



Has addiction research an impact on drug policy? – Good news and problems at national level

Future challenges of addiction research
International conference for the 20th anniversary of the
Swiss Research Institute for Public Health and Addiction ISGF
PD Dr. Michael Schaub

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Content: good news and problems



- Revision of the Swiss Narcotics Law
- Prevention (Pillar 1)
- Therapy and rehabilitation (Pillar 2)
- Harm reduction and survival aid (Pillar 3)
- Law enforcement and control (Pillar 4)
- The problems with the Swiss cannabis policy
- New Narcotics Index Order
- Conclusions

- Revision of the Swiss Narcotics Law failed (2001-2004)
- “light” Revision of the Swiss Narcotics Law (2005-2008)
- Acceptance of the “light” revision of the Swiss Narcotics Law by 70% of the Swiss voting population in November 2008
- Swiss Four Pillar Policy - prevention (Pillar 1), therapy and rehabilitation (Pillar 2), harm reduction and survival aid (Pillar 3) and law enforcement and control (Pillar 4) - established by law.
- Transparent task sharing between the Swiss federation and the cantons

- Main tasks for the Swiss federation:
 - Coordination, information support and monitoring
 - Quality management and evaluation
 - Research funding (but very limited)
 - Responsibility for education and advanced training
- Main tasks for the cantons:
 - Local transformation and implementation of the 4 pillars elaborated in the Swiss Narcotics Law

Pillar 1: Prevention



Pillar 1: Prevention (Art. 3a)



- Improvement of youth protection since July 2011:
 - National prevention programs (early detection, etc.)
 - Cantonal responsibility for addiction education and counseling
 - Information authorization of professional persons from education, social and health services, justice and police about present or threatening addiction disorders in youth below 18 years old -> can inform treatment and social welfare services/authorities – and parents
 - Higher penalties for dissemination of drugs to youth below 18 and in the school setting

Pillar 2: Support and Treatment

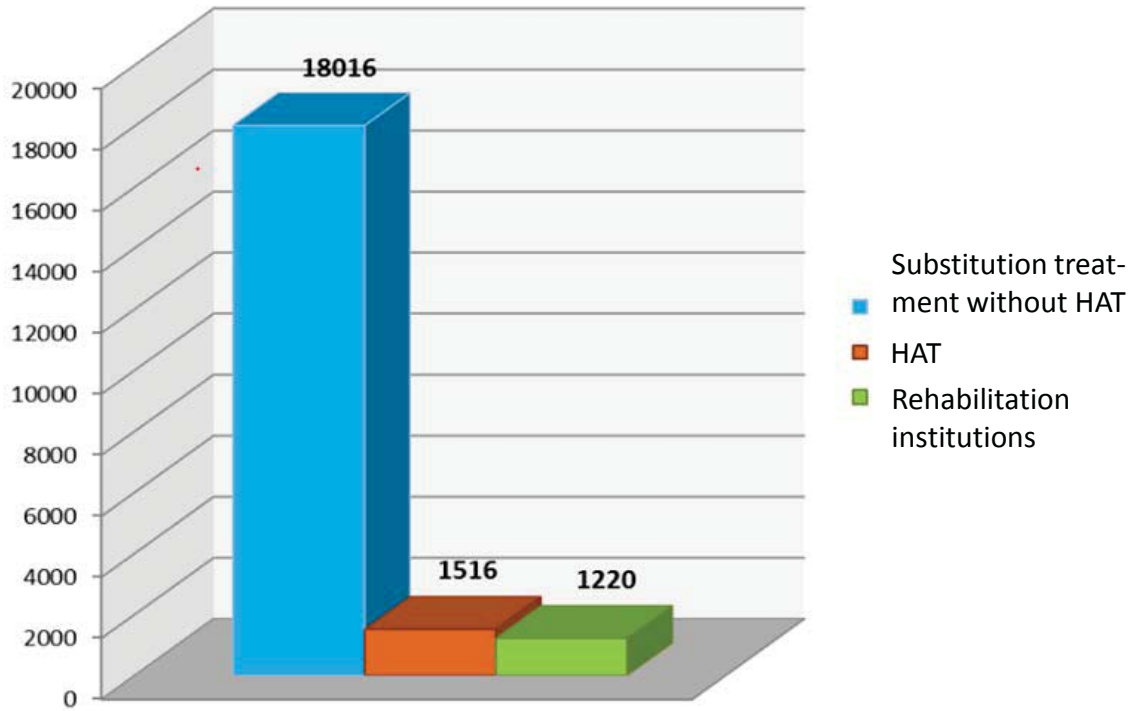


Pillar 2: Support and treatment (Art. 3d)



- Support, treatment (including compulsory treatment) and rehabilitation of persons with addictive behaviors under the supervision of the cantons
- (Financial) support for rehabilitation institutions/services under the responsibility of the cantons

Number of treatment places (2012)



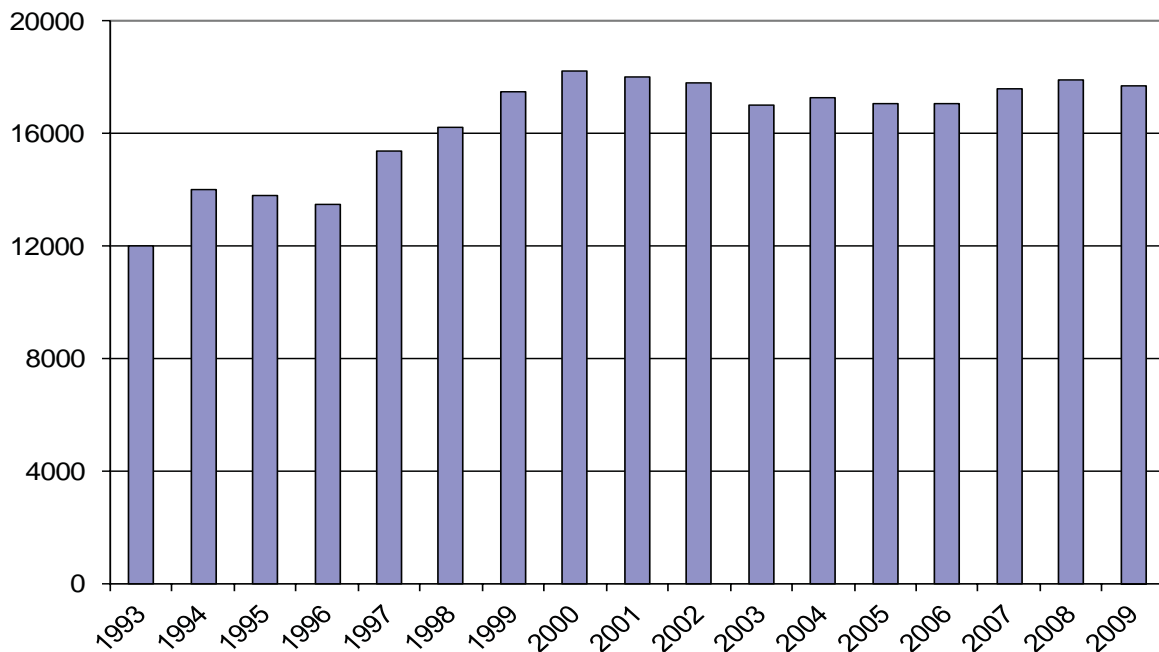
Source: infodrog

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Number of patients in substitution treatment



Patients in substitution treatment (HAT excluded, 1993-2009)



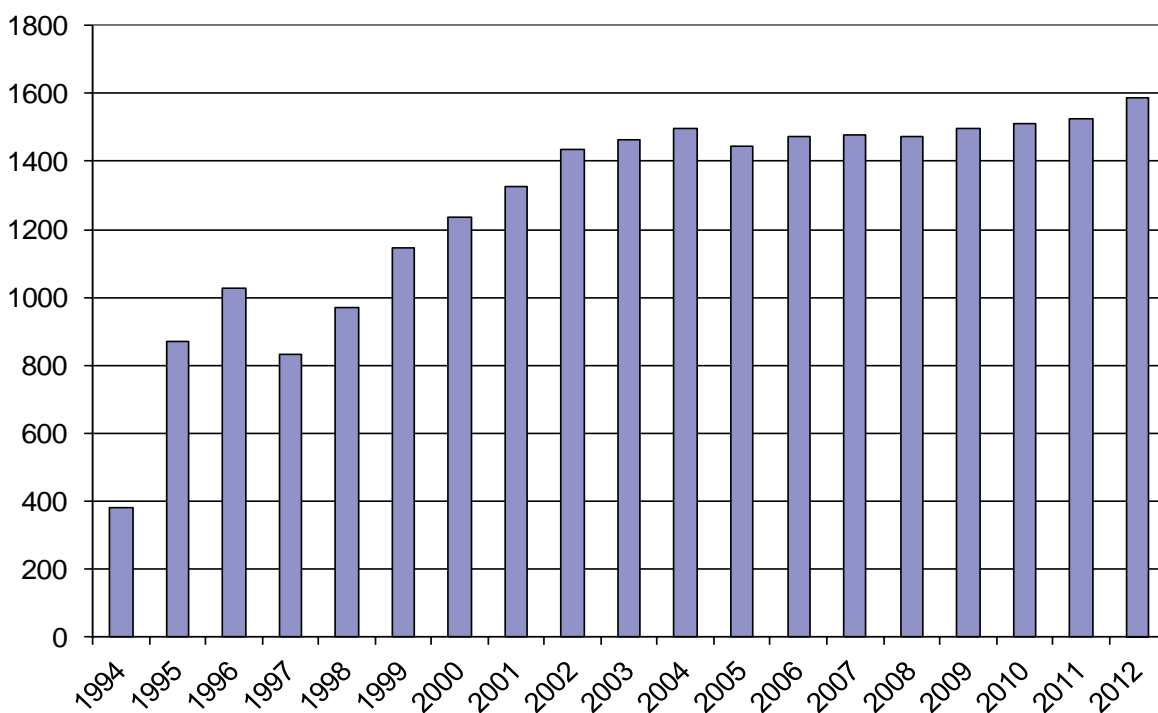
Source: FOPH

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Good news: Support and Treatment (Art. 3a, pillar 2):

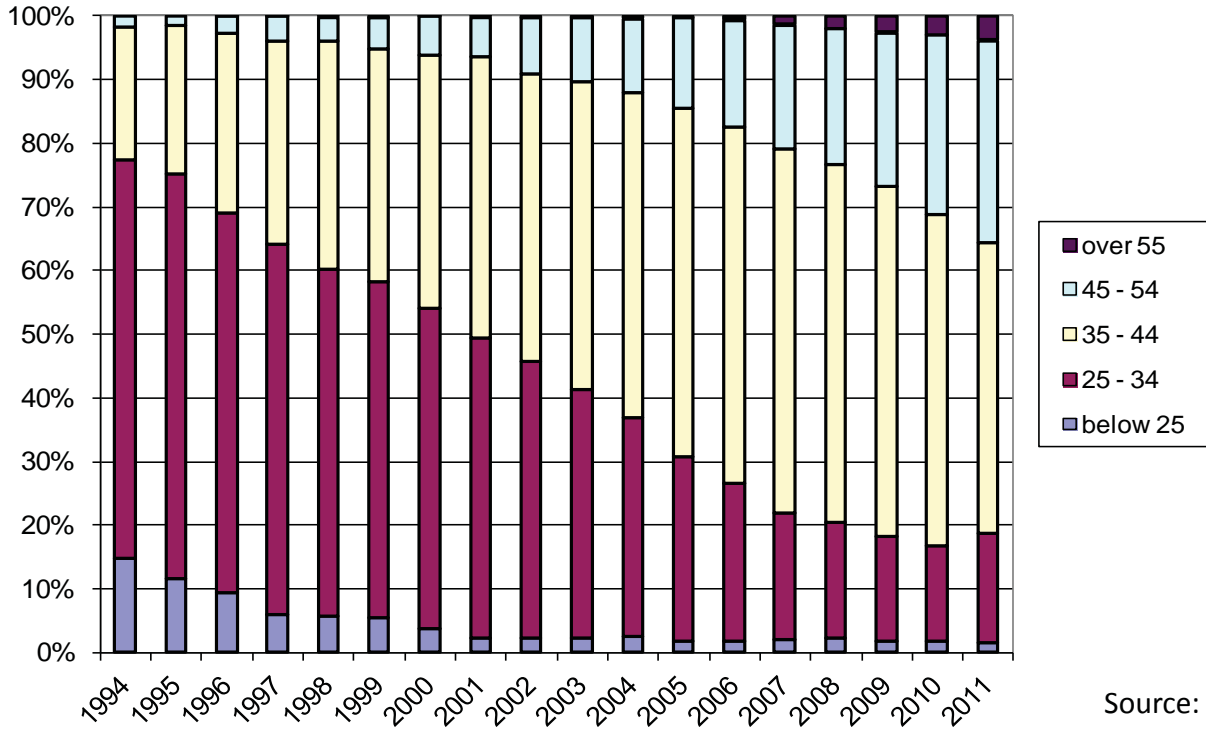
- Heroin-assisted treatment (HAT) for otherwise treatment resistant opioid addicts or for those whose health status does not allow for other treatments established by law since January 2010

Number of Patients in Swiss HAT



Source: ISGF

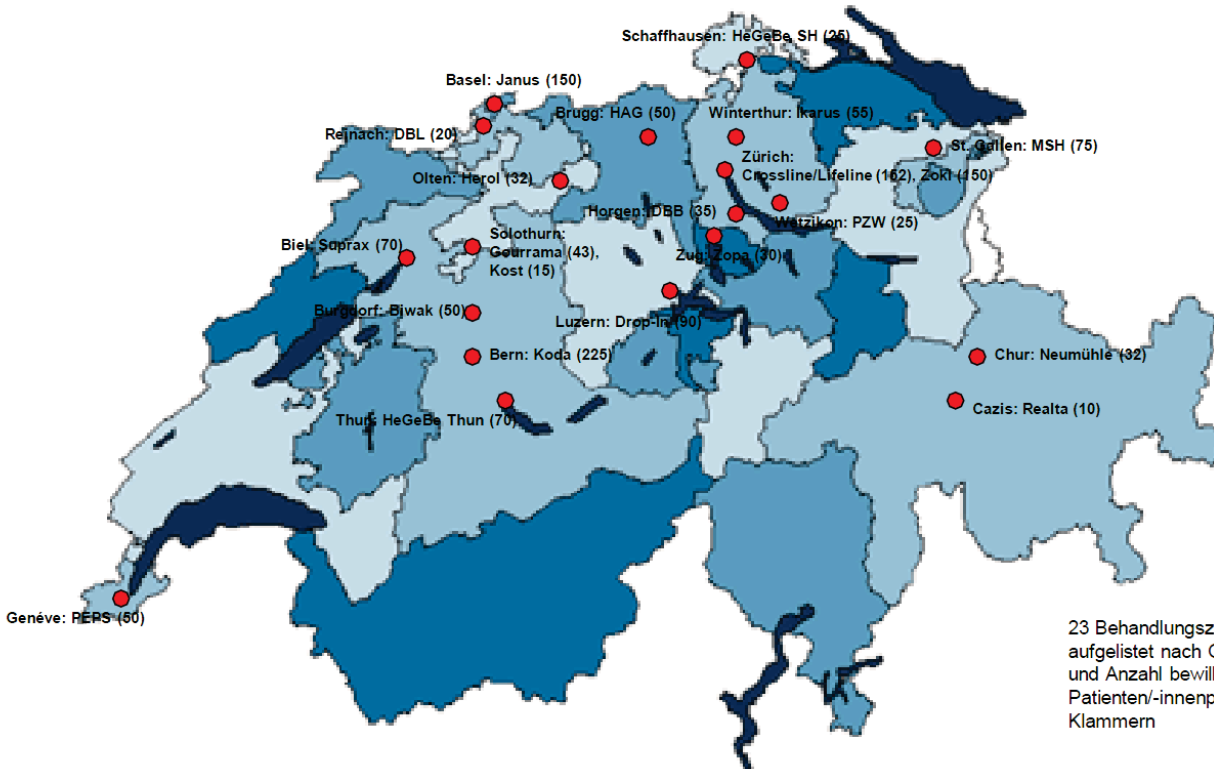
Age categories (1994-2011):



Source: ISGF

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HAT: low coverage in the French speaking part



23 Behandlungszentren aufgelistet nach Ort, Name und Anzahl bewilligter Patienten/-innenplätze in Klammern

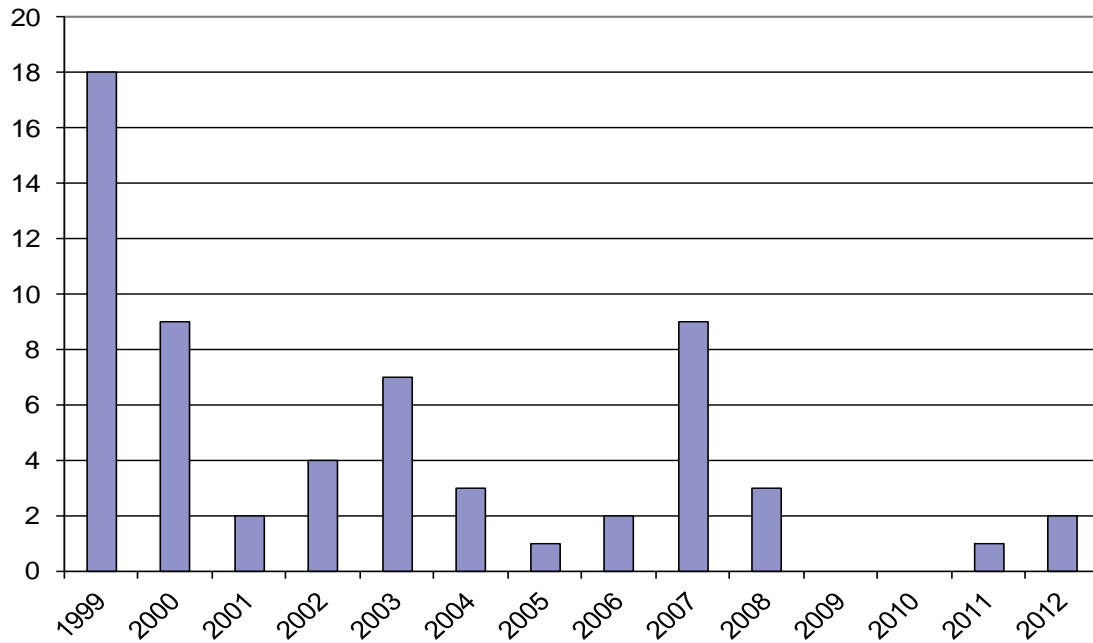
Source: FOPH

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Low support for rehabilitation institutions



Closing of rehabilitation institutions (1999-2012)



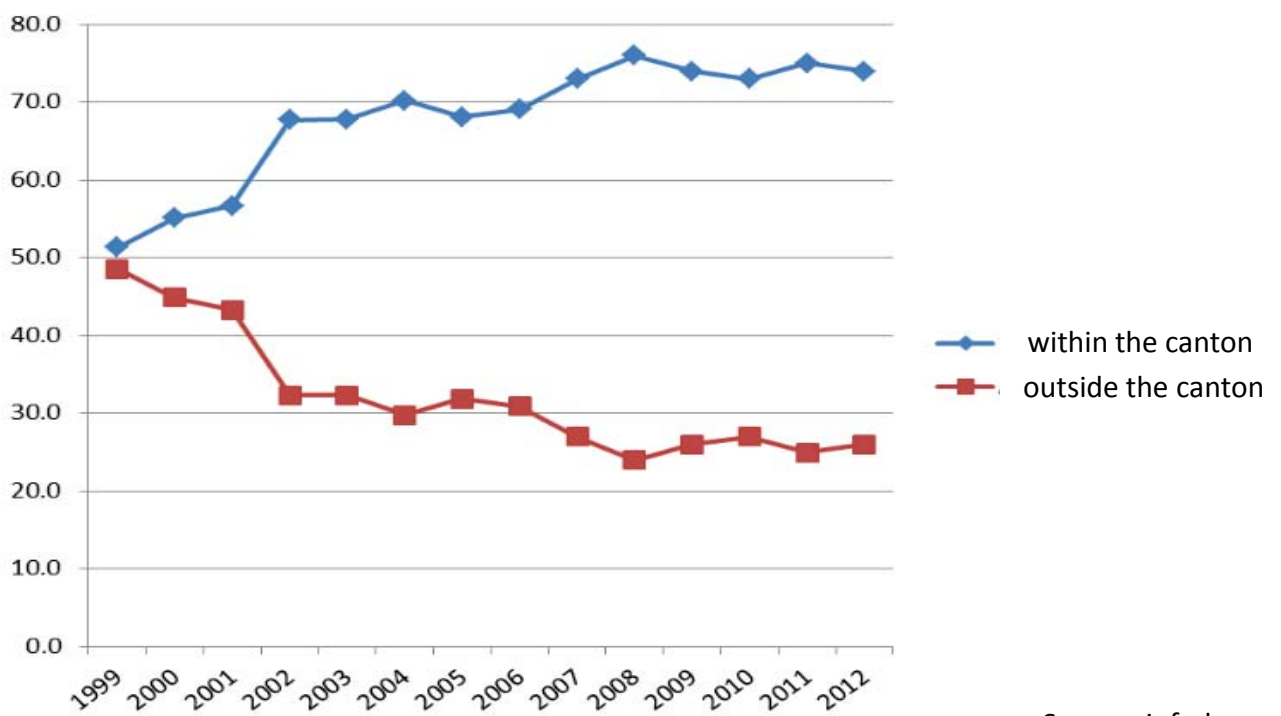
Source: infodrog

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Placing of patients in rehabilitation institutions



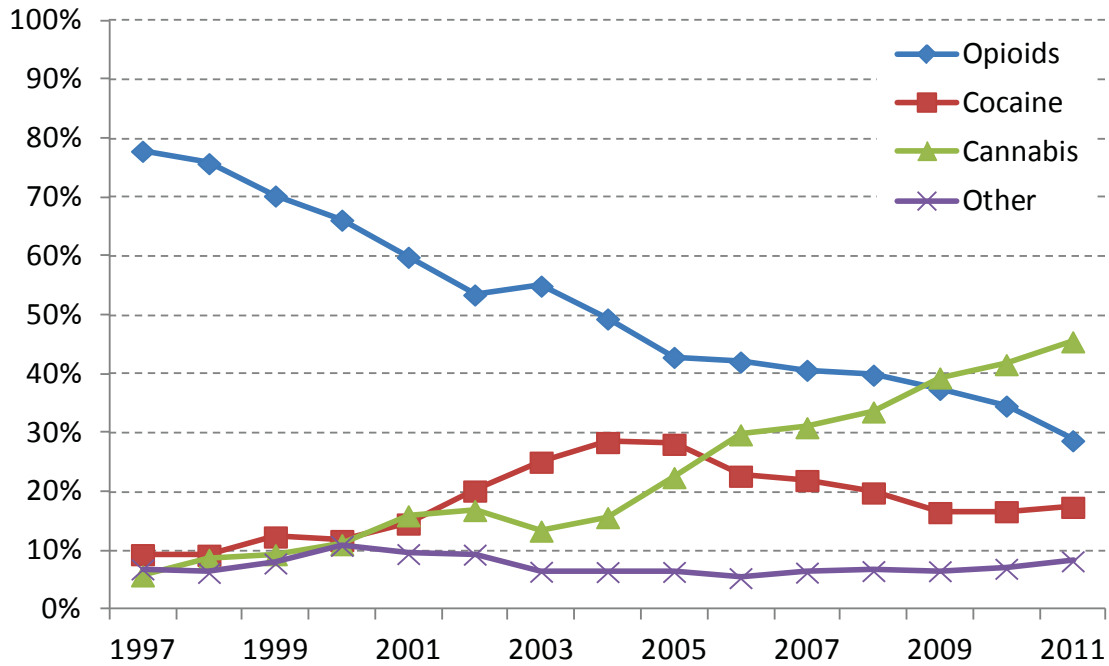
Cantonal placing in percent (1999-2012):



Source: infodrog

Good news and problems at national level

Relative frequency of primary drugs at treatment intake among drug-related outpatients and rehabilitation patients in Switzerland without HAT/MMT (1997-2011)



Source: act-info

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Pillar 3: Harm Reduction and Survival Aid



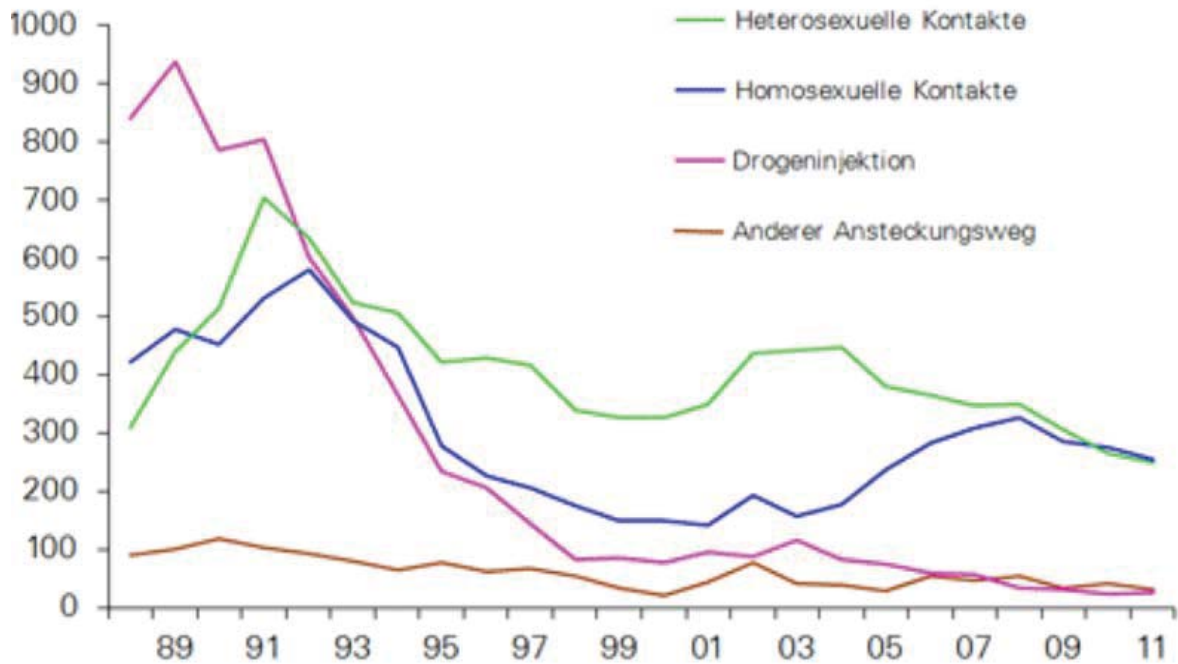
- Harm reduction interventions and survival aid like needle-syringe exchange programs, supervised injection rooms, outreach/street work etc. possible under the supervision of the cantons

- Actual situation (2013):
 - At least one harm reduction service present in 15 cantons (57%)
 - Exceptions:
 - 6 cantons: Aargau, Jura, Thurgau and cantons of Central Switzerland (Uri, Schwyz, Glarus)
 - 5 half-cantons (Basel-Land, Ob- and Nidwalden, Appenzell Ausser and Inner Rhoden)
 - 14 supervised injection rooms in 7 (26.9%) cantons / larger cities:
Berne 3, Basel 3, Geneva 1, Lucerne 1, Schaffhausen 1, Solothurn 1, Zurich 4
Exceptions of larger cities: Chur, St Gallen, Sion, Lausanne, Locarno, Lugano

HIV infections



Number of new HIV infection cases depending on ways of transmission (estimates based on actually reported infections 1988-2011)



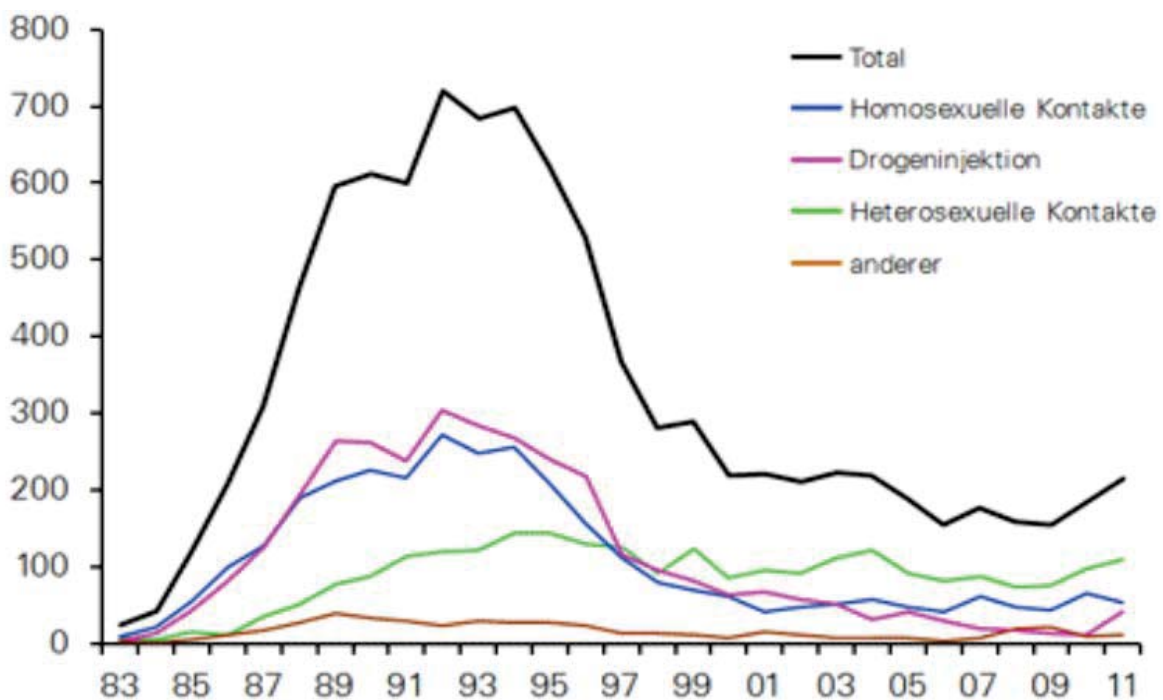
Source: FOPH

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AIDS diagnoses



Number of new reported AIDS diagnoses per year depending on ways of transmission (1988-2011)



Source: FOPH

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Pillar 4: Law Enforcement and Control

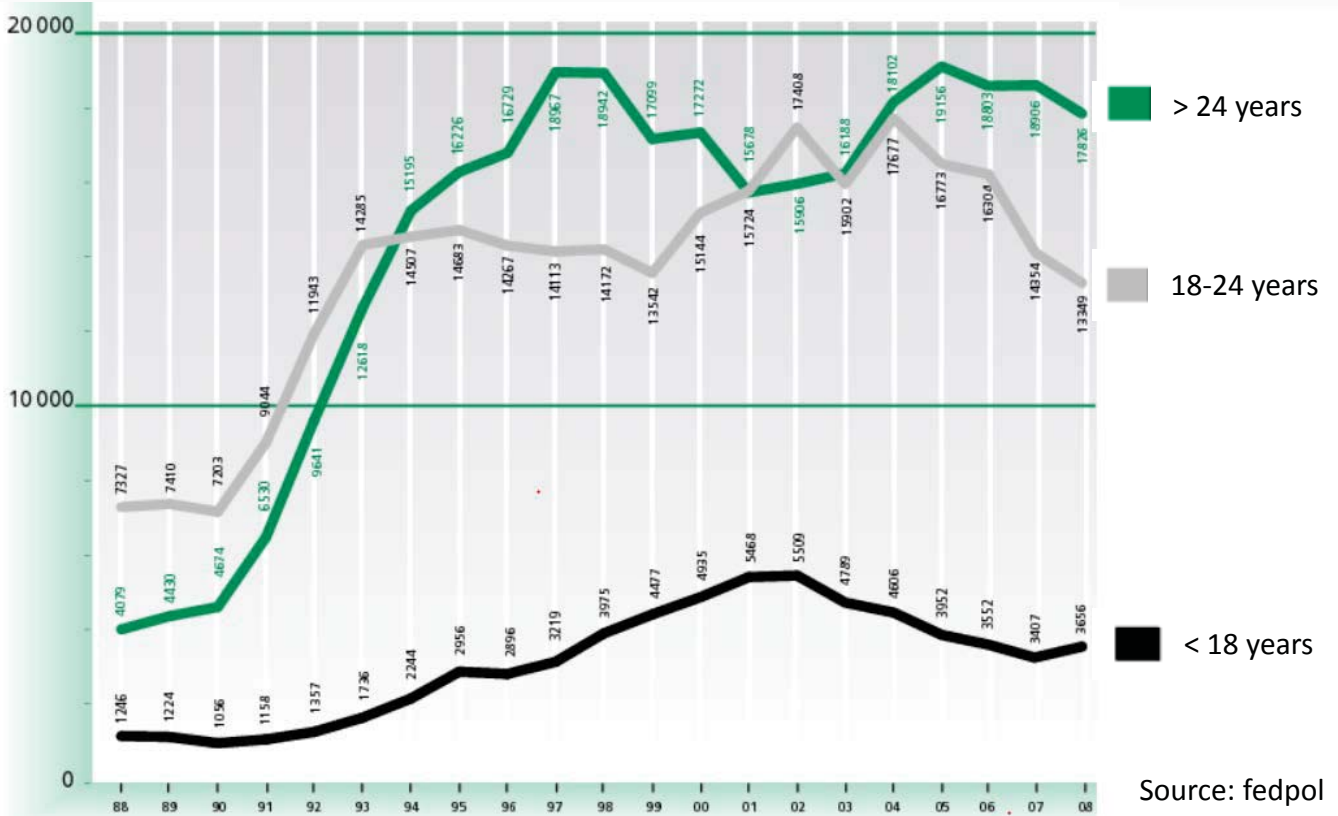


Pillar 4: Law enforcement and control



Law enforcement and control under the responsibility of the cantons. The federation is responsible for boarder controls and keeps the superintendence of the Swiss Narcotics Law execution.

Reports for drug use (1988-2008)



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Source: fedpol

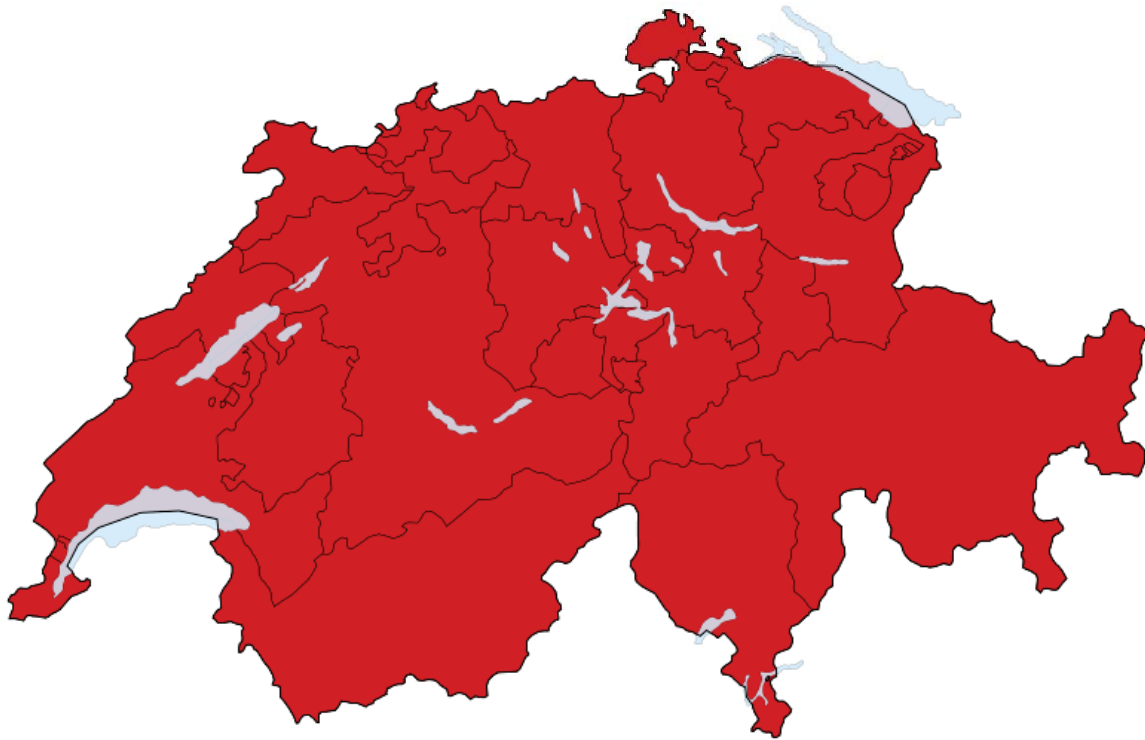
The problems with the Swiss cannabis policy



Good news:

- Cultivation, possession and use of medical cannabis is possible subject to a permission of the FOPH
- Same for scientific research projects
- Same for new drug developments

- Question of legalization of the private cannabis cultivation, possession and use collapsed the first revision attempt of the Swiss Narcotics Law (2001-04)
- “Light” revision attempt tried to postpone the cannabis question
- Referendum “initiative for a rational hemp policy with effective youth protection” (2006)
- Idea of a counter-proposal of the Council of States to legalize cannabis use for adults only
- Referendum was put to the vote without a counter-proposal from the Federal Council of Switzerland (Bundesrat) together with the “light” revision of the Swiss Narcotics Law on November 30, 2008



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The rise and fall of Swiss hemp shops

- First opening of the first Swiss hemp shop in 1996, start of small “fragrance bags” selling for the closet, to put under the pillow, etc.
- Estimates of the Federal Commission for Questions Related to Drugs: around 150 hemp shops in Switzerland in 1998
- Several acquittals and abandonments to open criminal procedures of courts for hemp shop owners
- Year 2000: Federal Court: domestic cannabis with high(er) potency suitable for intoxication falls under the Swiss Narcotics Law
- Cantonal police raids in hemp shops in 2002/2003
- The story has not finished yet: selling of growing equipment, hemp seeds, etc.

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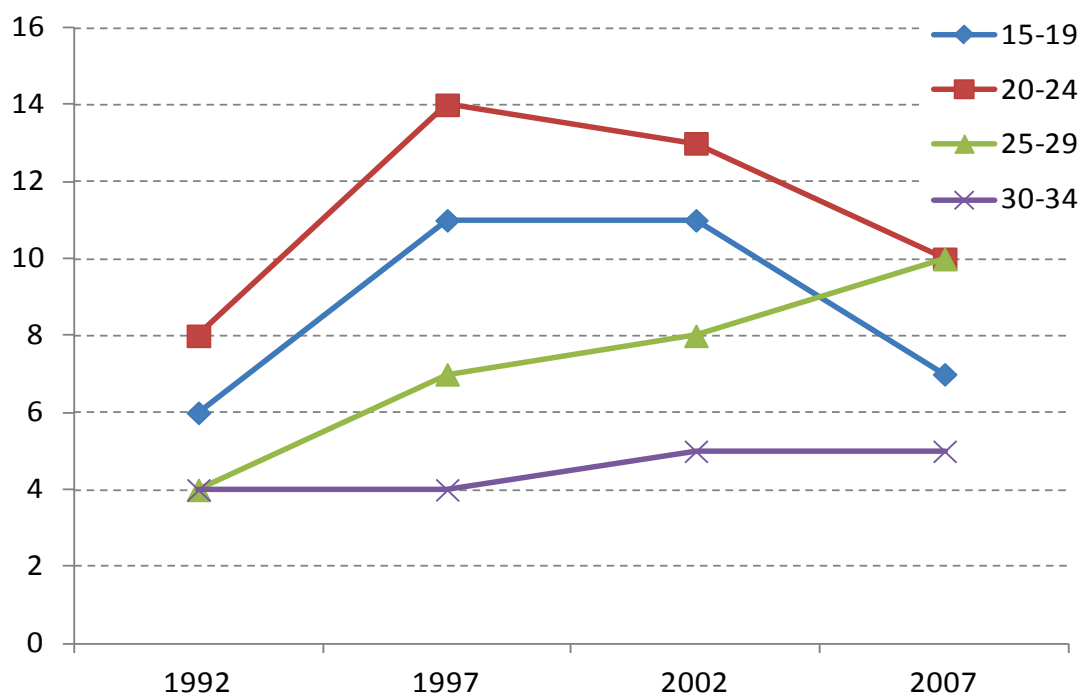
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Cannabis use in youth and young adults

Percent of 12 months cannabis use prevalence depending on age



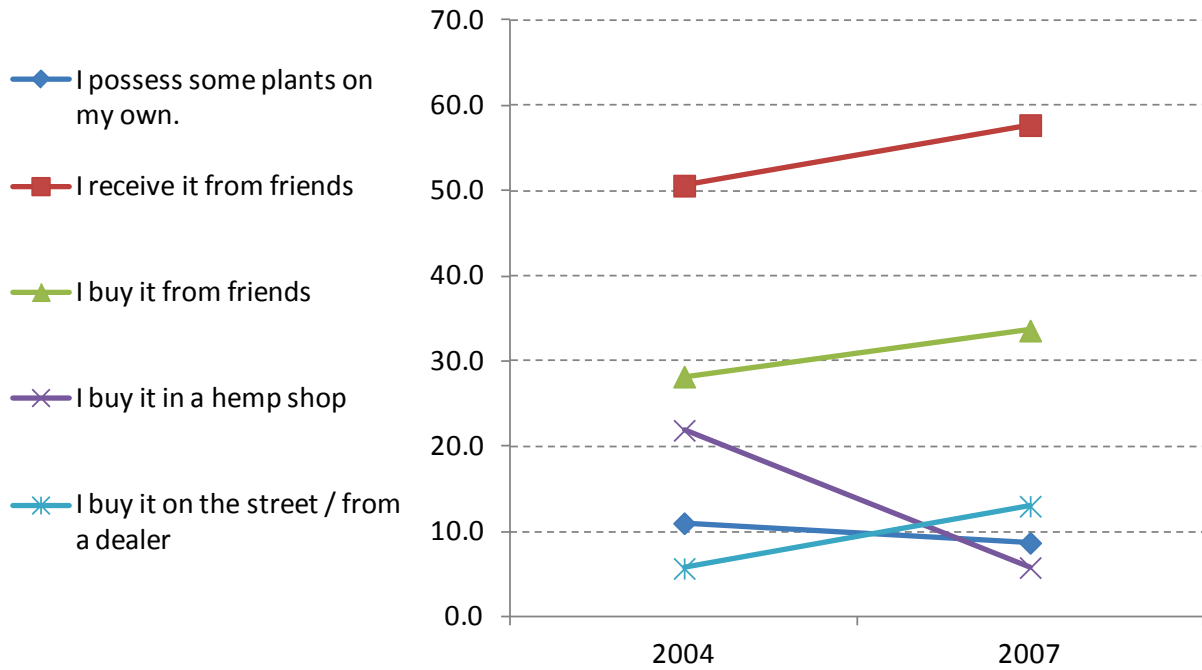
Source: SHS

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Source of cannabis provision



Percent of usual way of cannabis provision (% of current users, 2004 and 2007)

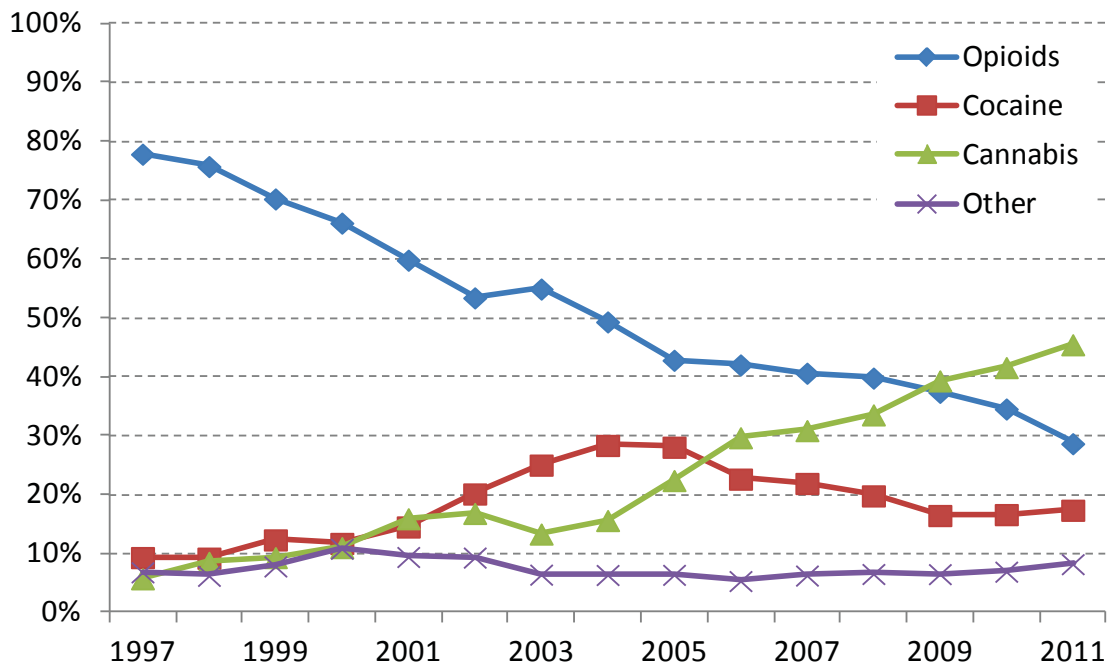


Source: Cannabis monitoring

Primary drugs in in- and outpatients



Relative frequency of primary drugs at treatment intake among drug-related outpatients and rehabilitation patients in Switzerland without HAT/MMT (1997-2011)



Source: act-info

- Fine model for the canton St Gallen already in practice since 2003
- Health commission of the two councils promoted a fine model for cannabis use and possession of less than 10 gram (2010)
- National Council: fine model only for adults (at least 18, < 10 gram)
- Seesaw discussion to define the fine amount -> finally: CHF 100
- Fine model will take effect on October 1, 2013
- Cultivation problem unsolved, police can no longer ask for the source, etc.
- Controlled cannabis distribution for adults discussed in some Swiss cities

Narcotics Index Order – A Fast Solution for New Designer Drugs



- New Narcotics Index Order with much faster control procedures

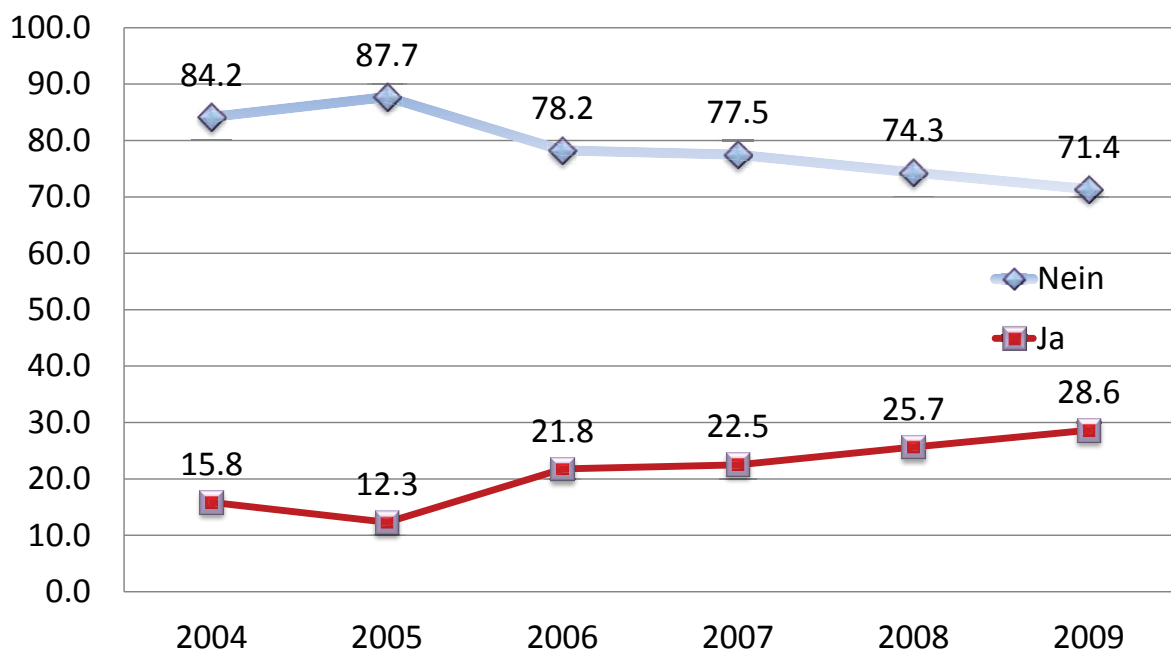
Nummer	Bezeichnung
60	2C-C 4-Chlor-2,5-dimethoxyphenethylamin 1-(4-Chlor-2,5-dimethoxyphenyl)-2-aminoethan
61	4-Chlor-2,5-dimethoxy-N-(2-methoxybenzyl)phenethylamin 25C-NBOMe 2-(4-Chlor-2,5-dimethoxyphenyl)-N-(2-methoxybenzyl)ethanamin
62	4-Iod-2,5-dimethoxy-N-(2-methoxybenzyl)phenethylamin 25I-NBOMe 2-(4-Iod-2,5-dimethoxyphenyl)-N-(2-methoxybenzyl)ethanamin
63	AM-1220 [1-[(1-Methylpiperidin-2-yl)methyl]-1H-indol-3-yl]-(naphthalen-1-yl) methanon (1-[(1-Methyl-2-piperidiny)methyl]-1H-indol-3-yl)-1-naphthylmethanon

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Trends in non-prescribed prescription drugs use

Lifetime prevalence in Zurich's drug checking evaluation:

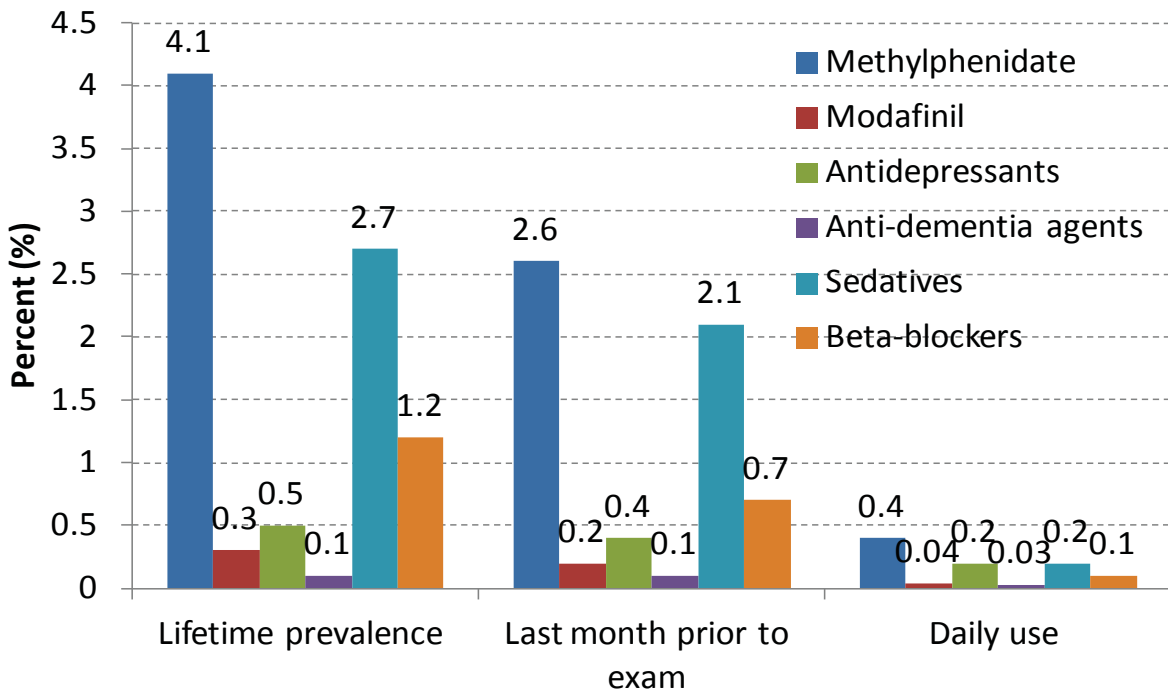


N=1'376, years 2004-2009

Other “smart drugs” for NE purpose

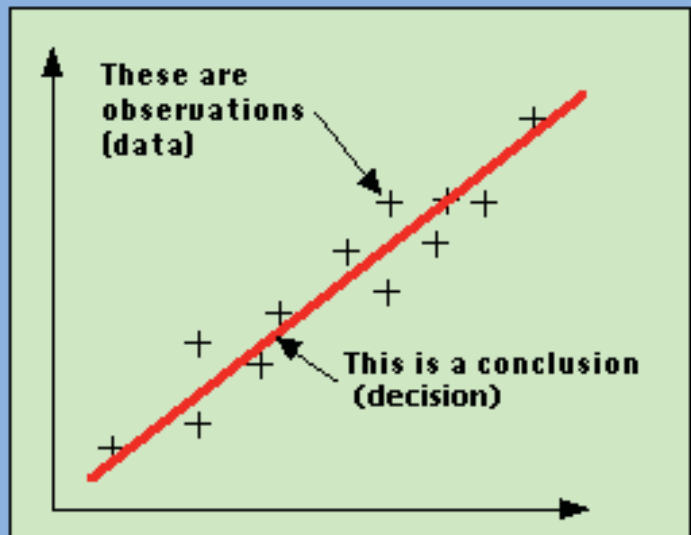


To reach higher performance during exam times, to learn more efficient and longer, sleep better before exams, etc. without medical indication (last 30 days before exams; ADHD/ADD: higher doses as prescribed)



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Conclusions



- The Four Pillar Policy is finally integrated into the Swiss Narcotics Law
- Many processes and treatment options have a legal background now
- Transparent task sharing between the state and the cantons
- Youth protection by criminal law improved
- Some cantons have less financial resources than others
- Some cantons have strong political hardliners / parties that are against scientifically proven treatment / service options
- Narcotic Index: Fast way to criminalize new designer drugs, while the illicit use of medications like methylphenidate is assumingly growing in nightlife settings and for neuroenhancement purposes in risk populations

- Primary problems with the hemp shops solved
- Youth cannabis use decreased again
- Will new options for youth protection really help?
- Cannabis fine model perceived as compromise solution, what will happen with the consumption in youth and adults?
- Parliament missed the option for a controlled cannabis distribution for adults
- So did canton and city councils so far
- Will it be possible to have a controlled cannabis distribution research project falling under the exception criteria of the Swiss Narcotics Law?



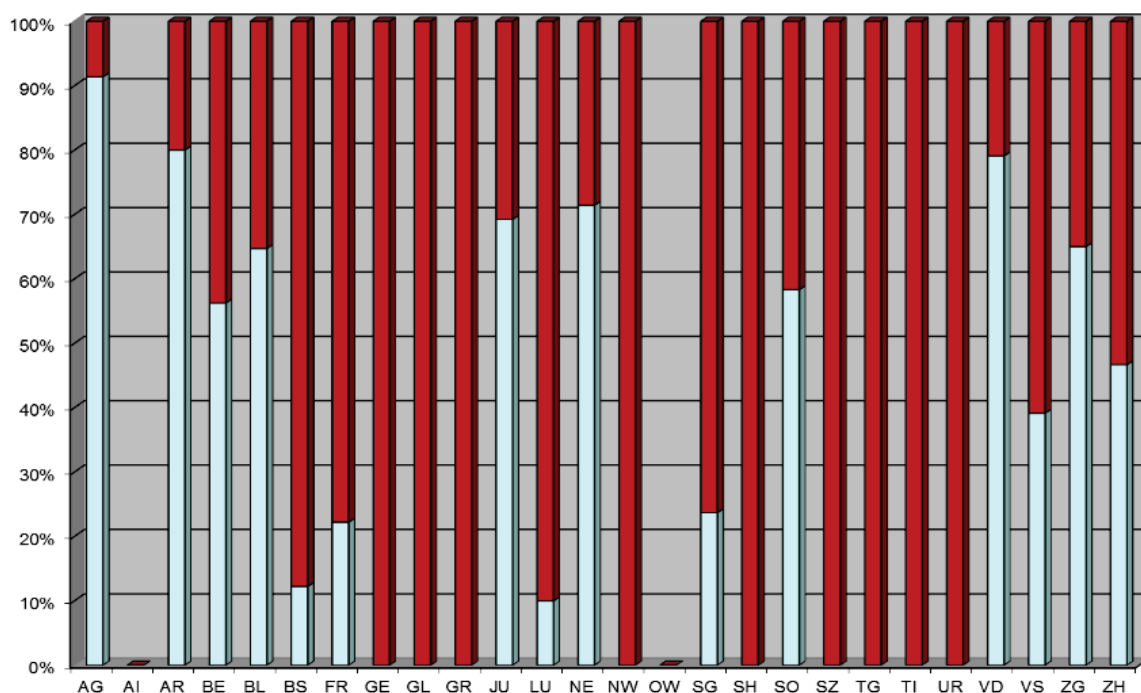
Thank you for your attention.

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Placing of patients in rehabilitation institutions



Within (blue) and outside (red) placing of rehabilitation patients (%) per canton (2012, N=64):



Source: infodrog