The Swiss four pillar drug policy

Prevention, therapy, harm reduction and law enforcement
A brief history of Swiss drug policy
The 4 pillars model (90’s)
Harm reduction
What’s the problem now?
The cube (2006)
The challenge of addiction (2010)
National Strategy Addiction (2017-2024)
From the Mountaintops
What the World Can Learn from Drug Policy Change in Switzerland
A health problem: HIV
A public order problem: visibility of drug users (needle parks)

Switzerland: 1985-1990
What objectives for drug policies?

The traditionnal response

- Eradicate drug market (and drug use)
- Deter drug use and punish offenders
- Treat addicts to get them out of drugs
The need to change and the development of a common framework

✔ Acknowledge limits of traditionnal approaches

✔ Open and commune analysis of the situation

✔ Inter-disciplinary work and group exchanges

✔ Room for new initiatives and take advantage of local experiment that works
Key role of local stakeholders

✓ Municipalities
✓ Cities
✓ Police
✓ Social and health professionals
✓ Population, users, human rights activists
What does the population want?
Peace, not war

✓ Solve the « everyday problem »
✓ Public order
✓ Feeling of safety

-> Listen to what the population wants
Switzerland has 26 « member states » (Cantons)

Subsidiarity principle: solve problem at local level
The swiss political system: a favorable context

Tree levels of decision (cities, cantons, federal state)
  o Conservatism, but also room for manoeuvre for local actors, that have to deal with problems at local level

Semi-direct democracy (public vote)
  o Avoid the referendum (consensus focus)
1991: The new goals of swiss drug policy

The 4 pillars model (prevention, treatment, harm reduction & repression)

✔ Lower negative consequences for drug users

✔ Lower negative consequences for the population

✔ Reduce the consumption of drugs
Main steps of the 4 pilars

- Communautary experiments, street work. First consomption room « invented » by users in an autonomous center (1981)

- First official experiment in cities. First in Bern (1986).

- After a while, some cantons follow their cities

- The federal state finally support harm reduction and sets its first programm in 1991

- Public vote confirms the 4 pilars in 2008
Basis: The Swiss Four-Fold Approach
(The Pillar Model)

- Prevention
- Treatment
- Harm reduction
- Repression
Basis: The Swiss Four-Fold Approach
(The Pillar Model)

- Prevention
- Treatment
- Harm reduction
- Repression
« The consumption room is the best tool I have to ensure public safety in Bern »

Manuel Willi
Chief of Police of Bern Area
Stadtverträglichkeit
("urban compatibility")

« This concept postulates that harm reduction interventions should place equal emphasis on drug users’ health and on public order issues. It attempts to find an equilibrium in which a certain level of police repression maintains public order, without impeding the accessibility of harm reduction facilities for drug users. (…) This is how the idea of Stadtverträglichkeit (city compatibility) emerged as a guiding principle for harm reduction. »

(Quotes from Daniel Kubler)
Frankfurt Principles on Drug Law Enforcement

Remembering the Rio Declaration of 2011 that acknowledged the limited efficacy that repressive law enforcement policies have on the trade and use of illegal drugs.

Calling on the police to develop smarter drug enforcement strategies in collaboration with other government sectors and society members.

Based on the discussions at the 2013 International Conference on Drug Policy and Policing, we propose the following principles of drug law enforcement practice:

Work collaboratively at all levels within the police organization to establish locally tailored policies and procedures that emphasize a harm reduction\(^1\) approach to narcotics enforcement.

Recognize that public safety incorporates crime prevention, law enforcement and public health. Therefore, law enforcement should not use health protection (e.g. possession of sterile injecting equipment, use of a methadone clinic and overdose interventions) as grounds for harassment or arrest.

Utilize discretion to prioritize enforcement on violence and criminal enterprise rather than on low-level drug users. For drug-dependent individuals this may mean diversion at point of arrest to health and social services. For occasional users, this may simply involve providing information on the health implications of drug use.

Understand that prevention, harm reduction, treatment, and repression need to be balanced in a way that minimizes harm to individuals and society.
Recognize that public safety incorporates crime prevention, law enforcement and public health. »

Frankfurt Principles on Drug Law Enforcement

Solving problem of one another

-> Less overdose and higher outreach thanks to police force involvement in Harm Reduction
Consumption room in Geneva
Decline in drug addicts' criminal behavior after 1 year of treatment with heroin prescription

Less drug use with harm reduction

Incidence of drug use by onset of drug use (left) and by date of birth (right)

Results

- Increase of public safety
- Decrease of drug related crime (up to 90%)
- Decrease in drug related death (up to 2/3)
- Decrease of HIV and injected drug use
- Increase in access to treatment

-> Public support
Lower visibility of problems

Percentage of people who consider « drug issues » to be one of the five major national problems

Source: GFS Bern (Political Communications and Social Research), 2009
Loi sur les stupéfiants

Prescription d'héroïne (1999)

Oui en % (CH): 54,4 %
Participation (CH): 45,7 %
2008

Bundesgesetz über die Betäubungsmittel und psychotropen Stoffe
Loi fédérale sur les stupéfiants et les substances psychotropes

Ja-Stimmenanteil
Proportion de «oui»

- > 70 %
- 65 – 70,9 %
- 60 – 64,9 %
- 55 – 59,9 %
- 50 – 54,9 %
- 45 – 49,9 %
- 40 – 44,9 %
- 35 – 39,9 %
- 30 – 34,9 %
- < 30 %

Provisorische Ergebnisse
Résultats provisoires

Schweiz / Suisse
Sélection beteiligt / participation: 45,3 %
Ja-Stimmenanteil / proportion de «oui»: 63,0 %
Abst.-Nr. / § vot: 539

Abstimmung vom 30. November 2008
Votation du 30 novembre 2008
« Grâce aux soins, notre fils a pu sortir de la drogue. »

Le 30 novembre
À UNE POLITIQUE QUI A FAIT SES PREUVES À LA LOI SUR LES STUPÉFIANTS (LSTUP)
http://www.lstup.ch

OUI

Policiers, médecins, pharmaciens, parents, enseignants, spécialistes de la dépendance, ils votent OUI à la LStup. Faites comme eux !

« Je veux garder nos parcs publics sans seringue. »

Le 30 novembre
À UNE POLITIQUE QUI A FAIT SES PREUVES À LA LOI SUR LES STUPÉFIANTS (LSTUP)
http://www.lstup.ch

OUI

Policiers, médecins, pharmaciens, parents, enseignants, spécialistes de la dépendance, ils votent OUI à la LStup. Faites comme eux !
1. Deal with the problems where they take place: collaboration within **big cities**

2. Listen to the **needs of all stakeholders** (population, police, harm reduction, users)

3. Try **local experiment** to see what could produce results
Cooperation is everything

Ottawa’s Integrated Drugs and Addictions Strategy – Four Pillar Model
What is the problem?
David Nutt, former chairman of the Advisory Council on the Misuse of Drugs
Figure 1. Ranking of alcohol policies
Rate of arrest for cannabis possession per 100,000 population (15- to 64 years old)
US Gallup Opinion Polls Trend Toward Marijuana Legalization

- Keep Marijuana Prohibited: 84% (1969) to 58% (2013)
- Legalize Marijuana: 12% (1969) to 39% (2013)
Marktregulierung in der Drogenpolitik
Grundposition der Nationalen Arbeitsgemeinschaft Suchtpolitik
NAS-CPA

Veröffentlicht am 8. April 2014
DIFFÉRENTES DROGUES, DIFFÉRENTS DEGRÉS DE RÉGLEMENTATION
1 Comprehensive prevention: Health protection, health promotion and early recognition
2 Therapy: Therapy with various treatment options; social integration
3 Harm reduction: For individuals and for society
4 Law enforcement: Market regulation and youth protection

Tallinn, 07.03.2016 Jann Schumacher / jann.schumacher@stca.ch
The Challenge of Addiction

Foundations for a Future Oriented Policy on Addiction in Switzerland

Tallinn, 07.03.2016 Jann Schumacher / jann.schumacher@stca.ch
More than dependence

More than legal status

More than substances

More than personal responsibility

More than youth protection

More than health policy measures
10 principles

**Principle 1  A coherent policy**
Through a public health approach, Switzerland will pursue a coherent policy in relation to the harmful and risky use of psychoactive substances and potentially addictive behaviours.

**Principle 2  Objective determined by potential harm and the disease burden**
Action arising from addiction policy in Switzerland will be shaped and determined by the potential harm and the burden of disease caused by substances or potentially addictive behaviours affecting the individual, his or her environment and society. Such an approach thus distances itself from a simplistic distinction between legal and illegal substances and an exclusive emphasis on dependence.

**Principle 3  Broader scope**
Swiss addiction policy will focus not only on alcohol, tobacco and illegal drugs, but will also include medicines, addictions not related to substances and products aimed at physical and mental enhancement. The specific characteristics of the different types of addiction will need to be recognized by the policy.
Principle 4  Securing treatment and care
Addiction is an illness. People afflicted by problematic consumption, problem behaviour or dependence have a right to receive treatment and care. Their family members, partners and children are also entitled to support. There must also be access to measures for early diagnosis and consultation, support in achieving withdrawal and being reintegrated into society. The aim is to create and consolidate an integrated approach to services.

Principle 5  Harm reduction
Effective harm reduction measures relate to consumers and their environment. They are provided where they constitute an option from a public health perspective. In relation to tobacco, the current evidence does not support harm reduction measures.
Principle 6  Prevention through structural measures
Addiction policy in Switzerland will put the emphasis on structural measures aimed at environments, with the objective of making the healthier choice the attractive option. To achieve this, different policy sectors will increasingly be involved in addiction policy measures.

Principle 7  Obligations for producers, distributors and retailers
Producers, distributors and retailers of products with potential for harm or addiction will be obliged to contribute through legal measures specifically designed to control supply and demand. This applies at all federal levels in Switzerland.
Principle 8  Differentiated approach to target groups
The protection of young people will continue to be an important area of addiction policy and will require consistent implementation. Addiction policy instruments must, however, be broadly directed at all target groups. Special attention must be paid to ensuring that no one should be discriminated against on the grounds of social inequality or social diversity. In addition, health literacy should be encouraged through specific training programs aimed at prevention and early intervention.

Principle 9  Civil society
Responsible societal actors, such as sports and trade associations or professional organizations, need to become increasingly active, especially in prevention and harm reduction.
Principle 10  Research, training and monitoring/evaluation

Switzerland will increase its commitment to addiction research and to the training of the workforce. To this end, an efficient and integrated system of addiction monitoring will be developed reflecting the approach of the model put forward in this policy framework. The Federal Council should initiate a national research project into addiction. Addiction research will be further consolidated at university level through the inclusion of medicine and psychiatry.
Nationale Strategie Sucht
2017–2024

Im Rahmen der Bundesrätlichen Strategie

Gesundheit | Santé
Sanità | Sanidad

2020
Overall objectives

• Reduce the number of people who suffer of an addiction
• Guarantee a high quality and multifaced care system
• Reduce health damages
• Hinder negative effects on society
Addiction as

- Illness (ICD 10; DSM5)
- Risk behaviour
- Behaviour
- Situational misconduct
- Substance control (control of special offers)
- Medical use of substances
Consumption and Patterns of Behaviour

Verhaltensweisen

Substanzkonsum

Risikoarmes Verhalten

Risikoverhalten

Abhängigkeit

Tallinn, 07.03.2016 Jann Schumacher / jann.schumacher@stca.ch
The public interest in addiction policy

<table>
<thead>
<tr>
<th>Public Interest</th>
<th>Intervention Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protection of Health</td>
<td>• Prevention of infectious Diseases&lt;br&gt;• Food and Commodities&lt;br&gt;• Control of Illicit Drugs</td>
</tr>
<tr>
<td>Social Security</td>
<td>• Health Assurance&lt;br&gt;• Social Security and (Re)Integration&lt;br&gt;• Treatment and Harm Reduction Facilities</td>
</tr>
<tr>
<td>Public Health</td>
<td>• Health and Risk Competence&lt;br&gt;• Prevention of infectious Diseases&lt;br&gt;• General Conditions promoting Health&lt;br&gt;• Harm and Risk Reduction</td>
</tr>
<tr>
<td>Effective and efficient Health Care System</td>
<td>• Effectiveness, Efficiency, and Quality of Health Care&lt;br&gt;• Assure Links to other Domains (i.e. Social Integration Programs)</td>
</tr>
</tbody>
</table>

Tallinn, 07.03.2016 Jann Schumacher / jann.schumacher@stca.ch
## Key indicators and the concept of Addiction policy

<table>
<thead>
<tr>
<th>Category</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy</td>
<td>Treatment demand indicator</td>
</tr>
<tr>
<td>Harm Reduction</td>
<td>(High-) Risk behaviour</td>
</tr>
<tr>
<td></td>
<td>Addiction related infectious and other diseases (NCD‘s)</td>
</tr>
<tr>
<td>Prevention</td>
<td>Addiction and risk</td>
</tr>
<tr>
<td></td>
<td>Behaviour related Deaths</td>
</tr>
<tr>
<td></td>
<td>General Population Surveys</td>
</tr>
<tr>
<td>Regulation</td>
<td>Legal and illegal</td>
</tr>
<tr>
<td></td>
<td>Markets</td>
</tr>
<tr>
<td></td>
<td>Crime / Breaches of the Law</td>
</tr>
<tr>
<td></td>
<td>Police / Juridical Action</td>
</tr>
</tbody>
</table>
## Action fields and objectives

<table>
<thead>
<tr>
<th>Action field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health promotion, prevention, early detection</td>
<td>Addiction prevention and early detection of addictive behaviours</td>
</tr>
<tr>
<td>Therapy and counseling</td>
<td>Overcome or control of addiction</td>
</tr>
<tr>
<td>Harm and risk reduction</td>
<td>Low-threshold aid and reduction of the negative consequences</td>
</tr>
<tr>
<td>Regulation and enforcement</td>
<td>Law enforcement in consideration of health aspects</td>
</tr>
</tbody>
</table>

Tallinn, 07.03.2016 Jann Schumacher / jann.schumacher@stca.ch
# Action fields and objectives

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coordination and collaboration</strong></td>
<td>Networking; strengthening of collaborations</td>
</tr>
<tr>
<td><strong>Knowledge</strong></td>
<td>Knowledge generation and transfer</td>
</tr>
<tr>
<td><strong>Awareness raising and information</strong></td>
<td>Awareness raising of addiction related issues</td>
</tr>
<tr>
<td><strong>International policy</strong></td>
<td>Representation of interests and exchange in the international environment</td>
</tr>
</tbody>
</table>