**Public Health**

**Focus:** Heroin-Assisted Treatment (HAT) in Switzerland, as a public health approach to substance abuse and mental health

**Goal:** Identify factors that enabled the shift to a public health approach, as well as the risks and benefits of HAT

**KEY TAKEAWAYS**

In the late 1990s, Switzerland slowly shifted from a criminal justice approach to a public health model, culminating in heroin-assisted treatment, i.e., physician-prescribed heroin.

- HAT is one of several treatments with methadone and abstinence-based therapeutic communities
  - Paired with social service support
- HAT has been fully recognized, even used in prisons, and written into the narcotics code
- Costs of program on insurers, not cities
- Results: very few remain in HAT and almost no new heroin users

Factors for the shift to public health model included:

1. **Public nature of problem:** Police had corralled drug users in public “needle” parks, surrounded by police and emergency service providers waiting to intervene
   - a. International media attention affected Switzerland’s image
2. **Change in user profile:** 1960s students became users with serious mental health challenges
3. **Engagement by physicians, clergy, parents:** Without a formal coalition, they publicly challenged laws by offering needle exchanges, shelter, etc.
4. **Larger public health fears:** Rise of HIV/AIDS meant that health risk of heroin users might spread to general population via intimate relationships

The shift itself was enabled by:

1. **Agreement within the governing coalition**
2. **Activists taking key players to see the parks**
   - a. Particularly important to educate those unaffected by crisis
3. **Introduction via scientific trial, proving efficacy before permanent legislation**

Opposition to HAT advanced five key claims; none proved valid in Swiss trial.

1. **Prescribing heroin yields ongoing dose increases**
   - a. Doses plateaued after 2-3 months
2. **Addicts will stay in HAT forever**
   - a. Fewer than half stayed for 3+ years
3. **Prescription gives heroin a positive image, attracting more youth**
   - a. Medicinal aspect reduced heroin’s appeal
4. **Will destroy the market for other treatments, despite significant investment into methadone and therapeutic communities**
   - a. Treatment is individualized: HAT applies only to the hardest cases (c. 5%); rest use methadone or therapeutic communities
5. **Prescribed heroin will fuel black market**
   - a. Heroin prices fell massively, destroying the illegal market
   - b. Reduced drug trafficking and exploitation

Public health approaches to substance abuse are powerful, but implementation is context-dependant.

- Environmental factors, e.g. employment, housing, family relations, are key
- Social/racial tensions pervade policy
  - o E.g. Swiss context led to focus on drug trafficking rather than punishing users

New public health interventions include internet-based programs addressing mental health challenges and addiction.

- Rely on trust between providers and police: data entered by users not shared with police

**KEY EXAMPLES**

- Internet-based cannabis use reduction (Austria, Spain)
- Internet-based alcohol use & anxiety/depression reduction (Canada)
- Life skill coaching app (Switz./Austria/Germany)

**REFERRED RESOURCES**

- “Drug use disorders: impact of a public health rather than a criminal justice approach” from World Psychiatry (June 2017)
- “New Heroin-Assisted Treatment: Recent evidence and current practices...” from EMCDDA
- “Family Drug and Alcohol Court National Unit: independent evaluation” by the UK Department of Education