

**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
  - 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)



## REFERENCED 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