroin, cocaine and ecstasy, the proportion is less than 4%. The situation is somewhat different with cannabis, where a good quarter of the population have tried it at least once. Unlike the other substances, where use has remained stable, cannabis use has increased slightly. But even here non-consumption is clearly still the norm among the population.

Use by young people

Young people find themselves in a phase of uncertainty and experimentation during which psychoactive substances tend to be tried. Since the mid-1990s cannabis consumption during the years of obligatory schooling has more or less doubled in Switzerland. This upwards trend can also be observed in other industrialised countries. In 2002 almost half of young people in their ninth school year (age 16) admitted having tried cannabis at least once. Furthermore, the average age of first use has fallen. This can be regarded as a problem as it is known that the risk of developing a problematic consumption pattern is greater when consumption starts early. Nevertheless, it is worth pointing out that young people of school age only seldom use other illegal substances such as heroin, cocaine and synthetic drugs (including ecstasy).

At the age of about 18, experimentation with synthetic drugs, cocaine and other illegal substances alongside cannabis increases, but only a small minority take these drugs regularly. Only a very few try heroin. On the other hand, some two thirds of 20-year-olds have tried cannabis at least once. Regular use of this substance in particular increases after the end of compulsory schooling (age 16), especially among young men. 13% of them use cannabis on a daily basis; the figure for young women is 4%. Nevertheless there are certain indications that cannabis use among young people has gradually stabilised in the last few years.

Drug use in the party scene

There are specific groups amongst which drug use is particularly widespread. This includes those who go to techno parties. 30 to 50% of them have tried substances other than cannabis, most commonly ecstasy, followed by cocaine and amphetamines. The great majority of those who use such substances do so only occasionally. But they often consume several substances at the same time, exposing themselves to a high degree of risk. A clearly smaller subgroup consumes regularly at weekends, running the risk of developing a problematic consumption pattern. Another small group also uses drugs during the week, many of them even daily, and this almost always involves cocaine. Some are dependent on this substance. Nevertheless they account for only a very small proportion of dependent drug users, and differ from the majority in that they are younger and mostly do not consume intravenously.

Heroin and cocaine dependency

According to what is currently known, there are only a small number of dependent drug users who exclusively consume cocaine; most of those who are dependent on drugs consume heroin first and foremost. However, cocaine is increasingly consumed in addition to heroin.

On the basis of existing data it can be assumed that the number of heroin dependents dropped from around 30,000 in 1992 to 26,000 in 2002. At the same time, in the last 10 to 15 years the number of deaths related to drug consumption has decreased from what used to be 640 to 740 per year to a current annual figure of 250. However, for several years now the trend has stopped moving downwards.

→ see *Glossary*



Living conditions of dependent drug users

Around 65% of dependent drug users are currently in therapy, the overwhelming majority of them undergoing methadone treatment. The spread of this method of treatment along with harm reduction measures has played an important role in reducing the number of deaths. Nevertheless, the health situation of drug dependent persons remains critical. The use of a combination of psychoactive substances is becoming an ever increasing problem. In addition, some people share needles, thus running the risk of infecting themselves with certain diseases. The rate of HIV/Aids infection has levelled off at 5% to 15%, but hepatitis is widespread. There are indications that almost all dependent drug users are infected with the hepatitis-C virus.

Most of those who accept the offers of assistance to overcome their addiction have a long history of drug use. They frequently suffer from various illnesses, including mental ones. While it is true that only 10% have no fixed abode,

the majority of dependent users are unemployed. In most cases they depend on social assistance. On the other hand, income is less commonly earned from illegal activities, and the prevalence of prostitution to finance a drug habit has also decreased. However, even persons who have succeeded in stabilising their situation find getting back into work particularly difficult.

History of Switzerland's national drugs policy



MaPaDro III follows on closely from the federal government's drugs policy to date. It is therefore worth casting a brief glance back to see how the federal government came to take an active role in drugs policy.

Social changes and drug consumption

The ban on specific psychoactive substances dates back to the beginning of the last century. The modern history of drugs policy, however, only started at the end of the 1960s, when drug use rose as part of the changes in society at that time. The first heroin-related deaths occurred in 1972.

Three years later the Narcotics Act stipulated that the cantons had to carry out prevention work and offer therapy to dependent drug users. At the same time the federal government was required by law to support the cantons and other players in the area of drugs policy.

Public pressure forces politicians to act

Towards the end of the 1980s the number of dependent drug users increased sharply. From 1987 onwards, open drug scenes could be found in a number of cities. Their presence made the desolate situation of the addicts visible. This was made worse by the spread of HIV/Aids. People were shocked and at the time a broad majority saw the drug issue as one of Switzerland's biggest problems.

Strong public pressure forced politicians to act. Cities, cantons and the federal government stepped up their involvement in drugs policy. In order to fight the evident misery of dependent drug users, first some of the affected cities and later also some of the cantons started to expand harm reduction services as an addition to their existing range of measures. This led to the introduction of the "four pillar" drugs policy model, consisting of measures in the following four areas:

- Prevention
- Therapy
- Harm reduction
- Law enforcement.

The four pillar model has been explicitly supported by the Federal Council since 1994. The model is also welcomed by specialists because it makes it possible to give aid to addicts in a way that is geared to their problems. Two popular initiatives which would not have been compatible with the four pillar policy either because they demanded a distinctly restrictive approach (the initiative "Youth without Drugs", 1997) or an extremely liberal drugs policy (the "Droleg" initiative "For a reasonable drugs policy" 1998) were rejected by Swiss voters (by 71% and 73% respectively). By rejecting these popular initiatives voters indirectly came out in favour of the four pillar model as a pragmatic middle way. Furthermore, the model has met with broad recognition internationally. A number of countries are today moving in a similar direction.

The federal government's packages of measures (MaPaDro I and II)

In 1991 the Federal Council decided on a first package of measures to reduce the drugs problem (MaPaDro I). It gave the Federal Office of Public Health (FOPH) the task of implementing measures in the areas of prevention and therapy, and later in harm reduction. These measures were strengthened and taken further in a second package of measures (MaPaDro II, 1998–2002). Not included in either of these packages was law enforcement which was instead handled separately.

More than 300 projects were supported at a cost of around CHF 200 million in the framework of these two packages. In particular, innovative approaches were encouraged and evaluated on the basis of scientific research. As a rule the federal government did not carry out these activities itself, but used other players to do so, both state and private, thus helping to mobilise them in the area of drugs policy. Both packages of measures were clearly aimed at reducing the heroin problem, which the federal government successfully managed to do.

The consensus for a pragmatic middle way begins to crumble

In 1995 the last open drug scene, the Letten in Zurich, was closed. After that the importance attached to the drug problem in opinion polls decreased. Today only a handful of people still regard the drug issue as one of our country's most pressing problems. At the same time, the number of motions in Parliament connected with drugs policy has also fallen. Pressure on the part of the public and from politicians is thus currently very slight, while at the same time a number of drugs policy measures are being queried due to increasing pressure for public spending cuts.

A planned amendment to the Narcotics Act which also provided for the decriminalisation of cannabis use sparked renewed controversy for a time in 2002. Opinion polls showed that on the issue of cannabis there was no clear majority among the public for any one policy. The amendment of the law, which would also have included the incorporation of the four pillar policy into legislation, failed to get through Parliament in 2004.

Despite the demonstrable successes in drugs policy, it has not yet proved possible to incorporate the four pillar policy into legislation. A National Council committee is currently working on a draft for a partial revision of the Narcotics Act, which would lead to the policy being made part of legislation. The cannabis issue is to be excluded and dealt with instead through the popular initiative "For a rational hemp policy with effective protection of young people".

Players and responsibilities

Drugs policy involves all levels of the state: the federal government, cantons and communes. In addition there are numerous, mainly private, organisations and institutions playing a role in drug-related activities. Taking the same legally established principles as their starting point, these different players fulfil a range of tasks all complementing each other.

The federal government

Today, the federal government's drugs policy is based on the amended Narcotics Act of 1975. On the basis of article 15c, the Federal Office of Public Health (FOPH) has the task of supporting players active in the areas of prevention, therapy and harm reduction (cantons, communes, private organisations). In addition, the FOPH has the legal mandate to promote scientific research into illegal drugs.

In terms of the law enforcement pillar too, the federal government is mainly concerned with providing support. It is first and foremost the cantons which have the task of enforcing the prohibition of the production, sale, possession and consumption of illegal substances. Under article 29 of the Narcotics Act they are supported in this by the Federal Office of Police (fedpol), which plays a coordinating role in the fight against drugs and acts as the interface with international partners. It is only in cases of organised crime and money laundering that the federal government itself conducts investigations. These are usually more important in the international context of the fight against drugs.

Along with the Federal Office of Police, the Federal Customs Administration also plays an important role, in particular in the prevention of drug smuggling. The Federal Office of Justice has specific tasks in legislation, law enforcement, prosecution and international legal assistance. But above all the Federal Office of Justice supports pilot projects with different types of sentencing, which are in part connected with the problem of drug use.

Cantons

It is the cantons which are largely responsible for implementing measures on the ground for all four pillars. It is up to them to provide drug prevention services as well as care and treatment for drug users. The cantons are additionally responsible for enforcing the prohibition of drugs on their territory and for prosecuting law breakers. They enjoy a large degree of autonomy as to how they draw up and implement their drugs policies.

Communes

Although the Narcotics Act does not explicitly provide for this, many cantons cede a number of these tasks to the communes. This applies particularly to the cities which are active in drug-related fields because they are those most directly affected by the problem. In cantons where the financial burden is not evened out between communes, the cities often bear the main brunt of the costs, in particular in the area of harm reduction.

Voluntary coordination

Voluntary coordination among the cantons and communes and between the three levels of government occurs via a range of different bodies. As far as reciprocal political coordination between cantons is concerned, various inter-cantonal conferences play an important role. In addition, there are a number of bodies whose aim it is to build consensus on drugs policy based on the four pillar approach and to encourage the exchange of expertise in the area of addiction. The following bodies are supported both administratively and technically by the federal government or by the Swiss Drugs Coordination and Service Platform (KDS) (*see also page 24*):

- the Federal Commission for Drugs Issues (EKDF)
- the National Drugs Committee (NDA)
- the Conference of Cantonal Liaison Officers for Substance Abuse Problems (KKBS)
- the Conference of Communal Liaison Officers for Substance Abuse Problems (SKBS)
- the Drugs Platform of the Swiss Communes Association (DSSV)
- the Police and Social Services Liaison working group (ArbGrp ZuPo)
- the Interdepartmental Working Group on Drugs (IDAD).



The National Working Group on Drugs policy (NAS), the specialist associations, and Infodrog, the Swiss Office for the Coordination of Addiction Facilities, also play an important coordinating role.

Other players in Swiss drugs policy

The authorities can entrust certain tasks in prevention, therapy and harm reduction to private organisations (Art. 15a para. 3 Narcotics Act). In addition to the federal government, cantons, cities and communes, a range of other institutions, organisations and associations are mandated by the state bodies to implement drugs policy measures on the basis both of their greater proximity to those affected and of their technical competence. These players have left a strong mark on Swiss drugs policy.

Current challenges

As a result of social, political and economic changes the four pillar policy which the federal government has pursued since the 1990s and which it has strongly promoted with two packages of measures, currently faces a range of strategic challenges.

Need to adapt

The federal government's drugs policy measures have for the most part been running for some time and have proved their worth. But in recent years the drugs problem has changed and new ways of intervening are required. MaPaDro III identifies the need to adapt and aims to open up the four separate pillars. MaPaDro III is the first package to define the basic principles underlying all four pillars – including law enforcement – which should make it possible to harmonise them better and do away with some of the barriers between them. Furthermore, as MaPaDro III is implemented, the broader context of addiction policy, which also includes legal substances, will be taken into account where necessary and where possible at the current point in time.

Pressure for justification

The broad consensus on drugs policy born in the 1990s under the impact of the open drugs scenes, has crumbled. There is a greater need to justify drugs policies, not least because of the pressure to make savings in the public purse. MaPaDro III provides a response to this pressure for justification. By describing the current situation and the basic principles underlying the policy, and by demonstrating the continuing need for action, it makes clear the reasons for the federal government's involvement in drugs policy. Furthermore, in defining goals, strategies and measures it makes the nature of the federal government's undertaking more visible.

Need for coordination

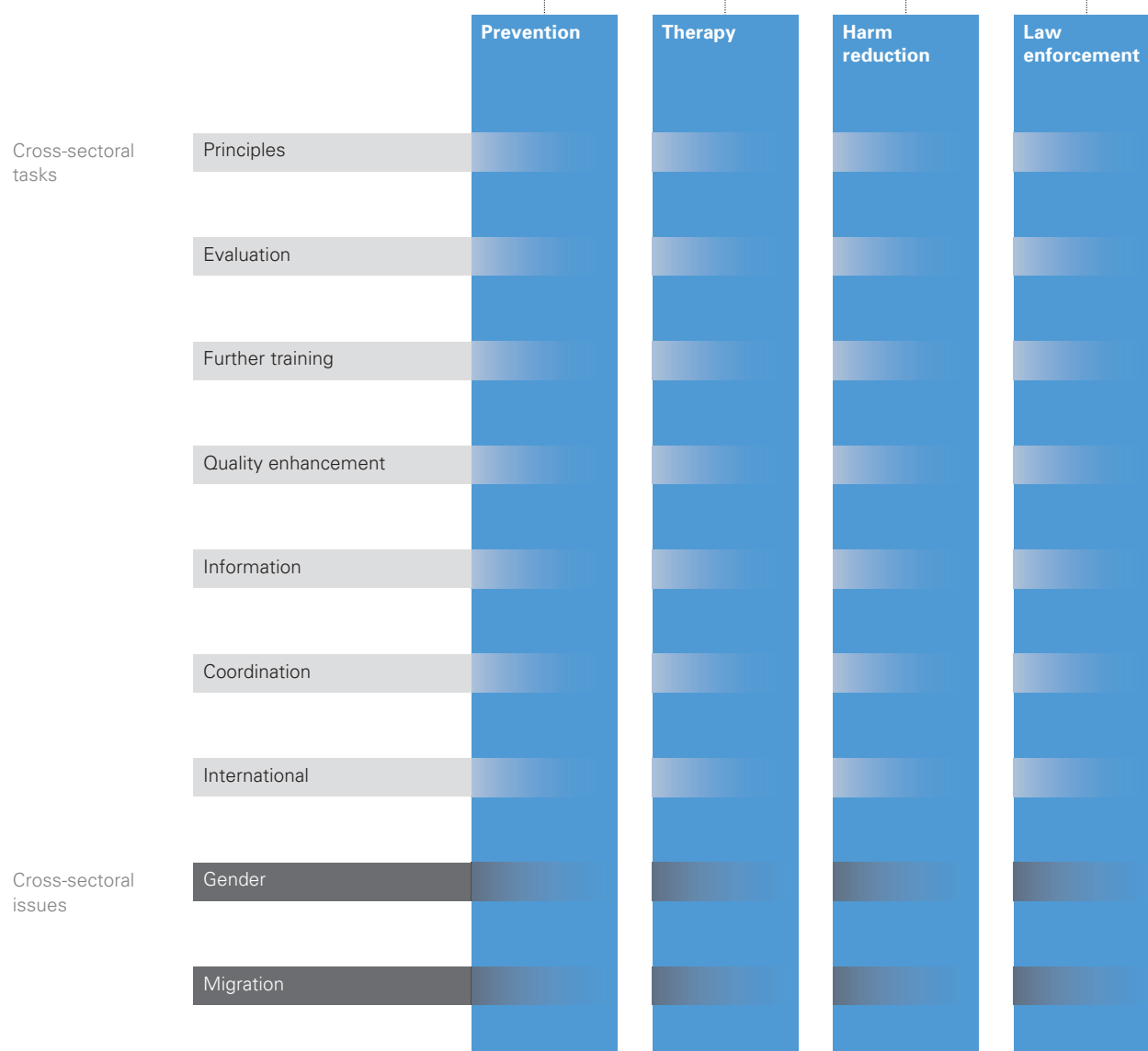
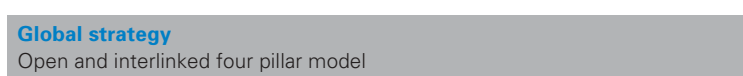
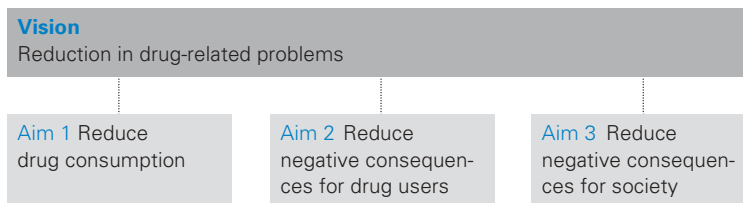
As far as illegal drugs are concerned, a number of measures are implemented by a wide range of very different players in all four pillars. Yet a coherent drugs policy able to cope with the growing complexity of the problems requires that the aims and activities of all the players should be coordinated. In order to deal with this need for coordination, MaPaDro III for the first time defines common basic principles applying to all the pillars, thus making it possible to improve internal coordination between the federal bodies. On the basis of its position in the structure, which gives it a national and international perspective, the federal government also acts as moderator and coordinator in encouraging reciprocal voluntary coordination between the various players in drug-related fields.

MaPaDro III takes into account the strategic challenges facing the federal government. It aims to improve the coherence, effectiveness and sustainability of the drugs policy, thereby raising its credibility.

Part II

The federal government's drugs policy undertakings 2006–2011





Vision and goals

MaPaDro III is committed to a responsible and ethical attitude. It is contributing to reducing the drugs problem in Switzerland within the overall context of the issue of addiction.

The federal government has drawn up its drugs policy commitments for the period 2006 to 2011 taking as its starting point the basic principles and the current situation described above. In accordance with the vision outlined above, the federal government is making pragmatic efforts to reduce drug-related problems. Its action is tailored to the foreseeable consequences and the results achieved will be the yardstick of its success. However, the government's drugs policy is only one factor among many influencing drug use in Switzerland. The federal government can therefore do no more than make a contribution to reducing drug-related problems. These problems need to be considered in connection with the issue of addiction as a whole, including the consumption of legal psychoactive substances. The broader context of an addiction policy in general will be taken into account in the implementation of MaPaDro III where necessary and in as far as is possible.

MaPaDro III has the following three aims:

To reduce the use of drugs

The use of illegal drugs constitutes a risk to health – “health” understood in a broad sense as quality of life. A reduction in the consumption of drugs is therefore desirable from the point of view of public health. A reduction in the number of people using drugs and a shift towards a less risky consumption pattern are to be regarded as successes. However, for certain specific substances and for some specific groups, consumption should be avoided completely.

Reduction of negative consequences for users

To a certain extent drug use constitutes an undeniable reality. But it should occur in such a way that users expose themselves to the least possible risk (e.g. HIV infection) and their quality of life be affected as little as possible. One aspect of this is that they should remain integrated in society or become better integrated. The goal of the state's actions must therefore be to reduce the negative impact of drug use.

Reduction of negative consequences for society

Those in the immediate social environment of drug users can suffer directly from the impact of drug use. Furthermore, society as a whole is affected by the drug problem, not least because of the financial costs. Many people are also disturbed by the visibility of the drug problem. These negative effects of drug consumption on the quality of life of non-users should equally be reduced as far as possible.

Strategy: four pillars

The drugs policy of the federal government is based on an open, interlinked four pillar model.

The federal government has adopted the four pillar model of the early 1990s as its drugs policy concept. This policy is widely acclaimed by experts in the area of addiction, and described as progressive, innovative and effective. On the basis of the positive experiences gained so far, and in view of the international trend towards a holistic approach such as that represented by the four pillar model, the federal government is continuing with this policy, working to establish a range of appropriate interventions in all four areas that are both professionally sound and make economic sense. But the four pillars of the Swiss drugs policy remain only a conceptual approach. They must not lead in practice to the creation of artificial barriers.

In its recent report entitled “psychoaktiv.ch” the Federal Commission for Drugs Issues (EKDF) developed a model for a drugs policy which draws distinctions not only between the four pillars, but additionally between substances and between → *patterns of consumption*. Following this model, the federal government takes the position that in future the four pillars should not be considered in isolation from each other.

No barriers between the pillars

The four pillars are not to be understood as isolated areas of intervention. Rather it is the case that each pillar interacts with the others in several different ways. Important is that the measures should be looked at from different angles for each of the pillars and should be formulated in the most appropriate way for the different targets.



→ see Glossary

Prevention

Prevention helps to reduce drug use by preventing people from starting to use drugs and developing dependency.

Prevention means hindering people starting to use drugs – but that is not all it means. Prevention limited to stopping people using drugs for the first time ignores the fact that a large number of young people try drugs at least once. Prevention today therefore also means preventing the development of a drug habit – in other words, the move from a low risk consumption pattern to a problematic one or even to dependency. In general, the aim of prevention is to guard against the development of health problems, and is thus orientated towards health promotion. Therefore less emphasis is put on the particular substances involved and their legal status (legal or illegal).

Strategies

In order to make a contribution to preventing drug use and the development of drug dependency, the FOPH continues to concentrate on the target groups of children and young people and their environment. Its strategic emphasis is on conditional prevention (*→ Behavioural prevention vs conditional prevention*). This means that an attempt is not only made directly to influence people's behaviour, but rather indirectly by changing the structures and the general conditions in which they live. The FOPH is active mainly in the area of "school and commune". *→ Early recognition* and *→ early intervention* are becoming increasingly important. Overall the focus is on prevention, irrespective of the substances involved and their legal status; however, supplementary interventions with regard to specific substances are also made, in particular the provision of factual information.

Measures

- Harmonisation and adaptation of current activities to the strategic guidelines, and increased use of synergies
- Continuation of work on early recognition and early intervention

- Encouragement of the transfer of knowledge from research to practice, among other ways by means of professional training
- Improved monitoring and documentation of the existing services on offer, and elaboration of further measures on the basis of evidence gained from the promotion of pilot projects



→ see Glossary

Therapy

Therapy helps to reduce drug use by enabling people to overcome dependency or at least by keeping this option realistic for them in the future. In addition it encourages the social integration of those in treatment and promotes their health.

In the area of therapy it is important that people suffering because of their drug dependency should get effective help. It should be made possible for them to overcome their dependency. But in certain circumstances some people either do not want or are unable to quit using drugs (yet). In such cases the primary task is to keep open the existing options for them to overcome their dependency at some later point, to promote their health and to (re)integrate them into society. Preventing them from becoming marginalised is central to reducing the repercussions on both the individual and society – and the financial cost.

Strategies

In the area of therapy, the FOPH lays its strategic emphasis on a quantitative and qualitative improvement of the existing range of services. Treatment is to be diversified and personalised so that it is better able to target the health and social needs of the particular individual. In order to meet these demanding requirements, the FOPH will specifically promote “professional treatment options”. “Professional” means that the treatments on offer are of high quality and recognised as such by experts.

Measures

- Financing of Infodrog, the Swiss Office for the Coordination of Addiction Facilities, as the hub for all services offered in the areas of prevention, therapy and harm reduction, spanning the pillars
- Support measures for substitution treatment with methadone and with the rarely used alternative substance buprenorphin
- Further development of heroin-assisted treatment through measures to enhance its quality

- Further enhancement of the quality of therapy and its adaptation to current needs through the introduction of a flexible, modular quality standard
- Development of a measuring instrument to provide a basis for decision making on treatment and placements
- Formulation of the basic principles for need and demand-oriented therapy
- Keeping further training abreast of the latest knowledge and developments, and the promotion of career development opportunities for therapy specialists spanning different pillars
- Further development of coordinated statistics on the help offered to dependent drug users, regular evaluation of these statistics, and the establishment of inventories of the range of therapies available
- Monitoring general conditions with regard to the financing of institutions providing help to dependent drug users

Harm reduction

Harm reduction helps to lower the negative consequences of drug consumption on the users themselves and indirectly also on society, by making possible a consumption that is less problematic both to the individual concerned and to society.

People who are dependent on drugs often live on the margins of society and given that human dignity is regarded as a basic value, they are unconditionally entitled to be given help. This is where harm reduction traditionally comes in. But today it is aimed not only at severe drug dependents but at all users exposed to risky behaviour and it covers all substances. The aim is to enable people to survive a phase with the least possible physical, mental and social harm. Harm reduction is also designed to decrease the social costs of the drug problem. The aim is that the quality of life of those people close to drug users should be affected as little as possible. A desirable side effect of harm reduction is also to make the drug problem less visible.

Strategies

The activities of the FOPH in the area of harm reduction up until now have proved to be effective and will be continued. Nevertheless, because of changes in the nature of the substances consumed, of the patterns of consumption and of the target groups, it is necessary to adapt the concept of harm reduction in order to take it on to a further stage. Existing gaps in the services available – with regards both to particular areas of Switzerland as well as specific contexts and issues – are to be closed.

Measures

- Financing Infodrog, the Swiss Office for the Coordination of Addiction Facilities, to support the range of services offered in the area of harm reduction and interlinking these with services aimed at therapy and prevention
- Enhancing quality by certifying institutions according to a flexible, modular quality standard
- Formulating the basic principles for need and demand-oriented harm reduction including encouraging pilot projects

- Keeping further training abreast of the latest knowledge and developments as well as the promotion of career development opportunities for harm reduction specialists
- Strengthening measures aimed at preventing hepatitis infection and HIV/Aids
- Clarifying the requirements for harm reduction and therapeutic services in prisons
- Expanding the interface between harm reduction and prevention



Law enforcement

Law enforcement helps to reduce the negative impact of drug use on society by using the appropriate regulatory measures to enforce the ban on illegal drugs.

The use of drugs can present a risk to health, which is why drugs should only be available under stringent conditions in keeping with their specific potential to cause harm. Obstacles should be placed in the way of young people in particular to keep them from using illegal drugs. However, for existing drug users repressive measures can represent a risk to health, in that they contribute to their marginalisation.

The negative impact of drug use on society must therefore be weighed against these possible negative consequences for drug users themselves.

Strategies

At federal level MaPaDro III aims for a higher degree of coordination and collaboration with the other three pillars. To achieve this, measures are needed at both the conceptual and the organisational level. At the same time, the federal government continues to exercise a coordinating function in the area of prosecution.

Measures

- Scientific analysis of the effects of repressive measures on prevention, therapy and harm reduction
- Continuation of efforts to make police and addiction specialists sensitive to these issues, and further exchange of factual information between them to enable them to develop a common view of the problem
- Increased collaboration between police and addiction specialists in the cantons and cities and also, where necessary, at the federal level
- Support for the prosecution of drug crimes through services providing information, coordination and analyses, with the emphasis on encouraging inter-cantonal, national and international collaboration and on effective information processing
- Fighting organised crime and money laundering through the federal government's own investigations, through the promotion of international agreements and through close collaboration with the private sector



Cross-sectoral tasks

The tasks which the law allots to the federal government in support of the other players in the drug-related field do not as a rule refer to any one particular pillar. Most of them cut across more than one area. In all, seven tasks can be distinguished.

Scientific and legal principles

MaPaDro III is based on the existing legal principles. Their charges are not part of the package of measures. On the other hand, a whole series of measures are aimed at improving the scientific evidence.

Focal points

One aim of MaPaDro III is to acquire new knowledge. In the first place, knowledge about the current state of the problem is to be improved (monitoring and epidemiology). Secondly, the effect of the various measures is to be studied (research into interventions). Furthermore, the basic principles are to be disseminated more widely and better use is to be made of them.

Evaluation

In drawing up MaPaDro III care was taken to incorporate the knowledge already gained from studies on drugs policy, and in particular from the evaluation of the second package of measures to reduce the drug problem (MaPaDro II). In addition, an assessment of the expected results looked at the programme logic of the present package of measures, how well it focussed on outcomes and whether it lent itself to evaluation.

Focal points

Since many of the measures in MaPaDro III represent a continuation of interventions which have already been assessed as part of past evaluations, there is little need for simultaneous review. The FOPH has opted instead for regular reports to be submitted over the course of its implementation, and for self-evaluation of the projects. At the completion of MaPaDro III it is planned to conduct a comprehensive assessment of its impact in the shape of an external evaluation.

Further training

Under the law one task of the federal government is to encourage the training of specialists in the treatment of persons with drug-related problems. The FOPH has therefore been active in professional training since 1992. This covers not only illegal drugs but also alcohol. It is mainly medical professionals (doctors, chemists and nursing staff) and also those working in the psychosocial sectors (social education workers, social workers, psychologists) who have to deal with addiction problems. Other specialists, such as teachers or police officers, are also confronted with these problems on occasion. These professional groups vary greatly as to their knowledge about issues of addiction.

Focal points

The FOPH is continuing with its strategy of promoting a specific range of further training programmes for the various professions and in Switzerland's different linguistic regions within the framework of the institutions which are already providing basic training. However the programmes should be designed to take better account of the specific problems and needs of addiction specialists, institutions and the authorities. Among other things an attempt will be made to provide training that spans the pillars and breaks down the barriers between them. The aim will also be to improve the transfer of knowledge from research to practice. The "Expert Commission on Further Training in Addiction" set up by the FOPH in 1996 will remain an important partner for the implementation of these measures. It brings together experts from all four areas, some involved in teaching, some in research and some working on the ground.

Quality enhancement

As a result of the 1999 decision of the Federal Social Insurance Office to contribute to the financing of in-patient addiction treatment facilities through invalidity insurance only if they possess a quality certification, the FOPH developed a quality standard. This standard, known as "QuaTheDA" (Quality Therapy Drugs Alcohol), was elaborated in collaboration with experts and in the first instance lays down criteria governing the quality of structures and processes. In

parallel to this, since 2000 there has also been support for enhancing the quality of heroin-assisted treatment. Here the emphasis was laid less on structures and processes than on the results of treatment.

Focal points

On the basis of the positive experiences so far, the FOPH will continue its measures to enhance quality and extend them from in-patient therapy to cover also out-patient treatment and harm reduction. The new quality standard will be structured in modular form to make it more flexible and better able to cope with the particularities of the different areas of intervention. Where the criteria laid down by QuaTheDA have up to now focussed on enhancing the quality of structures and processes, in future more attention will be focussed on the quality of results. The measures to enhance the quality of heroin-assisted treatment are likewise in future to be implemented according to the basic principles of the new quality standard.



Information

Implementing the drugs policy measures involves a large number of players. In accordance with its legal mandate, the federal government provides them with information and encourages them to exchange findings, thereby creating the prerequisites for an effective policy that is abreast of the latest state of knowledge. In addition, it is important that both the need for the drugs policy and its effectiveness should be explained to the public.

Focal points

Information has an important place in MaPaDro III. Firstly, the federal government is addressing experts involved in the drug-related field, by encouraging the dissemination of currently available knowledge. It is also making it possible for a regular dialogue on addiction to take place between the relevant players. Secondly, the government wants to see public relations work based on scientific information and facts. To this end MaPaDro III provides for existing knowledge to be kept up to date, be expertly produced and clearly communicated.

Coordination

The drugs policy uses a large number of players performing different tasks. The law gives the federal government a coordinating role. But the government is not authorised to give the other players directives; it can merely encourage voluntary coordination. At the operative level the government supports networking between the players on the ground involved with the different pillars. On the political level the Swiss Drugs Coordination and Service Platform (KDS) was established in 1996 by decision of the Federal Council. It acts as a secretariat and provides technical support to the various bodies involved in voluntary coordination in the field of addiction (*see also page 12*).

Focal points

In the first place, the aim is to achieve greater horizontal coordination at federal level, both between the pillars and also – as far as possible – with regard to policies towards legal substances such as alcohol and tobacco (key words: comprehensive addiction policy). In the second place, the KDS will continue to play a role as a support for the various bodies and as a platform for the exchange of experience. In the third place, new players in the area of drugs policy,

including non-governmental organisations, will play an increasingly important role. These players are to be brought into the dialogue on addiction and empowered to network among themselves.

International

The drug problem does not stop at borders. This means that international cooperation is very important. Switzerland is active in a number of different international organisations. These include various commissions and bodies of the United Nations, the World Health Organisation (WHO) and the Council of Europe. Switzerland champions its drugs policy in these organisations, a policy which in the past was relatively unusual and thus attracted a lot of attention. Many other countries are today moving in a similar direction.

Focal points

If Switzerland's interests are to continue to be championed in international bodies it must carry on with its existing international commitment. Given the constantly changing form of the problem, the exchange of experience and knowledge is of central importance.



Cross-sectoral issues

Successful work with drugs is guided by the needs and wishes of the various target groups. In order to deal more effectively with differences specific to particular target groups, special attention will be paid to the two cross-sectoral topics of gender and migration in the implementation of all four pillars of MaPaDro III.

Gender

Gender refers to sex in a social sense. There is scarcely any other factor which shapes people in such a lasting way over the course of their development. It therefore influences their approach to drugs. In the last ten years many women experts have advocated women-specific work with drugs. The efforts made in this direction opened people's eyes to the fact that too little attention was being paid in drug work to the gender-specific needs of men, and that this had an impact on the effectiveness of the interventions. Professional drug work today must therefore also take gender into account. In its efforts to promote women and gender oriented addiction work the FOPH is playing a pioneering role both nationally and internationally.

Focal points

The FOPH wishes to continue playing a pioneer role in gender-oriented addiction work. The aspect of gender will therefore be included systematically in all the pillars, which means that the basic principles must be further improved. In addition, the integration of the issue of gender into existing institutions in the addiction-related area will be encouraged. This will be done by supporting them in the development of the relevant concepts and services as well as providing them with the necessary tools.

Migration

Up until now the help available for addicts has not coped satisfactorily with the requirements of clients with a migration background. The FOPH is therefore using pilot projects to promote trans-cultural work on addiction. On the one hand the aim is to open up the facilities offering help with addiction by breaking down socio-cultural and migration-specific barriers. On the other hand, the migrant population is to be helped to face up better to the challenge when confronted with addictive substances and drugs.

Focal points

After the pilot phase the aim of MaPaDro III is to see the issue of migration fully included as part of work in the field of drugs. Here the FOPH follows the strategy of integrating the cross-sectoral issue of migration into the existing interventions. To achieve this, in the first place criteria for migration-oriented addiction work are being included in the new modular quality standard as part of quality enhancement. In the second place, the issue of migration is now part of the mandate of Infodrog, the Swiss Office for the Coordination of Addiction Facilities, which is financed by the FOPH and which supports services targeting therapy, harm reduction and prevention. Part of its incentive and development fund will be used to promote projects connected with the issue of addiction and migration.

Implementation of MaPaDro III

MaPaDro III is implemented by the Federal Office of Public Health in cooperation with the Federal Office of Police (fedpol) and the Federal Office of Justice (FOJ). Responsibility for the implementation of the measures lies with the relevant office.

Coordination between federal authorities

Coordination between the three federal offices involved will be ensured and consolidated in the framework of MaPaDro III. Structures such as the “Police and Social Services Liaison” working group, whose members are drawn from the Federal Office of Police, the FOPH, the Association of Swiss Police Officers as well as from Infodrog, and which provides a platform for an exchange of ideas from different standpoints, will continue to exist and if necessary be expanded. It is also conceivable that the Interdepartmental Working Group on Drugs could take over certain supra-departmental tasks in the federal government’s area of competence.

Moderating and coordinating function

In drugs policy the federal government plays a supporting role. It is not authorised to issue directives to the cantons, cities, communes and private organisations which are responsible for the actual measures in the field. Therefore the federal government focuses on voluntary coordination. In accordance with its legal mandate it provides the other players with the basic principles and offers them various services. In so doing it chooses where in the content to lay the emphasis. Additionally, it creates the appropriate platforms to make it easier for the different players in drugs policy to exchange experience. In this way the federal government takes on the role of coordinator and supporting moderator in relation to the other players in the drug-related field.

Targeted cooperation

The federal government cannot solve the drug problem on its own, but has to call on the existing expertise and resources of the other players. In particular in the areas of prevention, therapy and harm reduction it draws on the professional knowledge of specialised institutions, organisations and associations. Since these bodies are closer to the players working in the field this also makes networking easier. For this reason the FOPH delegates to them the task of implementing certain specific measures.

Plan of action

A plan of action is being elaborated for the way in which MaPaDro III is to be implemented in concrete terms. This establishes indicators to show how objectives are being achieved, states more precisely what the planned measures are, and fleshes out the organisational and financial aspects of their implementation. The plan of action also includes time-bound targets and will be periodically updated.



Glossary

The glossary explains how a number of concepts in the above document are being used.

Drugs, illegal drugs

Illegal psychoactive substances, consumption of which is a criminal offence, violating in particular the Narcotics Law. Illegal drugs include heroin, cocaine, cannabis, ecstasy, amphetamines and hallucinogens.

Drugs policy versus addiction policy

Drugs policy covers the entire range of state decisions and actions in its approach to the problem of illegal psychoactive substances. Addiction policy, on the other hand, refers to all psychoactive substances, both legal and illegal.

Early recognition, early intervention

Early recognition aims to identify persons at risk of drug dependence as early as possible in order to offer them appropriate support in good time. Early intervention attempts to prevent the development of dependency by lowering the risk factors and strengthening the protective factors.

Patterns of consumption

The effect of the consumption of psychoactive substances varies according to the way in which they are consumed. Three patterns of consumption can be distinguished (see the report of the Federal Commission for Drug Issues (EKDF) "psychoaktiv.ch", 2005):

- low risk consumption: casual and/or low dose consumption, which the individual has well under control
- problematic consumption: at risk consumption, where the problems may not be visible, but are subliminally present; also health damaging consumption, in which specific problems are observable at physical, mental or social level
- dependency: consumption with severe repercussions which the individual no longer has under control, although he/she is aware of the consumption problem. According to the definition of the World Health Organisation (WHO) dependency is an illness.

Psychoactive substances, psychotropic substances

Mind-altering substances. The consumption of psychoactive substances influences the subjective state of the user via the central nervous system, changing his or her mood, sensations and perception. As a rule a distinction is made between three types of substance:

- sedatives like alcohol, tranquillisers, opiates and opiate derivatives (codeine, morphine, heroin)
- stimulants like nicotine, amphetamines, ecstasy, cocaine
- hallucinogenic substances like cannabis, LSD, hallucinogenic mushrooms.

The effect of psychoactive substances varies according to dose, method of use and the individual's own constitution. Psychoactive substances can lead to psychological and in part also to physical dependency.

Behavioural prevention vs condition prevention

Preventative measures can be distinguished according to the level at which the intervention is made. Behavioural prevention (person-orientated prevention) targets the individual directly and attempts to influence his or her behaviour. The prime target of condition prevention (structural prevention), on the other hand, is to change social structures and environmental factors, thereby indirectly influencing individual behaviour.

