

# The Swiss drug policy

A fourfold approach with special consideration  
of the medical prescription of narcotics



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## Introduction

When people think of Switzerland and its drug policy the image which comes to their mind is that of the needle-park in Zurich in the early nineties. The dramatic pictures of miserable drug users shooting up heroin in the close neighborhood of the business center of Zurich have been shown in TV programs all over the world. Luckily, these open drug scenes are history in Switzerland and do no longer exist. The second thing that might come to people's mind is the medical prescription of heroin to severe drug addicts. This program is not history but reality and will continue to be one of the therapeutic approaches in Switzerland. Needle-park on the one hand, the medical prescription of narcotics on the other, these are the perceptions of the Swiss drug policy. This short paper tries to give a more comprehensive picture of the Swiss approach to the drug problem as well as some first hand information on the drug situation in Switzerland and on the reasons why Switzerland started the scientific trials with the medical prescription of narcotics.

### The spread of illicit drugs

According to current estimates, about 30'000 of the 7 million inhabitants of Switzerland are addicted to illegal narcotics (primary use by this group: intravenous use of heroin and cocaine). In addition, between 500'000 and 600'000 persons use cannabis products more or less regularly.

Cannabis is the most frequently used drug, followed by heroin and cocaine. Use of synthetic drugs, especially of ecstasy/MDMA, seems to be increasing.

Compared to 1992 the present trends of substance-abuse among young people are:

- Heroin, Cocaine	↘
- Cannabis	↗
- Ecstasy/MDMA/Speed	→
- Alcohol	↗
- Tobacco	↗

Seen as a whole, however, the use of hard drugs like heroin and cocaine has remained more or less stable in the past years, and the number of deaths related to drug use has decreased. In 1992, 419 drug-related deaths were recorded, whereas in 1998 there were just 209. With the closing of the open drug scenes (spring 1995), drug addic-

tion became less visible. However, as a result of the economic recession and the effects drug addiction can have on health and lifestyle, many drug addicts remain, unfortunately, socially marginalised.

### The policy of the federal government for reducing drug problems

In view of the increasing drug problem in the eighties, the federal government decided in 1991 to intensify its commitment considerably in this area. Nevertheless, the existing division of authority between the confederation, the 26 cantons (states), the municipalities and private organizations should be maintained. The following objectives were set:

- To reduce the number of new users/addicts.
- To increase the number of addicts, that quit addiction.
- To reduce damage to the health and social integration of users/addicts.
- To protect society from harmful effects of the drug problem and to fight against the organized crime.

In order to achieve these objectives, the federal government is pursuing a policy comprising four strategic elements (fourfold approach of the drug policy):





### **Law enforcement**

The Swiss drug policy relies on the strict regulation and prohibition of certain addictive substances and products. This asks for criminal prosecution of illicit production, trafficking and consumption of substances regulated by the law as well as for strict control of authorized use of narcotics in order to prevent abuse.

The federal government has introduced new legal instruments against money laundering and organized crime. The cantons (states) are primarily responsible for criminal prosecution. In 1997, 44 698 violations of the narcotics law were recorded. More than eighty percent of these were for drug use alone, 8 percent for trafficking or smuggling and 10.8 percent were for both trafficking and drug use.

The new law on money laundering, which has been effective since April 1, 1998, makes it mandatory for banks to report suspicious accounts to the federal authorities and to freeze the assets concerned. It also extends this obligation to asset management companies, insurance companies, foreign exchange bureaus, lawyers and other professionals. At the end of 1998 bank deposits worth around SFr 325 million (US\$ 225 million) had been frozen, according to Swiss officials.

### **Prevention**

The most important strategic element is health promotion and prevention. It is a matter of convincing (young) people not to use drugs and to adopt a healthy lifestyle (primary prevention) as well as keeping occasional users from developing an addiction while maintaining their social integration in the family, at school, and at work (secondary prevention). Certain target groups, such as socially deprived youngsters and migrant populations, or certain social settings, such as schools, youth homes, and youth events as well as sports clubs receive special attention. It is important to develop efficient and good prevention programs that reach the target groups and to increase the competence in the field of prevention of local authorities as well as various professional groups.

## Therapy

Those who have become drug-dependent should be encouraged to enter therapy. In addition, specific means and individual support have to be made available in order to overcome addiction.

At present, there are approximately 100 in-patient institutions in Switzerland which are specifically designed to provide drug therapy and rehabilitation. In-patient therapy is available for a total of 1'750 persons. The declared goal of these therapies is abstinence and social reintegration/rehabilitation.

The federal government also provides recommendations from experts concerning oral methadone treatment and supports the evaluation of this type of treatment. About 15'000 drug-addicts follow a methadone-maintenance program, about half of them at private doctors, the rest in specialized clinics.

The federal government finally offers support for patients who suffer from psychic problems as well as from drug abuse, a condition diagnosed more frequently in the last five years (double diagnosis).

## Harm Reduction

For the majority of the people concerned, drug addiction represents a limited period of several years in their lives. Measures intended to limit harm aim at protecting the health of addicts during the addiction period as much as possible. Drug addicts are at great risk of being infected with HIV and hepatitis. Depending on the degree of social integration and on the duration of drug use, the rate of HIV infection amongst drug addicts varies between 5 and 20 percent.

For the last 15 years, the federal government has therefore been supporting a variety of measures (e.g. needle-exchange programs, injection rooms, housing and employment programs) in order to improve the health and the lifestyle of drug addicts and to prevent the spread of HIV and other infectious diseases. Compared with the late 1980s, the incidence of new HIV infections among drug addicts has decreased significantly.

Among the various measures special attention is given to two aspects:

1. *Close, coordinated collaboration among all participating services and agencies involved.* It is absolutely essential that police authorities co-operate closely with public health and welfare agencies and that they all adopt a common strategy.
2. *Scientific research and systematic evaluation of measures.* There are still many gaps in the knowledge concerning addiction. Therefore, we consider it most important to obtain valid data on the drug phenomena and to evaluate the effectiveness of strategies and measures. On behalf of the Swiss Federal Office of Public Health the Swiss Institute for the Prevention of Alcohol and Drug Problems in Lausanne has published a comprehensive report entitled «Alcohol, Tobacco and Illegal Drugs in Switzerland 1994-1996». Furthermore, the University of Lausanne evaluated the measures undertaken by the federal government between 1990 and 1996 in order to reduce drug problems.



## **Trials with the medical prescription of narcotics in Switzerland**

Even though Switzerland had a wide variety of drug therapy programs it became clear in the early nineties that for a group of heavily addicted persons no treatment program available seemed to fit. In general, these were drug addicts in their thirties, who had tried all kinds of out- and in-patient treatment or oral methadone programs in which they had failed and who relapsed to drug use. From a public health perspective this group of drug users is particularly important because it is at high risk of HIV and hepatitis infection or overdose. To the public many of them are a particular burden because of their criminal activities and prostitution which provide their income. Because of these reasons the government decided to launch a research program in order to clarify whether these marginalised drug addicts could be integrated into yet another therapy – a heroin assisted therapy – that leads to health improvement, social rehabilitation and finally to abstinence.

The clinical trial with the medical prescription of narcotics began in January 1994 and ended on December 31, 1996. The study had the following objectives: to measure the effects on the health, the social integration and the dependent behavior of the participants, to verify the suitability of this treatment for heroin addicts whose previous therapy had been unsuccessful and to compare the effectiveness of this treatment with other therapies.

The admission criteria stipulated among others a minimum age of 20 years, a biography of at least 2 years of heroin addiction and at least two failures in other treatments.

A total of 16 treatment centers were approved; one was in a penal institution, the others were all outpatient clinics. They were located in Basel, Bern, Biel, Fribourg, Geneva, Horgen, Lucerne, Olten, St. Gallen, Solothurn, Thun, Wetzikon, Winterthur, Zug and Zurich.

The analysis of the overall program is based on the data of the 1 146 patients admitted to the program between 1994 and 1996.

The following conclusions could be drawn so far:

Heroin-assisted treatment is useful for the designated target group and can be carried out with sufficient safety. As a result of retention rates that are above average, significant improvements can be obtained in terms of health and lifestyle. These persist even after the end of treatment. The striking decline of criminal activities and the clear reduction of illegal drug use are of special interest. Such improvements are of great public interest, too (prevention of dangerous infectious diseases, reduction of drug-related delinquency etc.). These improvements were achieved through the prescription of heroin as part of a comprehensive program including health care, therapy and social assistance for patients.

On October 8, 1998, the Swiss parliament passed a bill that authorizes the prescription of narcotics for a clearly limited group of severely addicted drug users in specialized treatment centers (criteria for admission: heroin addiction for a minimum of two years, more than 18 years old, at least two relapses to drug use after failures in out- or in-patient treatment and obvious adverse effects of drug use on health and/or social relations). This bill is valid until December 31, 2004, if it passes the national vote on June 13, 1999. However, the definitive introduction of the medical prescription of narcotics as a therapy for a well defined group of drug users will depend on the revision of the Swiss Federal Law of Narcotics.

## **Status of the political discussion**

The drug problem is a topic that regularly sparks controversy in the public, in the media and in parliament. In 1993 and 1994, two referendums were presented, with opposite objectives. The federal government and parliament found both referendums too extreme and recommended rejecting them.

The referendum entitled «Youth Without Drugs» called for a strict, abstinence-oriented drug policy that contained elements of repression, prevention and therapy. In particular, it sought to prohibit medical prescription of narcotics. On September 28, 1997, Swiss voters rejected the referendum «Youth Without Drugs» with a majority of 71 percent, following the recommendation of government and parliament.

The referendum presented in 1994, entitled «For a Reasonable Drug Policy» («Droleg»), proposed the opposite, namely the decriminalization of drug use, cultivation of plants used to produce drugs, possession of drugs and purchase of drugs for personal use. Further, it suggested that the state should supervise the cultivation, import and production of narcotics and thereby make trade in narcotics for non-medical purposes possible within a defined legal framework (protection of youth, ban on advertising). On November 29, 1998, Swiss voters rejected the referendum «For a Reasonable Drug Policy» («Droleg»), too, with a majority of 73%, following the recommendation of government and parliament.

The Swiss population has in both cases shown its massive support for the government's pragmatic fourfold approach and rejected the referendums with an overwhelming majority. The outcome of these two referendums is of great political importance. It showed that – after many years of discord – a consensus could be reached concerning the drug policy to be followed in Switzerland. The pragmatic policy adopted by the government in 1991 which includes harm reduction and the innovative program of heroin-assisted therapy is widely supported by the population.

Another federal vote concerning a particular aspect of the drug policy, i.e. the medical prescription of heroin to severely dependent drug addicts, will be held on June 13, 1999.

In February 1996, an expert commission charged by the Swiss Federal Department of Home Affairs to examine the narcotics law in view of a possible revision, published its report with recommendations for future legislation.

The political debate on the revision of the narcotics law will start in 1999, focusing on the main points such as the anchoring of the fourfold approach, the strengthening of prevention efforts and the protection of youth, the definitive introduction of medical prescription of narcotics and the promotion of research as well as education and training in the field of drug work. The effectiveness of sanctions with which drug users are faced and the different options of a special regulation for cannabis will be then examined carefully. The federal government is expected to submit the draft of the revised law to the parliament in the year 2000.

### **Results of the policy of the federal government for reducing drug problems**

The fourfold drug policy (prevention, treatment, harm reduction and law enforcement)

- has led to a decrease in the number of new hard drug users among youth;
- has helped a multitude of drug-dependent individuals escape the vicious cycle of addiction;
- protects the physical and mental well-being of drug-dependent individuals.

In the last few years,

- the incidence of HIV and Hepatitis infections has been noticeably reduced;
- mortality from overdose has been noticeably reduced;
- the open drug scenes have been eliminated;
- the crime rate connected with obtaining drugs has been substantially reduced;
- the number of drug addicts in treatment has almost doubled.

The various forms of treatment are encouraging thousands of drug-dependent individuals who opt for the difficult road out of addiction. Drug-dependent individuals have a chance to regain their independence and be reintegrated into society.

### **Conclusions**

Switzerland has made remarkable progress in reducing the problems associated with drug consumption in the last couple of years:

1. A national consensus on drug policy was established and has successfully passed the test of two national popular votes.
2. A new approach in the treatment possibilities of drug addicts, the medical prescription of heroin, has been tested scientifically and is now temporarily established with a bill that passed in parliament.
3. A more rational public and scientific debate on what drug abuse is and what it is not has been established.
4. Finally, Switzerland has contributed to an international discussion on the different drug policies, comparing the results of the various strategies adopted.

# Facts and figures on the drug problem

## Preliminary remark

The figures relate to the years 1980, 1990 and 1997. In cases where figures were not available for those particular years, figures for the years closest to the above were used instead.

## Drug use and drug dependence

Use of illegal drugs, based on the Swiss health surveys of 1992 and 1997 (15 to 39 year-olds), for drugs consumed at least once

	1992	1997
Any Drug	16.7%	27.1%
Hashish/marijuana	16.3%	26.7%
Heroin	1.3%	1.3%
Cocaine	2.7%	4.2%
Methadone	0.4%	0.5%
Amphetamines/stimulants	1.1%	1.6%
Hallucinogens	2.1%	3.5%
Ecstasy	-	2.8%
Others	0.5%	0.5%

The data is based on a household telephone survey. Given that this method does not adequately cover persons with a low level of social integration, the figures for the consumer group, especially the use of hard drugs, underestimate the actual prevalence.

(source: Federal Statistical Office and Swiss Institute for the Prevention of Alcohol and Drug Problems)

14 to 16-year-old schoolchildren who have experimented with illegal drugs (Swiss Institute for the Prevention of Alcohol and Drug Problems)

Type of drug	1986	1994
Cannabis	11.0%	18.6%
LSD	1.5%	*
Ecstasy	*	1.4%
Opiates	0.7%	0.8%
Cocaine	1.3%	1.0%

\* question not posed

In 1994 far more schoolchildren had experimented with cannabis products than eight years ago. However, the consumption of hard drugs remains low within this age group.

(source: Swiss Institute for the Prevention of Alcohol and Drug Problems)

## Ecstasy use

According to a survey conducted in 1998 by the Swiss Institute for the Prevention of Alcohol and Drug Problems, 4 to 5 per cent of 15 to 30-year-olds in Switzerland have experimented with ecstasy. The majority of ecstasy users (65%) take their tabs at rave parties; however, the proportion of ecstasy users who also take the drug at home has doubled over the last few years.

## Treatment

Number of methadone treatment programs

1979	728
1991	9'700
1997	15'382

The data on methadone programs is based on the approval forms of the cantons' chief medical officers.

(source: Swiss Federal Office of Public Health)

Number of in-patient treatment programs aiming at abstinence (admissions)

1993	1'900
1996	2'100

(source: Swiss Federal Office of Public Health/ Swiss Institute for the Prevention of Alcohol and Drug Problems)

Number of heroin assisted treatment programs

1994	250
1997	720
1998	1'056

As part of scientific trials 720 persons received heroin upon medical prescription in 1997.

(source: Swiss Federal Office of Public Health)

Number of places for detoxification and rehabilitation in residential centers

1993	1'250
1997	1'750

The 1997 data is from the Swiss coordination office for in-patient treatment services.

(detoxification and rehabilitation; source: Swiss coordination office for in-patient therapy services in the drug sector)

## Facilities for treatment and care of drug addicts

Type of facility	1978	1988	1993
Harm reduction, medical care	3	38	27
General and specialized centers for counseling	104	170	215
Residential therapy centers	25	65	118
Drug wards in psychiatric clinics	37	57	54
Leisure and work programs	10	25	22
Transitional facilities	3	34	31
Total number of facilities	182	389	467

The data is based on surveys by the cantons in 1978, 1988 and 1993. It provides an overview of the structure and of trends in the services offered by drug treatment facilities.

(source: Swiss Federal Office of Public Health/ Swiss Institute for the Prevention of Alcohol and Drug Problems)

## Drug-related deaths

Drug-related deaths (mostly from heroin overdoses)

1980	88	
1990	281	
1992	419	(maximum)
1997	241	
1998	209	

Thus far the number of drug-related deaths peaked in 1992 and has since been on the decline.

(source: Federal Police Office)

By comparison: There are on average 3'000 alcohol-related deaths in Switzerland and around 10'000 people die from the consequences of tobacco-related illnesses.

AIDS deaths among drug-injecting users

1985	13
1990	161
1994	318 (maximum)
1996	196

(Source: Federal Statistical Office/Swiss Federal Office of Public Health)

## Repression

Charges filed under the narcotics law for the use, trafficking as well as both use and trafficking of narcotics

	1980	1990	1997
Use	5'284	12'936	36'331
Use and trafficking	2'509	4'720	4'827
Trafficking	384	996	3'540
Total	8'177	18'652	44'698

In 1997, police charges under the narcotics law regarded in 80% of the cases drug users. Charges against drug traffickers not using drugs themselves only represented 8% of the cases. The above figures do not indicate the number of persons charged since many persons were charged with several offences. (source: Federal Police Office)

Charges filed under the narcotics law for the use of cannabis, heroin and cocaine

	1980	1990	1997
Hashish	5'931	12'286	14'749
Marijuana	1'875	704	10'783
Heroin	2'827	7'493	17'808
Cocaine	585	4'097	10'515

Given that charges are counted for each type of narcotic used, multiple counts are frequent in cases involving the use of different drugs. (source: Federal Police Office)

Seizures of heroin, cocaine, hashish, marijuana (in kg) and ecstasy (tabs)

	1980	1990	1997
Heroin	17 kg	186 kg	209 kg
Cocaine	14 kg	339 kg	349 kg
Hashish	429 kg	462 kg	653 kg
Marijuana	444 kg	52 kg	6634 kg
Ecstasy*	319 tabs	81'917 tabs	

\* entered under the heading «other hallucinogens»  
(source: Federal Police Office)

Persons sentenced and imprisoned under the narcotics law

1982	615
1990	1'272
1996	1'456

(source: Federal Statistical Office)

## Costs

Estimated costs of the drug problem (1991-94, annual averages)

	Million SFr
Repression	500
Care, treatment, therapy, rehabilitation	220 to 260
Harm reduction	120 to 200
Prevention	30 to 35
Research and training	16
Total	886 to 1'011

Around twice as much is spent on the criminal prosecution of drug use and trafficking as on treatment. The share of prevention in total costs, around 3%, is comparatively low. (source: Swiss Federal Office of Public Health)

By comparison: The direct costs of tobacco consumption and alcohol consumption on the national economy are estimated at five billion Swiss francs and three billion Swiss francs respectively.

(source: University of Neuchâtel, Swiss Institute for the Prevention of Alcohol and Drug Problems)