



James A. Baker III Institute for Public Policy  
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## Moving Beyond the “War on Drugs”

The Swiss Drug Policy

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## **Introduction**

I am most grateful to have been invited to this conference to illustrate the drug policy of a small country in Central Europe with a population of about seven million people, which is trying to find a balanced and pragmatic approach to the complex problem of drug consumption, dependence, and its associated problems in society. Some elements of this policy, which is currently in the parliamentary discussion, are controversial not only in our population, but especially in our neighboring European countries. This is not surprising considering the fact that the current revision of the law on narcotic drugs includes formally the heroin-assisted treatment as part of treatment measures and would no longer consider the personal use of cannabis as a criminal offense.

I will first try to outline the background of this development, subsequently explain the essential elements of the Swiss approach with special consideration of the heroin-assisted treatment, throw a glance at the revision of the Swiss Federal Law on Narcotic Drugs, and finally draw some conclusions.

## **The Background**

Until the late 1980s, the drug situation and policy in Switzerland did not differ substantially from other European countries. Switzerland had at that time – for reasons which are not fully understood - already a comparatively high level of consumption of other psychoactive substances such as alcohol, tobacco, and psychoactive medicaments. Then the number of consumers of illegal drugs and of heroin-dependants began to increase dramatically. At the same time, the spread of the AIDS virus became relevant also for Europe and particularly for Switzerland, which at that time had the highest rate of HIV-infections in Europe, substantially higher than in the neighboring countries. The spread of the virus occurred to a considerable part through injecting drug users. The coincidence of these two developments was of essential importance in the search of new approaches to the problem. The population considered the new virus an important threat, and the necessity to contain the AIDS epidemic strengthened the position of Public Health in dealing with heroin and cocaine users. The

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provision of clean syringes and needles, as well as the diminishing acceptance in the population to tolerate the presence of injecting drug addicts in the streets, led to a solution, which at that time seemed acceptable to both the police and the Public Health people; the addicts were grouped together in the defined limits of a public park. There, they were provided with syringes, needles, and minimal medical care. For a certain time, they were not seen in other parts of town, and for a short time, the situation seemed under control. This policy was what I would call today a *necessary mistake*. HIV-prevention in the open drug scene improved and was scientifically documented to be effective. However, the possibility of open drug usage was attracting drug users from smaller surrounding towns and villages and from abroad. The open drug scene also became attractive for drug dealers, and the following increase in delinquency soon became intolerable. Probably this was the *mistake* of the policy at that time. Nevertheless, apart from the success in containing the AIDS virus, the population began to realize that there is no simple solution for handling the drug problem and became ready to discuss new options and accept pragmatic approaches. This is why the mistake was a *necessary* part of a societal learning process. Representatives from police, Public Health, and welfare work, for the first time, sat together with people from the municipal authorities and with politicians. Realizing that the idea of achieving a drug-free society was illusory, they opted for pragmatism and sought to develop a model to take into account the needs of all concerned. This process resulted, finally, in the “fourfold model,” also called the “four pillars” approach, which today is the increasingly accepted basis for drug policy in Switzerland.

### The Fourfold Approach

The fourfold model is the strategy for implementing the consensus on the objectives of the national drug policy. These objectives are:

- To reduce the number of new consumers.
- To increase the number of individuals who succeed in giving up drugs.
- To reduce damage to the health of drug addicts and their marginalization in society.
- To protect society from the effects of the drug problem and combat organized crime.

On the strategic level, equilibrium is sought between the four “pillars” of this approach: *Prevention, Therapy, Harm Reduction, and Law Enforcement.*

*Prevention* does not focus on specific substances but considers any use of psychoactive substances as potential risk behavior. Accordingly, a distinction is made between use, abuse, and dependence. Prevention is integrated into the settings in which people live (family, school, workplace, and community) and aims at strengthening the self-confidence of both adults and adolescents. In addition, it seeks contact with occasional users with the intention of preventing them from becoming regular users or dependents.

The aims of *therapy* are to help drug users overcome their dependence, improve their physical and mental well-being, and assure their social reintegration. In the past decade, a wide range of residential and outpatient treatment options have become available, allowing a differentiated approach for each person seeking help. Around half of the country's opiate addicts are receiving methadone treatment, and heroin-assisted therapy has been a recognized option since 1999.

The immediate aim of *harm-reduction* is not abstinence. Rather, it enables individuals to survive the phase of drug use with as little harm as possible. It aims to prevent further deterioration in the addicts' state of health and to stabilize their social integration. This has proven to be beneficial not only for the addicts, but also for the rest of society. The prescription of methadone can also be part of harm reduction measures. This “pillar” reduces, for instance, the transmission of infectious diseases such as AIDS and hepatitis and makes for savings in future social and health spending. In addition, when the state of health and social integration is not declining - and often even improving - experience has shown that drug users are more likely to set themselves an objective of returning to a drug-free life.

The immediate aims of *law enforcement*, in the context of drugs, are to curtail supply, eliminate illegal trade in narcotics and the associated illegal financial transactions, and to beat organized crime. This approach focuses on drug dealing and the laundering of drug money, and, in 1998, new

laws were introduced to deal with this. The emphasis of law enforcement activities, therefore, shifted from drug users to drug producers, traffickers, and dealers.

### **The Heroin-Assisted Treatment**

Despite the availability of a wide range of treatment programs, including methadone substitution, not all drug addicts with serious health and social problems could be motivated to enter treatment. A core group remained, which was characterized by numerous social and physical deficiencies. In an attempt to reach this group, Heroin on prescription was launched in 1994 as part of a nationally-based research project. Admission criteria were a minimum age of 20 years, at least a two-year duration of daily intravenous heroin consumption, a negative outcome of at least two previous treatments, and documented social and health deficits as a consequence of their heroin dependence. The treatment consisted of between one to three injections of heroin a day, and medical, psychiatric, and social monitoring.

After three years, the results showed, amongst numerous other findings, that:

- The program is able, to a greater extent than other treatments, to reach its designated target group.
- The improvements in physical health proved to be stable over the whole period.
- Illicit heroin and cocaine use regressed rapidly and markedly, whereas benzodiazepine use decreased only slowly and alcohol and cannabis consumption hardly declined at all.
- The participants' housing situation and fitness for work improved considerably.
- The income from illegal and semi-illegal activities decreased dramatically (10% as opposed to 69% originally).
- Both the number of offenders and the number of criminal offenses decreased by about 60% during the first six months of treatment.

Even a highly-critical report by the World Health Organization concluded that heroin-based treatment, as practiced in Switzerland, is feasible. It points to the improvement in the state of the

patients' health and social reintegration, as well as a decline in levels of criminality and illegal consumption of heroin.

With the conclusion that heroin-assisted treatment can be recommended for the mentioned target group, if it is administered in suitably equipped and supervised outpatient clinics, the programs were established with a provisional legal basis, which will be consolidated in the context of the current revision of the Swiss Federal Law on Narcotic Drugs. At present, 21 outpatient clinics provide treatment for about 1,000 drug addicts. Thus, presently only about four percent of the drug addicts are in a program of heroin-assisted treatment. The experience of the last couple of years points out that this number seems to satisfy the demand for this kind of treatment.

### **The Revision of the Swiss Federal Law on Narcotic Drugs**

The present law on narcotic drugs and psychotropic substances dates from 1951, with a revision in 1975. It is widely felt in Switzerland that the current developments in the attitudes of the population towards the drug problem call for a revision in some important aspects. Especially the mentioned fourfold approach in the national strategy and the heroin-assisted treatment need a formal legal basis.

After a broad consultation amongst cantons, political parties, and special interest groups in the fields of economy, health, social welfare, law enforcement, and others, the Federal Government decided in March 2001 to submit a proposal for revising the Swiss federal law on narcotic drugs and psychotropic substances from 1951 to Parliament. In order to consolidate the objectives of the fourfold approach, which has been developed and successfully implemented over the last 10 years, the four key elements - prevention, therapy, harm reduction, and law enforcement - are explicitly mentioned in the bill. Moreover, heroin-assisted treatment is formally included as part of the therapeutic measures available. Furthermore, special provisions to protect young people from drug dependence are introduced, and the coordinating role of the federal administration in implementing the national strategy is strengthened, which is of some importance in a highly federal structured country. All these changes will extend the overall scope of the law, in addition to the objectives of drug control and combating drug-related crime, clear emphasis will be put on public health aspects.

A partly new orientation is proposed for addressing the various issues concerning cannabis. Personal use of cannabis and its most closely related preparatory acts are no longer criminal offenses. Cultivation, production, manufacture, and trade of cannabis will remain prohibited. However, in accordance with Article 3, Paragraph 6 of the 1988 UN Convention against illicit traffic in narcotic drugs and psychotropic substances, the revised Swiss law on narcotics will enable the Federal Council to define clear priorities for the prosecution of drug offenses (discretionary prosecution). The legislation restricts discretionary prosecution to the cannabis-related offenses mentioned above. The law furthermore stipulates the kind of prerequisites it deems necessary in order to abstain from prosecution.

Concretely, this could mean that trade with cannabis products would be tolerated if those were not sold to people younger than 18 years, if no advertising took place, if public order was not disturbed, and if not more than five grams of cannabis were sold at a time. Cultivation would be tolerated if intended for the local market only.

The Council of States (the Senate) has completed its deliberations on the proposal in December last year by accepting the proposal of the Government. The National Council will probably decide in fall 2002. Should 50,000 voters in Switzerland not approve of the final decision of the Parliament, they can ask for a national referendum, which would be voted upon probably towards the end of 2003. Whatever the result will be, the advantage of this long process is that the future drug policy will have the explicit approval of the Swiss population.

## **Conclusion**

Switzerland is finding new ways to deal with the widespread phenomenon of the consumption of psychoactive substances by an important part of the population and with the treatment of heroin addicts. Nobody pretends that the country has found the only right solution. But we are convinced that with the “four pillar” model, including heroin-assisted treatment, and with the pending new

regulations on cannabis, we will have a well-balanced approach to the problem, which reflects society's moral values and civil liberties. Over the past decades, a liberal and pluralistic value system has evolved in Switzerland. In such a society, there can be no consensus on how each individual should live his life and the goals he or she should pursue. Thus, there is no guarantee that answers to questions of personal lifestyle, by which an individual or a group may regard itself as bound, will also be viewed as binding by all the others. This occasionally leads to a dichotomy between law and morality in the judgment of human behavior. In an ethical perspective, this means that only an individual's obligations to other individuals or to society as a whole are regulated by law and not those obligations which the individual owes to himself or herself. This ethical background raises, of course, a number of fundamental issues in relation to what might constitute a socially-justifiable drug policy. It has to reconcile the liberal goal of individual autonomy and the freedom to take drugs with the need to protect the young, who are not yet capable on their own of perceiving their best interests, from being harmed by drugs. This is why the mentioned fourfold approach emphasizes the need for a powerful role in prevention, including, for example, a ban on the supply, sale, or the consumption of all kinds of psychoactive substances – legal or illegal according to current legislation – by minors.

Maybe the pillar “law enforcement” of our drug policy has not received the appropriate attention in this presentation. This does not mean that we neglect this important aspect. But, with regard to the consumers, we have no evidence that the prosecution of consumption is the appropriate way to substantially reduce the burden of the drugs problem. On the other hand, it goes without saying that law enforcement activities have a high priority with the focus on restricting supply, combating illegal trading in drugs and the associated financial transactions, and eliminating organized crime. The need for international collaboration in this field is also beyond controversy in Switzerland.

Concluding, the described approach to drug policy in Switzerland does not mean – and this has to be emphasized – that we consider consuming drugs as harmless. But people who consume drugs – once more illegal as well as legal substances – have reasons for it. We think it is of utmost importance for the field of health promotion and prevention to deal with these reasons and to find

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alternative solutions for those persons who believe they can solve their problems by consuming drugs. Clear educational, instead of penal, measures must have high priority. As this approach alone will never fully succeed, the “pillar” called “harm reduction” of our drug policy tries to accompany and assist drug users in such a way that they will not suffer irreversible damage to their health.

The experience from the past decade has shown that the balanced implementation of the fourfold approach, including law enforcement as mentioned before, is acceptable and helpful for drug addicts as well as for the society as a whole.