

## Switzerland

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1.

Switzerland takes a four-fold approach to drug policy, including law enforcement, prevention, addiction therapy, and harm reduction.

Source:

"The Swiss Drug Policy: A fourfold approach with special consideration of the medical prescription of the medical prescription of narcotics," Swiss Federal Office of Public Health (Bern, Switzerland: SFOPH, March 1999), pp. 5-7, from the web at <http://www.bag.admin.ch/sucht/politik/drogen/e/index.htm> , last accessed Jan. 28, 2002.

2.

The Swiss government sponsors a program of limited heroin assisted treatment for heroin users. According to the Swiss Federal Office of Public Health, "It has emerged that heroin-assisted treatment is a suitable option only for a small proportion (currently 4%) of the 30,000 severely dependent injecting drug users. Heroin-assisted treatment is not a replacement for other substitution or abstinence-based therapies, but an important addition for those drug users that have so far fallen through the therapeutic net. This is confirmed by the relatively modest increase in patient numbers since the bar on the legally permitted maximum number was lifted."

Source:

"Heroin-Assisted Treatment (HeGeBe) in 2000," Swiss Federal Office of Public Health (Bern, Switzerland: SFOPH, August 28, 2001), p. 2.

3.

"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."

Source:

"The Swiss Drug Policy: A fourfold approach with special consideration of the medical prescription of the medical prescription of narcotics," Swiss Federal Office of Public Health (Bern, Switzerland: SFOPH, March 1999), p. 7, from the web at <http://www.bag.admin.ch/sucht/politik/drogen/e/index.htm> , last accessed Jan. 28, 2002.

4.

"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."

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"The Swiss Drug Policy: A fourfold approach with special consideration of the medical prescription of the medical prescription of narcotics," Swiss Federal Office of Public Health (Bern, Switzerland: SFOPH, March 1999), p. 7, from the web at <http://www.bag.admin.ch/sucht/politik/drogen/e/index.htm> , last accessed Jan. 28, 2002.

5.

"As one of the responses to dramatically increasing drug scenes, heroin maintenance trials were implemented in Switzerland from 1994 onwards. The target population for this new treatment consists of heroin users who did not comply with other forms of treatment and who presented serious health and/or social problems."

Source:

Ribeaud, Denis, "Long-term Impacts of the Swiss Heroin Prescription Trials on Crime of Treated Heroin Users," *Journal of Drug Issues* (Tallahassee, FL: University of Florida, Winter 2004), pp. 186-187.

6.

A study of the Swiss heroin prescription program found: "With respect to the group of those treated uninterruptedly during four years, a strong decrease in the incidence and prevalence rates of overall criminal implication for both intense and moderate offenders was found. As to the type of offense, similar diminutions were observed for all types of offenses related to the use or acquisition of drugs. Not surprisingly, the most pronounced drop was found for use/possession of heroin. In accordance with self-reported and clinical data (Blaettler, Dobler-Mikola, Steffen, & Uchtenhagen, 2002; Uchtenhagen et al.,

1999), the analysis of police records suggests that program participants also tend strongly to reduce cocaine and cannabis use probably because program participants dramatically reduced their contacts with the drug scene when entering the program (Uchtenhagen et al., 1999) and were thus less exposed to opportunities to buy drugs. Consequently, their need for money is not only reduced with regard to heroin but also to other substances. Accordingly, the drop in acquisitive crime, such as drug selling or property crime, is also remarkable and related to all kinds of thefts like shoplifting, vehicle theft, burglary, etc. Detailed analyses indicated that the drop found is related to a true diminution in criminal activity rather than a more lenient recording practice of police officers towards program participants. "On average, males had higher overall rates than females in the pretreatment period. However, no marked gender differences were found with regard to intreatment rates. Taken as a whole, this suggests that the treatment had a somewhat more beneficial effect on men than women. This result is corroborated by selfreport data (Killias et al., 2002). With respect to age and cocaine use, no relevant in-treatment differences were observed. As to program dropout, after one year, about a quarter of the patients had left the program, and after four years, about 50% had left. Considering the high-risk profile of the treated addicts, this retention rate is, at least, promising."

Source:

Ribeaud, Denis, "Long-term Impacts of the Swiss Heroin Prescription Trials on Crime of Treated Heroin Users," *Journal of Drug Issues* (Tallahassee, FL: University of Florida, Winter 2004), p. 187.

7.

A study of the Swiss heroin prescription program found: "Finally, the analysis of the reasons for interrupting treatment revealed that, even in the group of those treated for less than one year, the majority did not actually drop out of the program but rather changed the type of treatment, mostly either methadone maintenance or abstinence treatment. Knowing that methadone maintenance treatment □ and a fortiori abstinence treatment □ is able to substantially reduce acquisitive crime, the redirection of heroin maintenance patients toward alternative treatments is probably the main cause for the ongoing reduction or at least stabilization of criminal involvement of most patients after treatment interruption. Thus the principal post-treatment benefit of heroin maintenance seems to be its ability to redirect even briefly treated high-risk patients towards alternative treatments rather than back □ on the street□."

Source:

Ribeaud, Denis, "Long-term Impacts of the Swiss Heroin Prescription Trials on Crime of Treated Heroin Users," *Journal of Drug Issues* (Tallahassee, FL: University of Florida, Winter 2004), p. 188.

8.

"Overall, results indicate that heroin prescription is a very promising approach in reducing any type of drug related crime across all relevant groups analyzed. It affects property crime as well as drug dealing and even use/possession of drugs other than heroin. These results suggest that heroin maintenance does not only have an impact by reducing the acquisitive pressure

of treated patients, but also seems to have a broader effect on their entire life-style by stabilizing their daily routine through the commitment to attend the prescription center twice or three times a day, by giving them the opportunity for psychosocial support, and by keeping them away from open drug scenes."

Source:

Ribeaud, Denis, "Long-term Impacts of the Swiss Heroin Prescription Trials on Crime of Treated Heroin Users," *Journal of Drug Issues* (Tallahassee, FL: University of Florida, Winter 2004), p. 188.

9.

"The harm reduction policy of Switzerland and its emphasis on the medicalisation of the heroin problem seems to have contributed to the image of heroin as unattractive for young people."

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10.

"Heroin misuse in Switzerland was characterised by a substantial decline in heroin incidence and by heroin users entering substitution treatment after a short time, but with a low cessation rate. There are different explanations for the sharp decline in incidence of problematic heroin use. According to Ditton and Frischer, such a steep decline in incidence of heroin use is caused by the quick slow down of the number of non-using friends who are prepared to become users in friendship chains. Musto's generational theory regards the decline in incidence more as a social learning effect whereby the next generation will not use heroin because they have seen the former generation go from pleasant early experiences to devastating circumstances for addicts, families, and communities later on."

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11.

"The incidence of regular heroin use in the canton of Zurich started with about 80 new users in 1975, increased to 850 in 1990, and declined to 150 in 2002, and was thus reduced by 82%. Incidence peaked in 1990 at a similar high level to that ever reported in New South Wales, Australia, or in Italy. But only in Zurich has a decline by a factor of four in the number of new users of heroin been observed within a decade. This decline in incidence probably pertains to the whole of Switzerland because the number of patients in substitution treatment is stable, the age of the substituted population is rising, the mortality caused by drugs is declining, and confiscation of heroin is falling. Furthermore, incidence trends did not differ between urban and rural regions of Zurich. This finding is suggestive of a more similar spatial dynamic of heroin use for Switzerland than for other countries."

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12.

The Manchester Guardian reported in October 2000, "Switzerland is preparing to introduce legislation that effectively would allow the consumption of cannabis, adding to the country's pioneering but controversial record on drugs policy. The Swiss government said it would draw up legislation next year after consultation among local authorities and community associations revealed that there was widespread support for decriminalising cannabis. "Two-thirds of the organisations consulted said they were in favour of this move,' the interior minister, Ruth Dreifuss said yesterday. "But the same groups opposed any such move on hard drugs, and officials ruled out softer laws on possessing or using such substances. "Switzerland has the most liberal approach in Europe towards the treatment of heroin addicts. Since 1998 it has been providing clean needles and allowing the distribution of heroin to addicts under strict medical supervision."

Source:

Capella, Peter, "Swiss Ready to Legalise Cannabis," The Guardian (Manchester, England: Guardian Unlimited UK, Oct. 10, 2000.

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