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Lessons from the Swiss heroin trials

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Outline

- **Background, objectives, present state**
- **Results from follow-up studies**
- **Implications at national level**
- **Perspectives for the future**

Background

- **High prevalence rates in substance use**
- **Highest prevalence rates in Aids cases**
- **High visibility of drug related problems (open drug scenes, excessive drug markets, drug related delinquency, public nuisance)**
- **Incompatibility between Cantonal (provincial) policies**
- **Non-cooperation of Cantonal and Municipal Authorities**
- ***The answer : a National drug policy 1991***

Main elements and aspects of the 1991 National Drug Policy

- **„4-pillar-policy“ and new approaches in :**
 - **Prevention**
 - **Treatment**
 - **Harm Reduction**
 - **Law enforcement**
- **Innovative elements :**
 - **New role for Federal Government**
 - **Basis for concerted action**
 - **Harm reduction interventions acknowledged**
 - **Preference for evidence-based policy**

What is heroin-assisted treatment (HAT)

- HAT is a treatment innovation within the new policy
- HAT is *not* just prescribing heroin to heroin addicts
- HAT is a comprehensive assessment and treatment programme
 - with restrictive entry criteria (age, previous treatments)
 - including medical and psychosocial care according to needs
 - pharmaceutical diamorphine is prescribed as a replacement/substitution medication for street heroin
 - Controls & supervised intake have to assure the safety of patients and to prevent diversion into the illegal market

Objectives of HAT

- To reach out to ***treatment resistant and out-of-treatment addicts***, and to increase treatment coverage of heroin addicts
- To provide enrolled addicts with a ***comprehensive care programme***
- To improve the health and social status, to reduce illicit drug use and delinquency in enrolled addicts
- To reduce **public nuisance** caused by addicts out of treatment
- To reduce **public costs** from addicts out of treatment

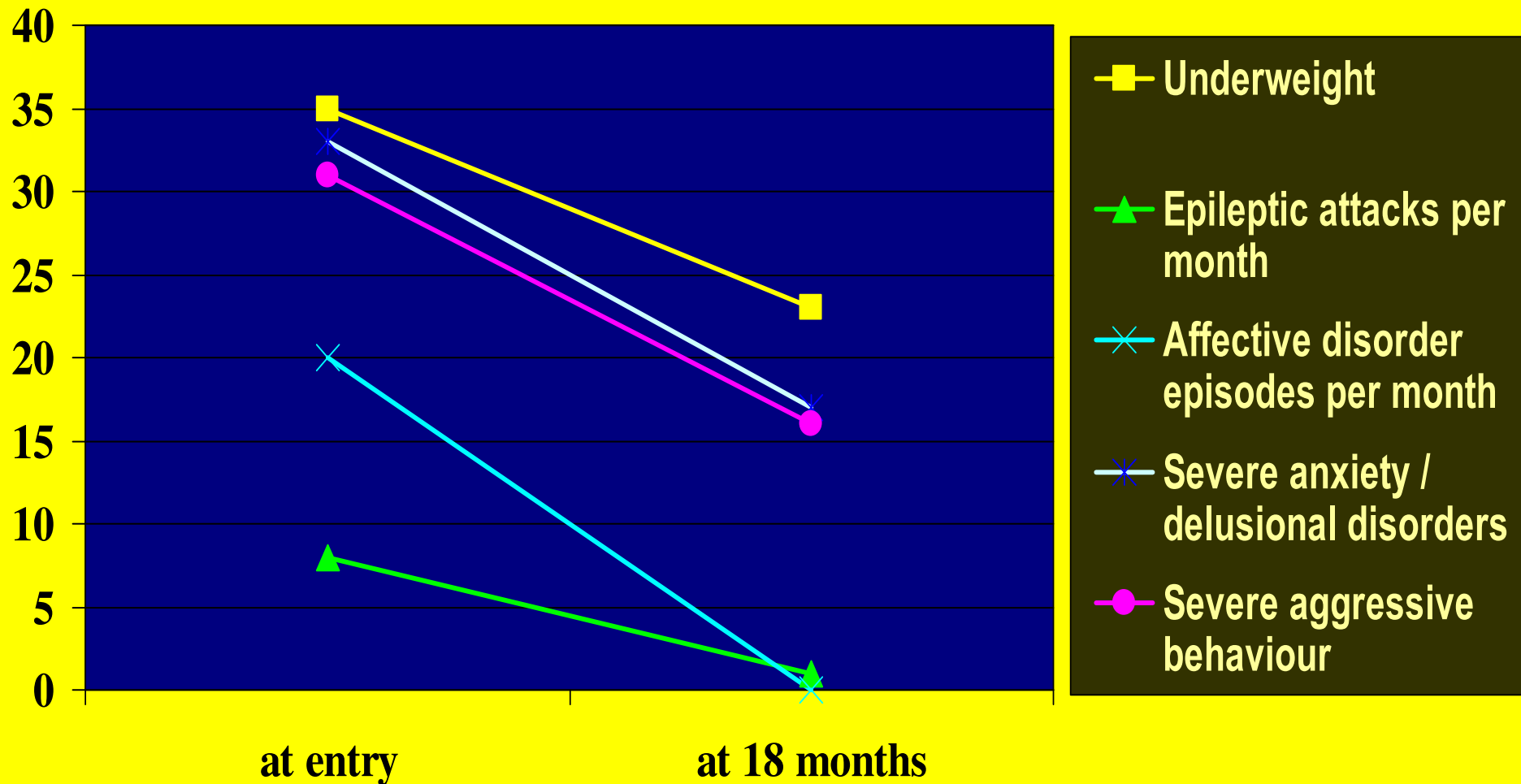
Present state of HAT in Switzerland

- **23 authorised clinics (2 in penitentiaries)**
- **1327 treatment slots in total, ca. 1200 patients enrolled**
- **Diamorphine by Jan 2002 registered as a drug for maintenance treatment of heroin addicts, HAT to be paid by health insurance**
- **Economic benefits per patient day = treatment costs x 2**
- **Legal basis : Federal decree (expiring 2009), revision of narcotic law under way**

**18- and 24-month
follow-ups**

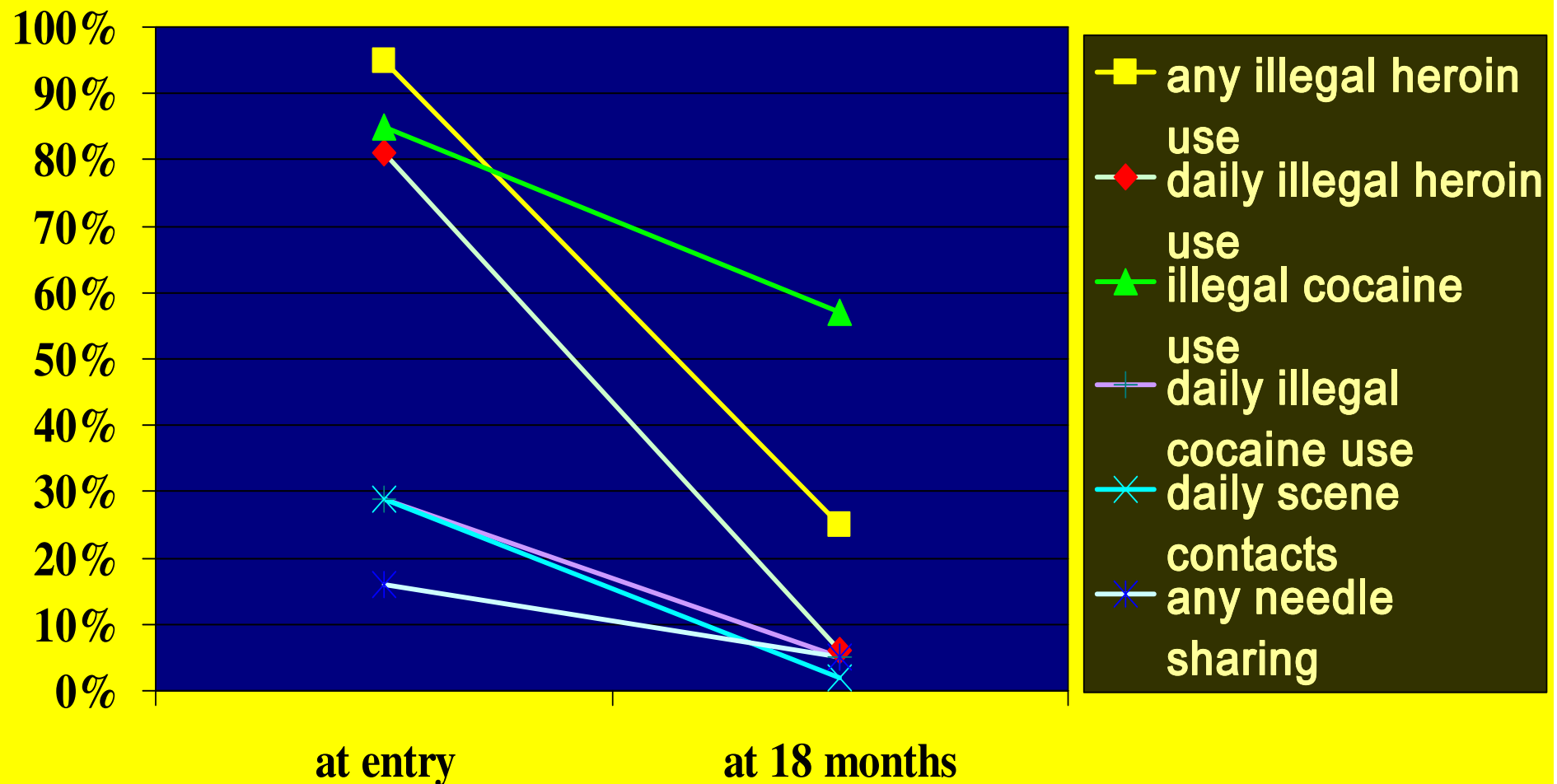
Changes in health during HAT

(cohort 1994/5, n=237, Uchtenhagen et al 1999)



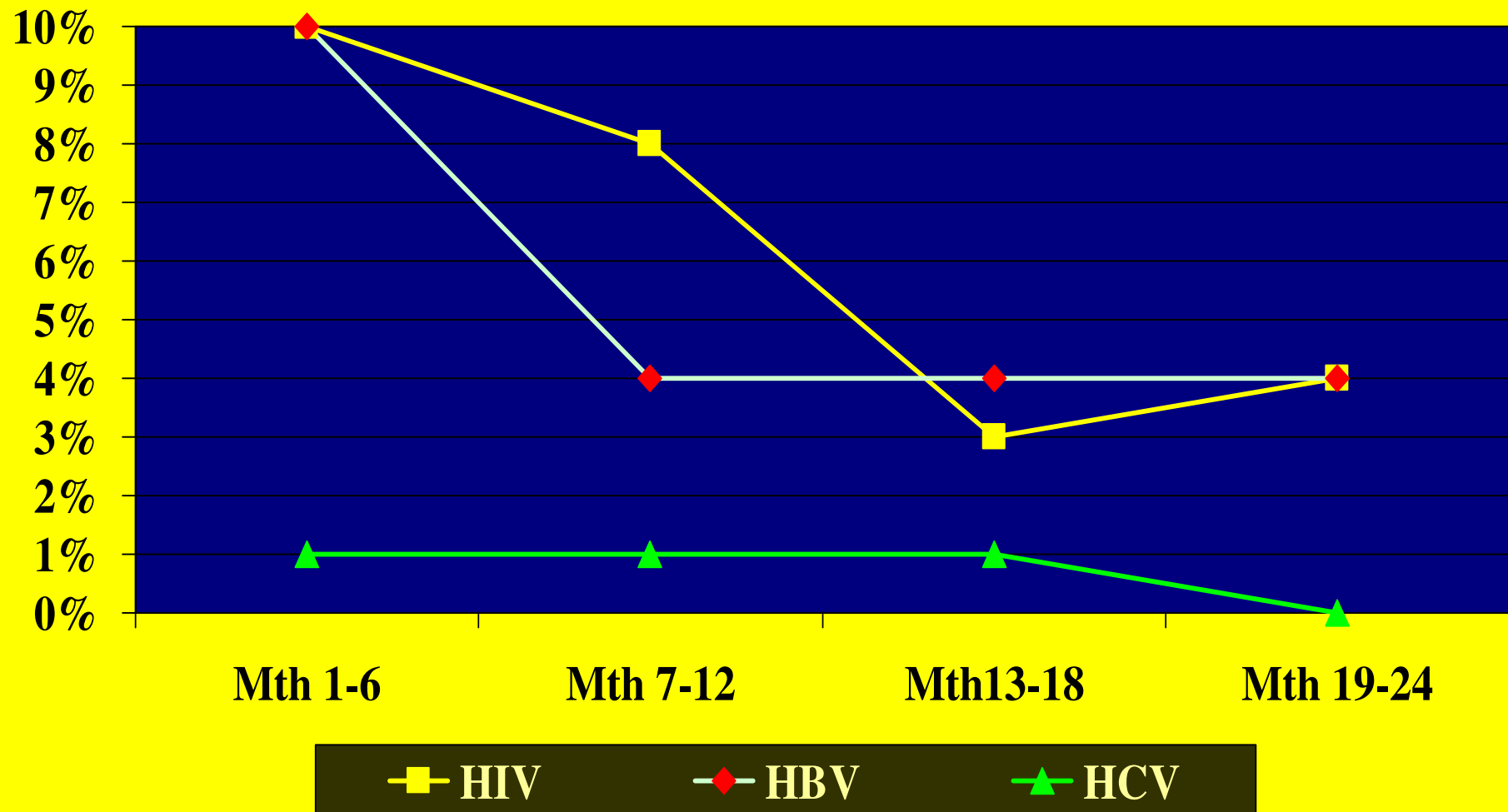
Changes in risk behavior during HAT

(cohort 1994/5, n=237, Steffen et al 2001)



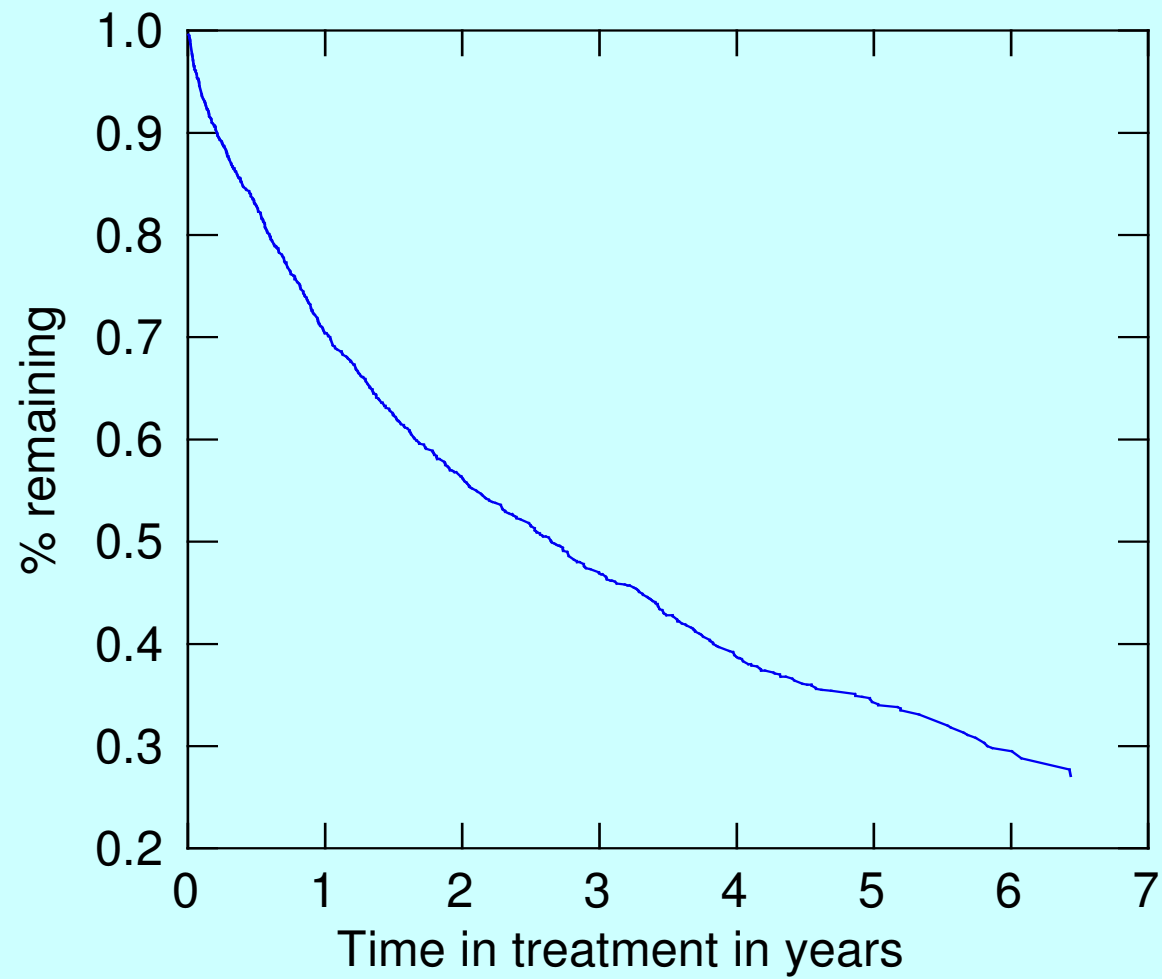
Incidence rates for blood borne infections during HAT

(cohort 1994/6, n=1'035, Steffen et al 2001)



**6-year
follow-up**

Remainders in treatment by time



Comparing patients (n=132) and ex-patients (n=112) at entry and after 6 years

Variables	A Patients At entry	B Patients At 6-years	C Ex- patients At entry	D Ex- patients At 6 years	Signif. m.d.=0
Homeless	9.8%	1.5%	8.0%	0.9%	A-B *** C-D *** B-D n.s.
Unemployed	31.1%	34.1%	29.5%	33.9%	B-D n.s.
Mostly illegal income	53.0%	9.8%	42.2%	11.6%	A-B *** C-D *** B-D n.s.
Social welfare	19.1%	39.7%	23.4%	31.5%	B-D n.s.

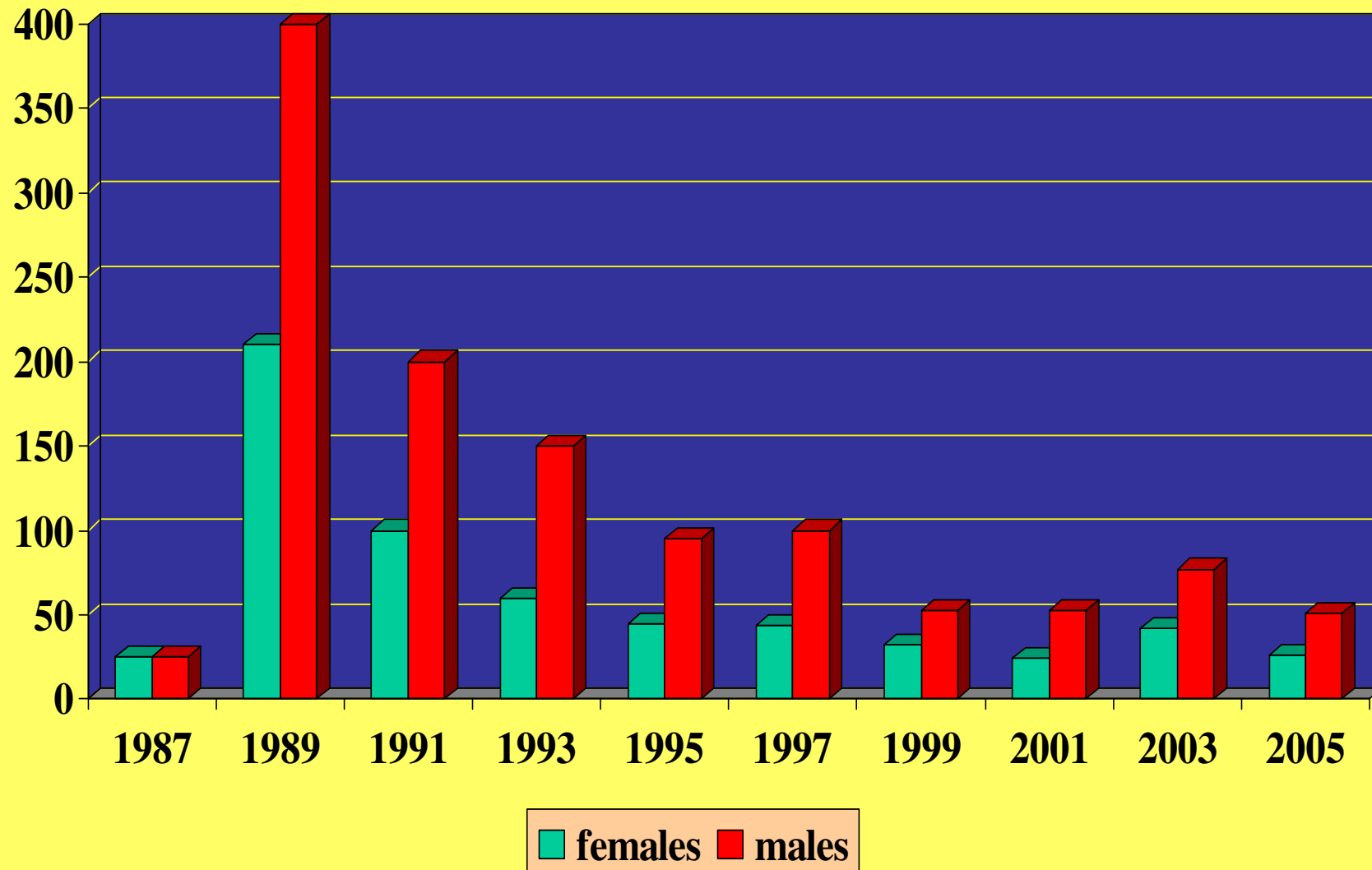
Comparing patients (n=132) and ex-patients (n=112) at entry and after 6 years

Variables	A Patients At entry	B Patients At 6-years	C Ex-patients At entry	D Ex-patients At 6 years	Signif. m.d.=2
Illegal heroin use	84.7%%	3.8%	76.1%	18.9%%	A-B *** C-D *** B-D **
Illegal cocaine use	27.5%	5.3%	30.8%	9.8%	A-B *** C-D *** B-D n.s.
Illegal benzo-diazepine use	18.8%	4.5%	16.3%	3.6%	A-B** C-D ** B-D n.s.
Illegal cannabis use	31.1%	33.9%	32.8	36.0	n.s.

**Reduction of heroin-related
problems at population level**

HIV+ cases in ICDU

(Federal Office of Public Health 2006)

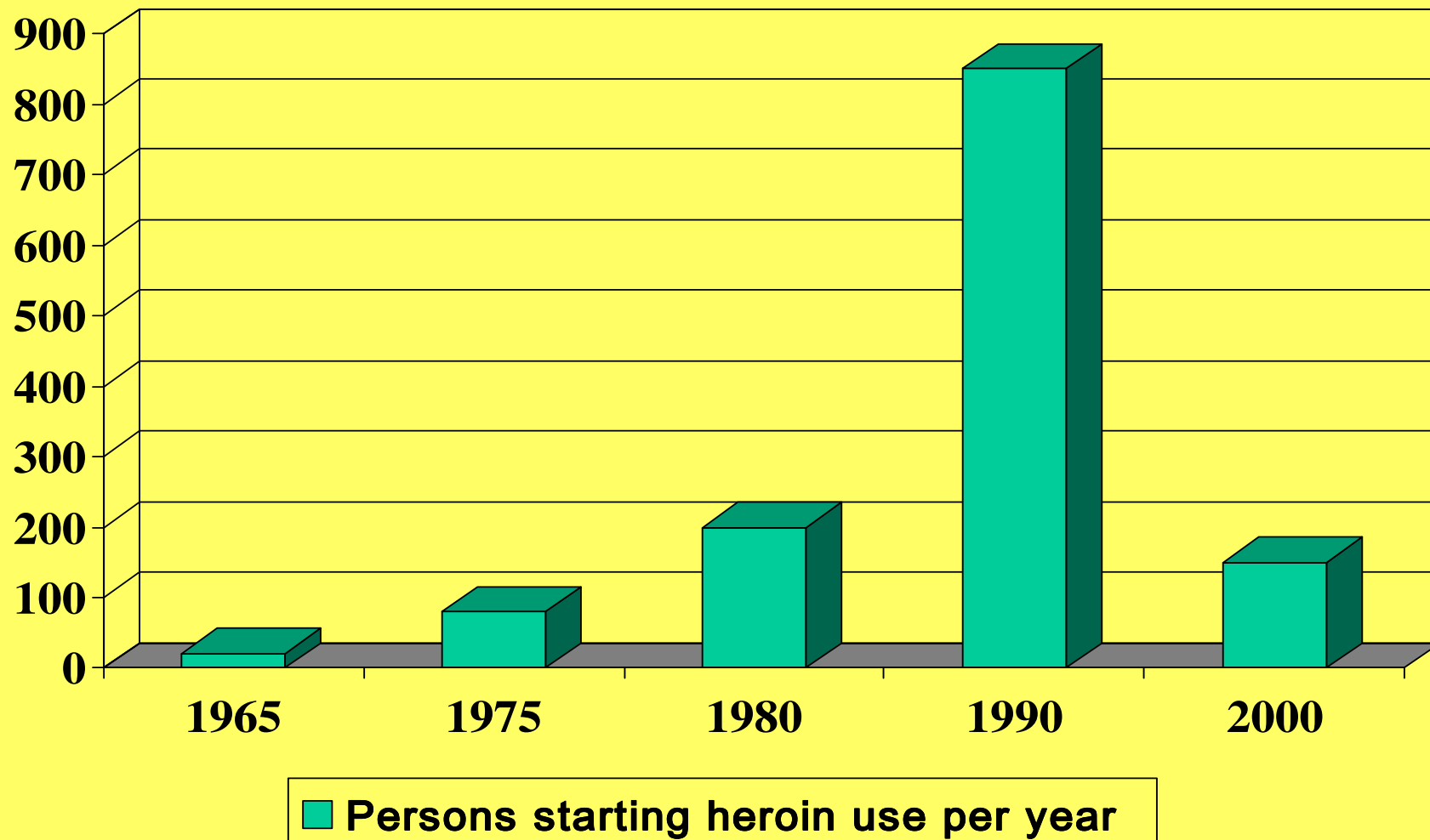


Risk behavior by drug users in low-threshold contact centres (FOPH 2007)

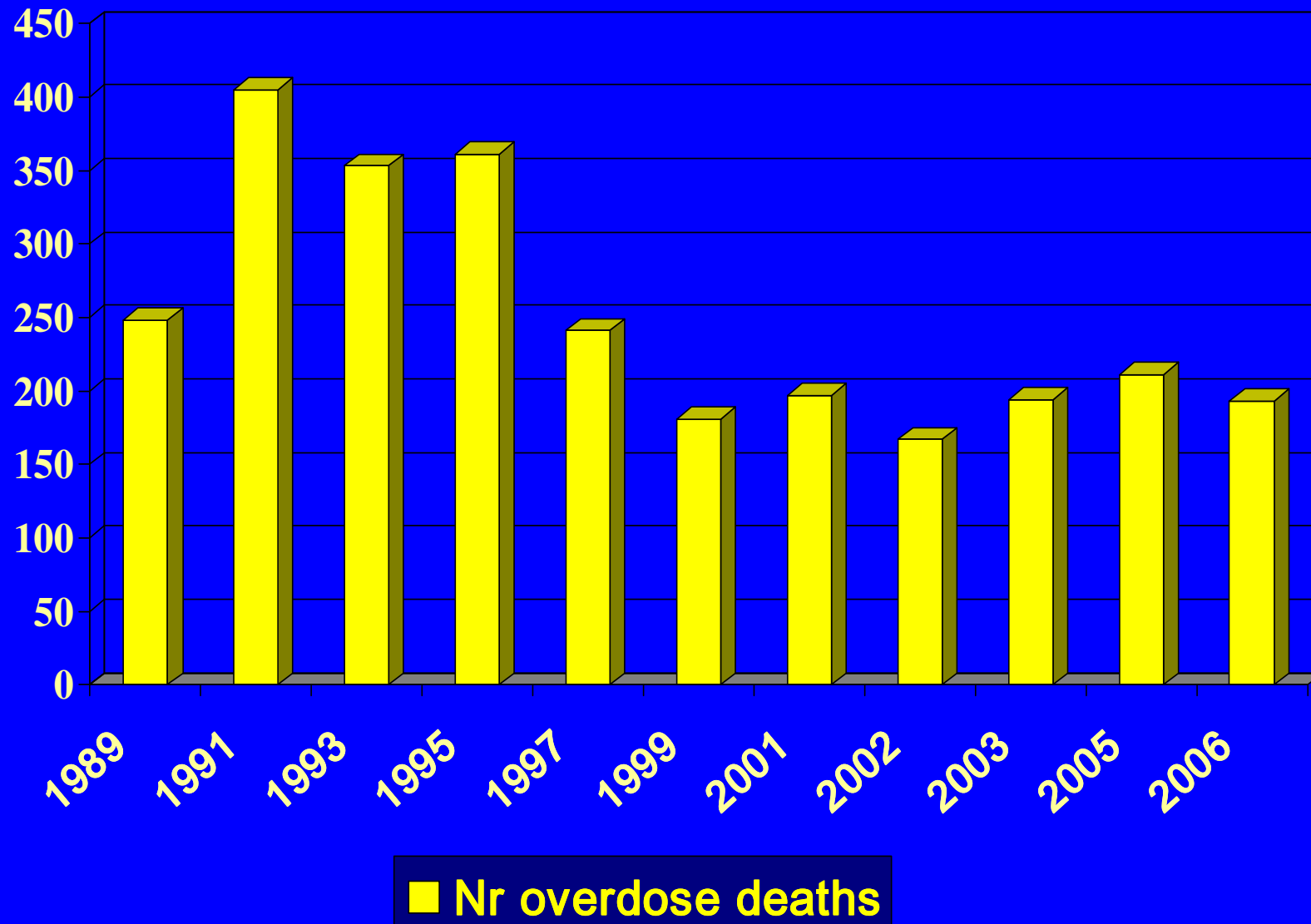
Variables	1993	1996	2000	2006	Signif.
Injecting last 6 months	95 %	95 %	87 %	74 %	***
Years injecting (median)	6	9	12	15	***
Needle sharing last 6 months	17 %	11 %	12 %	9 %	***
Injecting in public	21 %	9 %	9 %	5 %	***

Incidence of new heroin users

(Nordt & Stohler, The Lancet 2006)

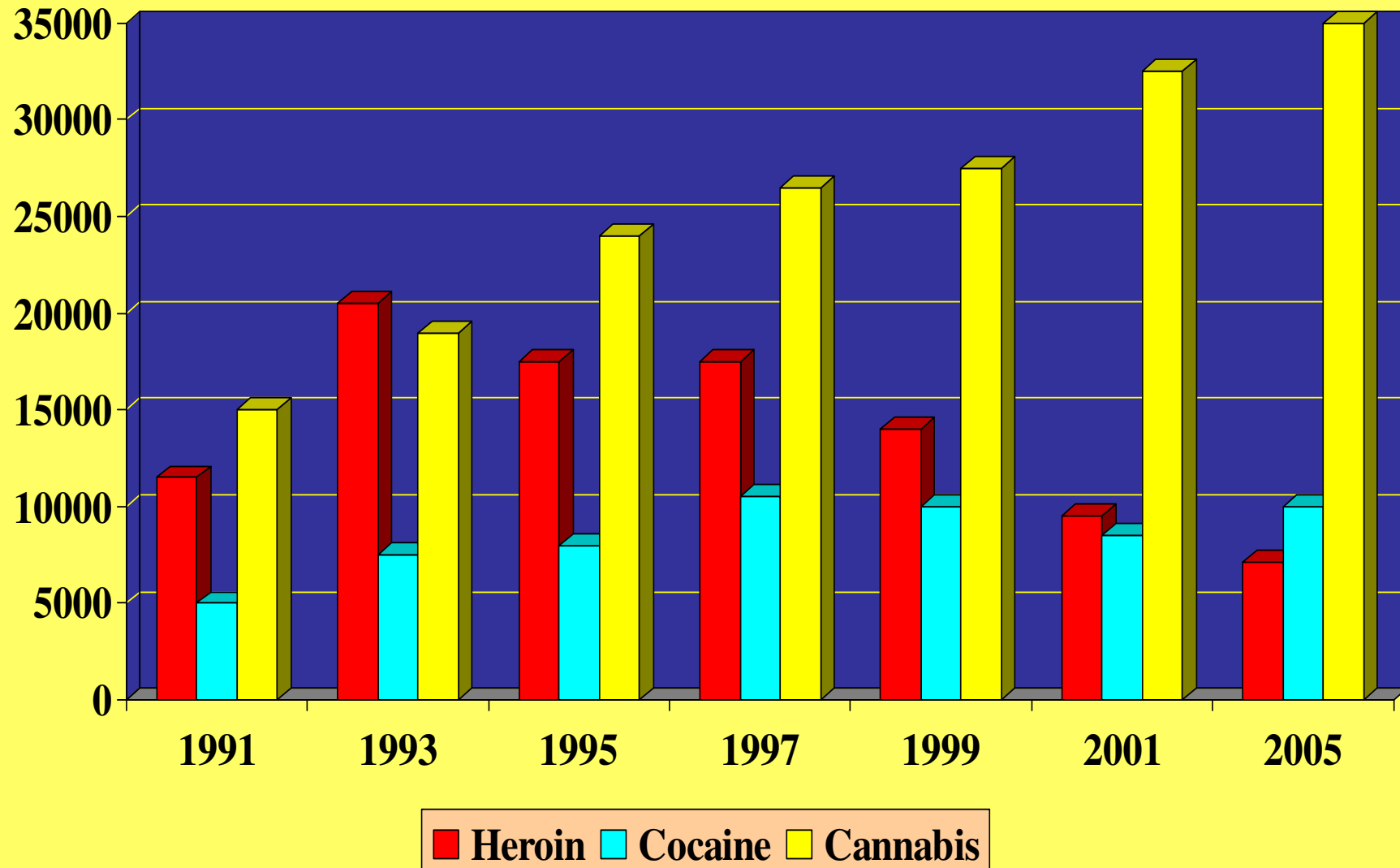


Mortality (Overdose) of Drug Users (Federal Office of Police 2007)



Police notifications for drug use

(Cases per substances used, FOP 2007)



Effects of drug policy : Public order

- **Open drug scenes in cities disappeared; trafficking dislocated to private apartments**
- **Less drug injecting in public places, less visibility of drug users living unattended and in misery**
- **Less used needles and syringes in public places**

Approval of different measures by the population in referenda (% in favour) (Zobel 2004)

	1991	1994	1997
Drug prevention in schools	97	98	98
Range of treatment provided	96	97	96
Prosecution of drug dealers	97	96	95
Sale/distribution of syringes to control spread of AIDS	87	90	89
Heroin or cocaine prescription under medical supervision	67	74	69
Provision of injection rooms	63	76	72
Tolerance for use or sale of small amounts of hashish	42	53	42
Unrestricted sale of hashish and marijuana	29	35	35
Tolerance for use or sale of small amounts of heroin and cocaine	15	17	21
Fine / imprisonment for all drug users	13	10	19
Involuntary detoxification	38	36	40

Conclusions

- HAT can improve health and social conditions of patients, **reduce risk behavior and blood borne infections**
- Improvements **persisted over six years, also after leaving HAT**
- Drug policy and HAT contribute to **lessen heroin related problems at population level**
- > HAT is a **valuable part of an overall treatment system** for opioid addicts and **increases coverage**, specifically directed to addicts with severe problems and to treatment non-responders