**THE BECKLEY FOUNDATION
DRUG POLICY PROGRAMME**

THE SWISS FOUR PILLARS POLICY:
An Evolution From Local Experimentation to Federal Law

*Jean-Félix Savary, Chris Hallam and Dave Bewley-Taylor *

INTRODUCTION

Switzerland, or the Swiss Confederation, assumed its present political shape in 1848 when the Federal system was constituted. The administrative regions of Switzerland or *Cantons* are 26 in number and reflect the country's ethnic and cultural diversity. With a population of over 7.5 million, of which 65% are ethnic German, 18% French and 10% Italian, Switzerland has a long tradition of neutrality and internationalism. It is a major centre of banking and finance, and is possessed of one of the world highest per-capita GDPs.

A distinctive feature of the Swiss political system is its extensive use of the referendum process, with the country consequently regarded by some as "almost a carnival of direct democracy."[1] With this as a backdrop, November 30, 2008, saw the Swiss electorate vote in favour, with a figure of 68%, of ratifying an historic federal law on narcotics. This ratification finally established in legislation the principle of 'Four Pillars', a policy that has been practiced in many Swiss cities since the end of the 1980s, and spread across the country over the following years. The November vote thus represented the definitive adoption of health-oriented measures undertaken fifteen years earlier at local levels to counter many of the issues associated with problematic drug use; measures that included the prescription of opiates (notably heroin) in the treatment of addiction and state-supervised injection centres.

This popular referendum, the results of which took many observers by surprise, put to rest an impassioned political debate that had shaken the country for over twenty years. Further, it highlighted that years of policy 'experimentation' served to convince many sceptical citizens of its worth, particularly in those regions that had initially expressed strong doubts about the heath-oriented approach. Indeed, in November voters from both urban *and* the traditionally more conservative rural areas pronounced themselves strongly in favour of adopting this policy as federal law. This indicated that it has been possible for innovative drug policy to transcend traditional ideological divisions within the country as a whole.

This Briefing paper aims to relate lessons learned by the incremental implementation of the Four Pillars Policy in Switzerland. Initially innovative and centred in 'progressive' urban areas, the Four Pillars Policy spread little by little throughout the nation. Considered politically radical at its inception, the principle of harm reduction[2] gradually gained the support of the population as a whole.

As such, Switzerland's case demonstrates that in certain socio-political settings it is possible for an integrated drug policy centred on health to overcome the ideological imperatives previously motivating governing authorities to adopt a law enforcement-oriented approach. As will be demonstrated here, once implemented in certain locales, the majority of the actively voting Swiss population became convinced by the advantages of the new policy approach in terms of public security, public health and social cohesion. Nonetheless, if the Swiss experience effectively establishes that the population

* Jean-Félix Savary is Secrétaire général of the Switzerland based Groupement Romand d'Etudes des Addictions (GREA). Chris Hallam is an Associate of the International Drug Policy Consortium. Dave Bewley-Taylor is a Senior Lecturer, School of Humanities, Swansea University, UK andAssociate Consultant, Beckley Foundation Drug Policy Programme.

1   Robert J. MacCoun and Peter Reuter, *Drug War Heresies: Learning from Other Vices, Time sand Places,* Cambridge University Press, 2001, p. 279.

2   For an overview of the concept of harm reduction see Neil Hunt, Mike Trace and Dave Bewley-Taylor, *Reducing drug-related harms to health: An Overview of the global evidence.* Beckley Drug Policy Programme.

as a whole can embrace such policies once they have been adopted in certain localities, it also illustrates that it takes time for wider societal attitudes to change.

THE MOVEMENT FOR AN ALTERNATIVE DRUG POLICY IN SWITZERLAND

In common with the rest of the developed world, Switzerland's early drug legislation, which developed over the course of the twentieth century, was focused on suppressing the illegal drug trade. However, from the 1950s onward, drug use become more popular and resulted, from the 1960s, in the increasing visibility of drug users. The use of various substances as a means of affirming identity for a segment of youth likewise helped to enhance the social and political salience of the issue, and contributed to the sense of urgency in declaring a 'war on drugs' at that time.

But simply criminalizing the user proved to be an insufficient response. Aside from the repression of "delinquents", measures were put forward to offer a particular style of treatment. At this juncture, treatment programmes were based unambiguously and exclusively upon abstinence. Residential centres were established, offering support to individuals who wanted to 'get clean.' These institutions had lofty therapeutic objectives, principally concerned with getting off drugs, permanently. As a result, however, only the most motivated drug users were willing to commit to the process; and despite the incontestable successes of residential drug treatment centres, they did not provide a viable solution to the problem, which continued to expand alarmingly. Very large numbers of drug users declined to engage with these forms of treatment. Indeed, in Swiss cities in the 1980s the number of illicit 'drug scenes' exploded and incidents of death by overdose reached several hundred per year.

What was effective for some was evidently not practicable for many others. Despite the establishment of a network of treatment programmes based on abstinence, the human suffering associated with addiction remained apparent in Switzerland's major city centres. Little by little, daily confrontation with the visible reality of drug addiction forced the conclusion that different segments of the drug-using population would require alternative methods and approaches to treating addiction. There was a realization that drug users do not form a homogeneous population and that it was necessary to target appropriate measures at a range of specific problems that were becoming evident. More importantly, the individual's choice (and hence the degree of commitment to adhere to a treatment programme) was also recognised as a determining factor in treatment outcomes.

The tide turns in the late 1980s

The 1980s remain prominent in the collective Swiss cultural memory because of the advent of HIV/AIDS and the problems it caused. The epidemic decimated the population of injecting drug users (IDUs), and over time brought about enduring changes in perspective on drug policy in Switzerland. In the second half of the decade, figures reached alarming levels of infection, with HIV exploding in the IDU population. In 1988/9, half of all new diagnoses related to IDUs[3]. This battle with mortality progressively opened the eyes of those involved in the field. Consequently, more attention was focused on various alternative measures that were being implemented by some communities. One of these was the first injection site, opened in 1982 as an "autonomous centre" (a self-regulated project run by marginal communities). Long before any political endorsement of the principle of harm reduction, drug-using communities organised themselves to provide a space and syringes, which were illegal at that time[4].

Coupled with the health professionals' recurrent questioning of the limited successes of the contemporary drug treatments, the health emergency brought on by the HIV virus forced the abandonment of the traditional perspective based on law enforcement and abstinence-focused treatment. Annie Mino, then Director of the Substance Abuse Service in Geneva, describes this ideological evolution in these terms:

"The suffering that we imposed on our patients by reducing their choices to either painful, inefficient treatments or a return to their illegal, marginal lifestyle was in no way shocking in a 'sacrosanct' context. After all, he who ventures beyond the pale must always pay the price for his folly by suffering and the access to freedom is justified on the day of victory. That was our attitude and we didn't worry about knowing whether or not our patients felt the same way. We literally gave up being doctors, as we gave up on alleviating human suffering. There was indeed an ethical question at the heart of the matter, but it wasn't where we saw it to be. AIDS opened my eyes."[5]

A radical change in perspective was henceforth recognized by many as the way forward. Rather than insisting on abstinence from all forms of intoxicant use as a precondition of treatment, health professional began to recommend a more pragmatic mode of working with these clients. They conceived problematic drug users as occupying a profoundly difficult and conflicted social context; on one side a society that is often intolerant of alternative lifestyles and identity, on the other a psychiatry that, despite recent pharmacological innovations, has a poor

3 1988 : 1'660 new infection (840 among IDUs); 1989 : 1'956 (937 among IDUs). Figuers from the Swiss Office for Public Health (BAG)

4 Moeckli Christian, 1999, « Aide à la survie, réduction des risques : une introduction terminologique sur fond historique », *Dépendances* (Lausanne), n°8 (septembre) : 4-8.

5 Mino Annie, Arsever Sylvie, 1996, *J'accuse : les mensonges qui tuent les drogués* , Paris, Calmann-Lévy

record of accomplishment in assisting people into long-term rehabilitation. In some cases, the use of drugs represents a strategy for the relief of intractable individual suffering, a form of self-medication upon which society may be hard-put to improve.

Harm reduction and changes in attitudes

The belief spread, then, that the approach aiming at total abstinence had to be complemented by another, more pragmatic approach, targeting drug users who could not reconcile themselves to abstinence. There was a growing recognition that this particular segment of the drug-using population, often antagonized by any type of coercive approach, had special needs, which cannot be dealt with solely by using the 'educational' approach.

Thus, as discussed in the following, along with law enforcement, prevention and treatment, a "Fourth Pillar" of risk reduction was added to Swiss drug policy. This approach completely reversed the popular attitude towards drug policy. Instead of concentrating all its efforts on the eradication of drugs, an objective that now appeared endlessly remote, Switzerland opted for a federal law that set out to *manage* its drug problems rather than waging war upon them. This transition was different in the various regions of the country. Urban cantons embraced this policy from the start, while rural areas would need more time to do so. However, over time, all cantons integrated the model into their policies. Faced by the frightening death toll and the desperate situations in which drug users found themselves, the sense of necessity to assist them overwhelmed the objections thrown up by the traditional anti-drug morality. Rather than attempting to enforce abstinence, the goal became to bring this most vulnerable and marginalized of populations within the range of health and social services. An added urgency was introduced to this project by the deadly presence of HIV.

In search of a new language

The first experimental pilot projects were set up by associations, charitable organisations and private individuals. The public sector initially "turned a blind eye" to these activities. In this respect, the Swiss Federal Government structure proved to be an advantage. With three levels of decision-making (federal, cantons and cities), decisions could be taken at local level, where the problems were directly evident . This was the case in Zurich and Bern, where large drug scenes developed in the city centres. Images of those gatherings of drug users (thousands of people, 24 hours a day), with no access to services, were broadcast all over the world by news media. The size of the market made it progressively less practical for police forces to control it, so an alternative management was needed in a country where disorder is abhorrent. The major cities (Zurich and Bern) were, accordingly, the first to accept this new approach and support the community projects that were established. Faced by popular demand to find a way out of the drug crisis,

the usual authorities, including politicians and professionals, were unable to offer solutions. The cities with the largest drug scenes thus followed the methods initiated by these pioneering projects[6]. The cities then influenced opinion in their cantons and, little by little, a majority was formed at a national level. At the local level, different stakeholders began to try to work together. In order to do so, community organisations, social workers, doctors, and even the criminal justice sector, now had to cooperate to find practical solutions. All these players, thinking and acting beyond the previous set of norms, were compelled to invent a new language in order to understand each other. A concept was needed that could encompass all the differences they represented. The *Four Pillars model* was born in this context. This stage—the formulation of a common idea—was perhaps the most important element of the process[7].

With the logic of the process thus established, the early 1990s saw the Swiss Federal Government take the first steps towards establishing a new national drug strategy. Studies examining the early fieldwork showed positive results. This helped reconcile both the conservative wing of the then-ruling coalition, which sought improvements in public security, and the progressive politicians and parties, who were looking for greater social inclusion. A powerful coalition was then formed around the issue[8]. The government parties agreed to follow a new course. The Four Pillars policy was the result and it henceforth received active support from the central government.

THE FOUR PILLARS; BETWEEN POLITICS AND PUBLIC HEALTH

In an official document dated September 7, 1994[9] and entitled "The Position of the Federal Council on Current Problems Related to Drugs," the Swiss government defined the Four Pillars as constituting the foundation of its national drug strategy. It confirmed its decision to follow the 1989 report[10] of the "Swiss Federal Commission for Drugs Issues" (EKDF),[11] in which this strategy was named. The new model took into account the existing UN international drug control conventions

6   Kübler Daniel et Wälti Sonja, 2001, « Drug Policy-Making in Metropolitan Areas: Urban Conflicts and Governance », *International Journal of Urban and Regional Research. 25(1). pp. 35-54.*

7   Kübler Daniel, 1999, « Ideas as catalytic elements for policy change. Advocacy coalitions and drug policy in Switzerland » in: Dietmar Braun, Andreas Busch (eds). *Public policy and political ideas*, pp. 116-135. Cheltenham : Edward Elgar

8   Kübler Daniel, 2001, « Understanding policy change with the advocacy coalition framework: an application to Swiss drug policy », *Journal of European Public Policy.* 8(4). pp. 623-641.

9   Federal Council, 1994, « Position du Conseil fédéral sur les problèmes actuels liés à la drogue », Bern

10   Eidgenössische Kommission für Drogenfragen (EKDF), 1989, « Aspekte der Drogensituation und Drogenpolitik in der Schweiz (1989) », Switzerland : Swiss Federal Office of Public Health (BAG)

11   http://www.bag.admin.ch/themen/drogen/00042/00624/00625/00791/index.html?lang=de

of 1961, 1971 and 1988 by remaining within the general prohibition framework—drugs remain illegal and commerce and consumption are prosecuted. But an important new elements was added: the principle that drug users who are unable to break the cycle of compulsive consumption continue nonetheless to have rights which address their specifically marginalized status. The first of these is to stay alive.

In the early 1990s, the open drug scenes, particularly those at the Platzspitz and the Letten in Zurich, posed a serious threat to public order and security. They simultaneously illustrated the breadth of the drug problem and—importantly—contributed to bringing about a growing consciousness in the general public, at both national and international levels. Switzerland's cities, cantons and the Swiss Confederation combined their efforts in setting up a model based on Four Pillars—prevention, therapy, risk reduction and enforcement—to which innovative measures, such as drug treatments using prescription heroin, were added. These efforts enabled the closure of the 'open drug scenes' that were prominently visible in the larger urban centres. As of the Second Swiss National Conference on Drugs of 1995, the Four Pillar policy was confirmed and put into practice.

First and foremost a political concept
With the concept of a Four Pillar strategy, Switzerland equipped itself above all with a political instrument having the capacity to rally a large majority of the stakeholders concerned. The innovation of the Four Pillar model is as much in the concept itself as in the concrete measures taken.

Developing a simple metaphorical model of a complex problem had important political repercussions. As a model composed of contradictory components, it allowed each player to recognise their work and vision in a unique concept. Conceived to respond to the major social health problems of drug use, the model allows for innovations within the context of prohibition. Indeed, by staying within the prohibition oriented international drug control treaties, it was able to reassure conservative forces. At the same time, it acted as a showcase for emerging harm reduction approaches by presenting them to the public as one part of a broader framework. Harm reduction measures, generally the most difficult for public opinion to support, were not isolated from the rest of the traditional approach. The pillars of enforcement and treatment were always juxtaposed within this metaphor.

The structure of costs likewise indicates a certain continuity with prior arrangements. One can observe the relatively small importance of the harm reduction pillar (Aide a la surve) compared to law enforcement (See figure 1). However, it must be noted that the prescription of methadone or heroin is only used as a means to achieve rehabilitation (social and

psychological rehabilitation, first and foremost) and not as a means of addiction maintenance.
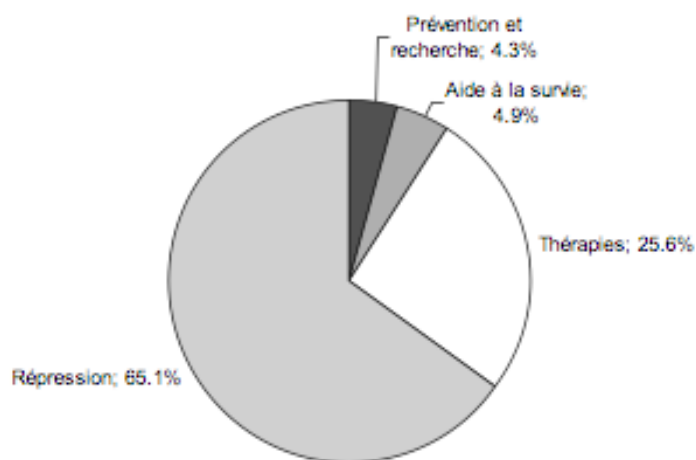

Figure 1. Distribution of government spending on drug policy[12] (2000)

This rhetorical pragmatism, which combined orthodox control measures with specialized social services for drug users, allowed both security and 'socio-medical' constituencies to adopt the same position. The homogeneous position taken by both the State and professionals in the field on drugs matters allowed a large coalition to form in favour of the strategy, despite numerous political attacks during the 1990s (i.e.: Initiative "Jugend ohne Dogen" and "Droleg" [13]).

The Four Pillars policy- a bottom-up process
Even though the initial measures rapidly produced the desired effects in urban areas where drug scenes were the most visible, and hence intrusive, the measures remained in the forefront of Swiss popular debate. Drug-related questions remained amongst the foremost political priorities of the Swiss population[14]. A large minority of the public remained sceptical about harm reduction, predominantly in the French-speaking region and some rural cantons. Furthermore, a continual war of attrition was being waged amongst networks of professionals working in health and related sectors. Proponents of abstinence and proponents of harm reduction were in frontal opposition

12 Jeanrenaud C., Widmer G, Pellegrini S, 2006, *Le coût social de la consommation de drogues illégales en Suisse*, Neuchâtel : Université de Neuchâtel, http://www2.unine.ch/webdav/site/irene/shared/documents/Drogue_rapport.pdf

13 In the 90's, two 'popular initiatives' on drugs were proposed to the Swiss population (a 'popular initiative' is a vote that is requested by 100,000 signatures of Swiss citizens). One was very repressive (Jungend ohne dogen) and asked for the return of a strict repressive approach, and the other one (DroLeg) proposed a model for general drug legalisation.

14 From 1988 to 1994, according to the polling institute GFS (Bern), around 70% of the population see « drug consumption » as a major political problem.

in some areas. As both arguments have their strengths, the tension remained extreme between the logic of enforcement and that of public health. The theoretical model of the Four Pillars still needed to be integrated by the players involved. Switzerland had a pragmatic drug policy in place, but the nation was still partly divided on the issue. Numerous referenda and popular votes were held during these years, with significant discrepancies between results in rural and urban areas as well as between 'linguistic' regions (especially between the two main regions of German and French speakers). The national consensus was entirely due to the voice of the urban voters in major cities and their demographic superiority. Consequently, the Swiss population accepted continuing pilot projects involving heroin prescription as a treatment method in 1999[15].

Even if this theoretical model helped to reflect on the problem, the difficulty obviously lay in its practical application. For the sake of coherence, the principal players had to appropriate it and make it their own. The major innovation (the necessary cooperation between *enforcement* and the other pillars) had still to find its translation into practice. As the Office fédéral de la santé publique (Federal Office for Public Health) noted in 1995, "The Four Pillars must not be considered as so many isolated intervention methods, as there are multiple interactions between them. These diverse measures should hence be further considered from the vantage points of the various pillars and adapted in the most efficient way possible, taking into account different objectives."[16] And herein lies the sensitivity of Swiss drug policy. As Maurer Esther points out, its efficiency is directly tied to constantly renewed understanding and open communication between players in the field.[17]

The successes and limitations of the Four Pillar policy
Switzerland's progressive implementation of the Four Pillars policy resulted in a significant decrease in problems related to drug consumption. The rise in heroin consumption, by far the greatest problem in the late 1980s, was halted and has steadily declined since the early 1990s. According to *The Lancet,* the

number of new heroin users in Zurich plunged radically (from 850 new users in 1990 to 150 new users in 2005.)[18] This was a favourable trend relative to other western states during the same period. (See figure 2)
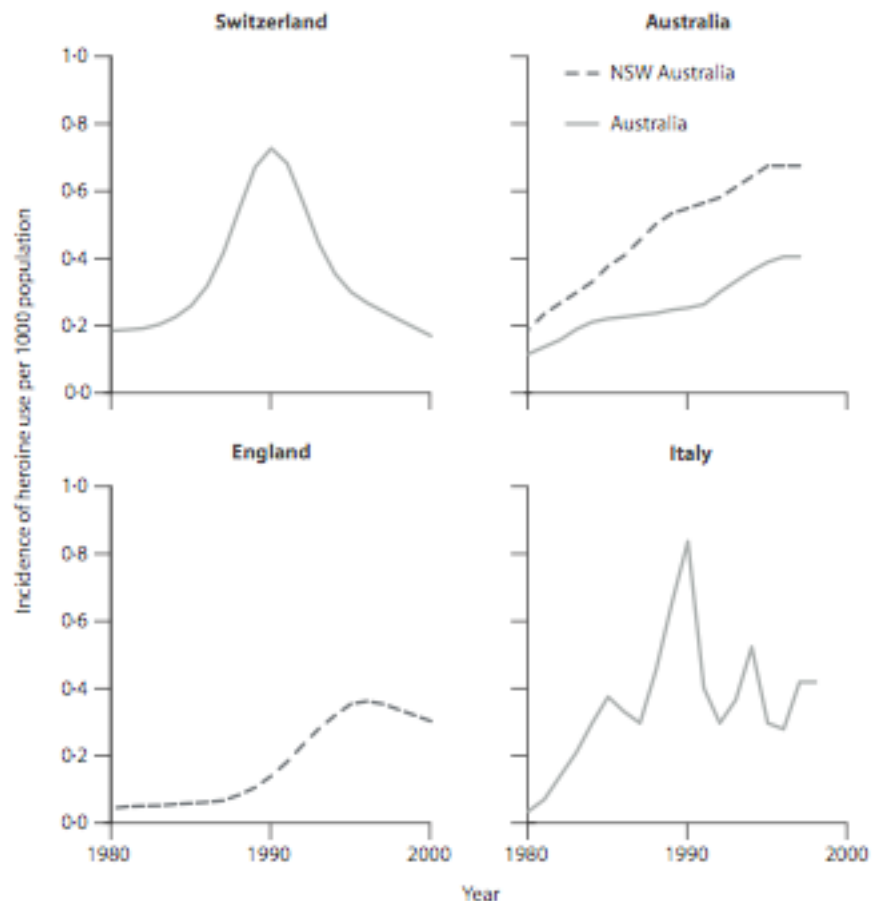

Figure 2: Comparison of heroin consumption in various countries[19]

The introduction of the Four Pillars strategy also brought about a significant reduction of deaths directly attributable to drug use, such as overdose (OD), and of deaths indirectly related, such as HIV and Hepatitis. Between 1991 and 2004, the drug related death toll fell by more than 50% (See figure 3). Additionally, levels of drug-related HIV infection were divided by eight within ten years.

15 Eisner, M. 1999, 'Determinants of the Swiss Drug Policy ; The Example of the Heroin Prescription Programme'. *Déviance et société*, 23(2), 189–204.

16 Swiss Federal Office of Public Health (BAG), 2005, *Troisième programme de mesures de la Confédération en vue de réduire les problèmes de drogue (ProMeDro III) 2006−2011*. Bern : BAG

17 Maurer Esther, 2006, « La collaboration entre les quatre pilliers est le b.a.ba de la politique drouge », SPECTRA, 59

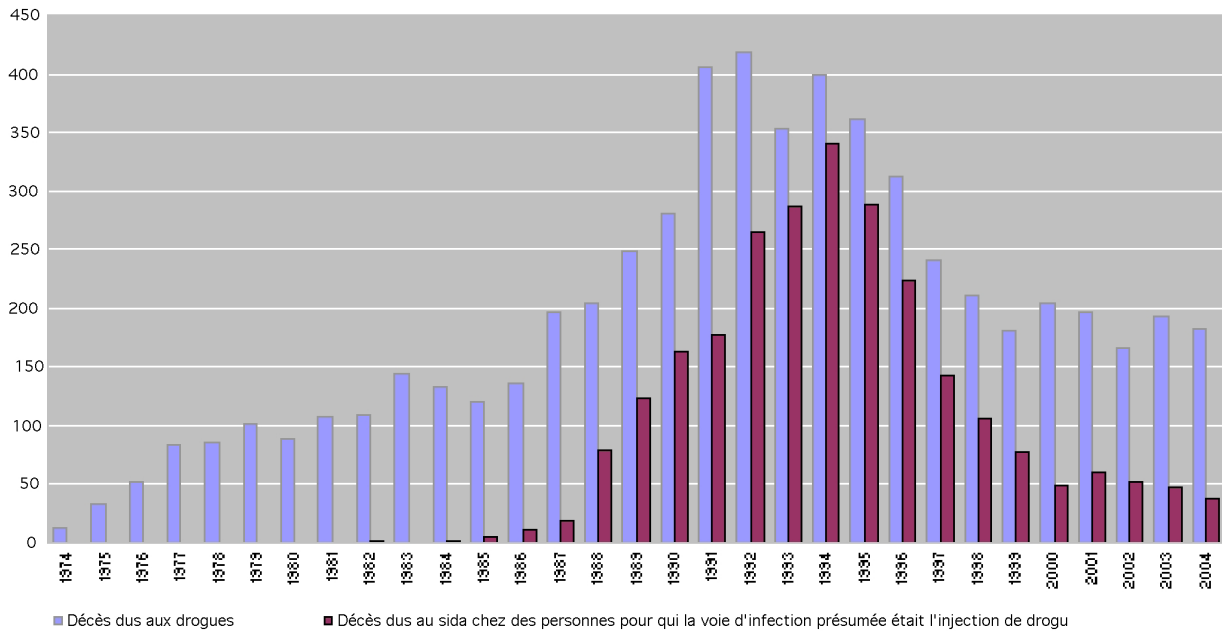18 Nordt C. et Stohler R, 2006, « Incidence of heroin use in Zurich, Switzerland : a treatment case register analysis », The Lancet, 367,http://www.thelancet.com

19 Ibid

6

Figure 3: *Deaths due to drug use in Switzerland from 1974 to 2004* [20]

Key - Purple indicates deaths due to drug use. Red indicates deaths due to AIDS in people who were presumably infected by injecting drugs.

Furthermore**,** the number of drug users in treatment rose sharply, indicating that more and more people were choosing to engage in a 'rehabilitation dynamic' (See figure 4.) The broadened choice of therapeutic options (including drug substitution) brought about a rise in the number of clients for treatment. Even more encouragingly, it was precisely the most problematic drug users, those who had not accessed abstinence-focused treatment, who entered alternative treatment programmes in large numbers[21]. From 1987 to 1994, the numbers in methadone treatment rose from 1,800 to 14,000 annually[22]. By setting attainable, incremental goals, it became possible to improve health and social conditions, to work on motivation and to aim for progressively higher goals. The role of the professionals in the field was to accompany and guide the addict through these stages, assisting the individual in treatment, gradually helping them to build up the resources to attain autonomy.

Figure 4: Evolution of treatments using methadone prescription[23]
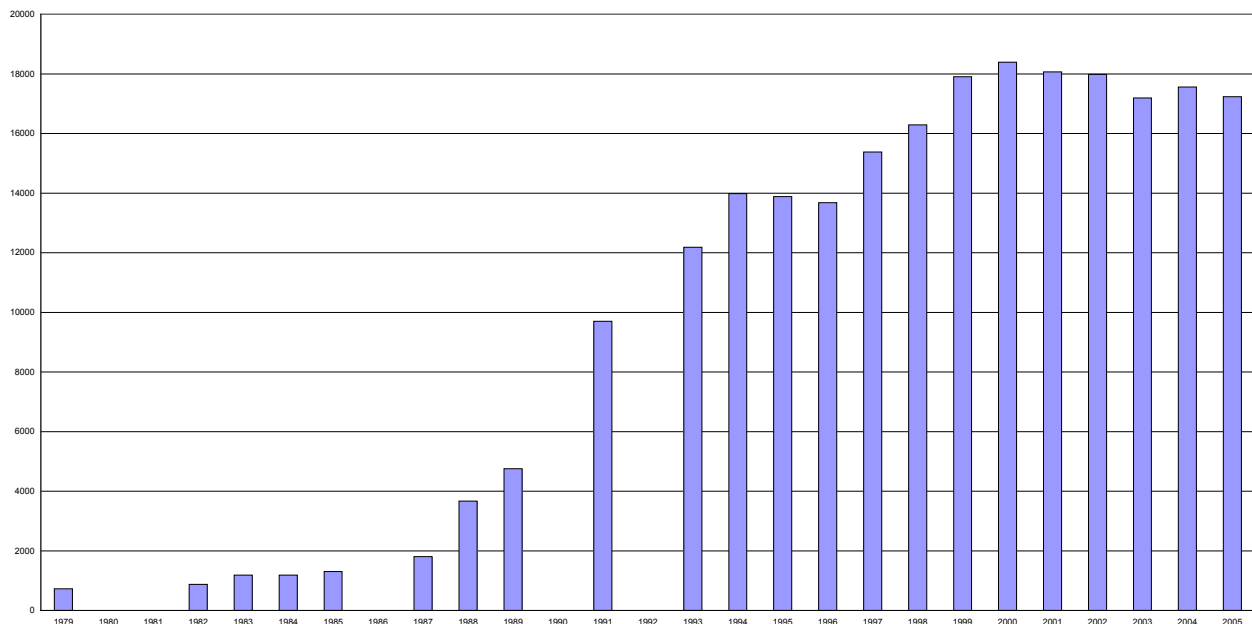
20   Swiss Federal Office of Justice & Police (DJP) for death due to drug use and Swiss Federal Office of Public Health (BAG) for d*eaths due to AIDS in people who were presumably infected by injecting*

21   For a full discussion see MacCoun,R. & Reuter, P., *Drug War Heresies: Learning from Other Vices, Times and Places,* Cambridge University Press, 2001.

22   Gervasoni JP., Dubois-Arber F., Benninghoff F., Spencer B., Devos T., Paccaud F., 1996. « Evaluation des mesures de la confédération destinées à réduire les problèmes liés à la toxicomanie. Deuxième rapport de synthèse 1990-1996 », Lausanne, Institut de médecine soiale et préventive.

23   Swiss Federal Office of Public Health (BAG)

The determining factor encouraging political actors to throw their weight behind the drug policy was the issue of order and public security. Indeed, it has been estimated that "between 1992 and 1995, in Zurich, three quarters of purse-snatchings and one third of the burglaries were motivated by the need to find money for drugs."[24] In due course, a significant decrease in drug-related crimes was observed that could be attributable to the more active and inclusive approach towards drug users. Within the framework of heroin prescription programmes, the figures are even more positive. Aebi, Ribeaud and Killias noted in 1999 study that, "Not only is the number of drug-using delinquents falling, but so is the number of drug-related crimes. We are even recording a 90% reduction in the frequency of crimes against property and hard-drug trafficking committed by drug users on heroin prescription programmes. Decreasing crime rates included an 85% reduction in cases of shop-lifting and a 76% fall in the sale of hashish."[25] As the 1999 study observed,

Heroin prescription removes the pressure caused by the need to find money to buy drugs. After one year of treatment, patients report a 100% drop in criminal behaviour (mostly burglary) and an 83% drop in the sale of hard drugs. The downwards trend progresses over time…These facts are further supported in the approximately 80% decrease in criminal offences, along with a 50% decrease in the length of prison sentences. According to police files, the percentage of incidents of delinquent behaviour by drug users following a heroin-prescription treatment fell by 40% and the number of crimes committed (by drug users) fell by 60%.[26]

By renewing ties with the marginalised population of drug users, the Four Pillars strategy also seems to facilitate a certain number of social improvements, for example in terms of work, accommodation and social networking. These measures will not be analysed here, but the difficulty in finding solutions to the social problems incurred by the lack of respect for alternative lifestyle and life- choices is worth mentioning[27]. However, it should also be born in mind that as the global economy contracts and employment opportunities for other sections of the population are reduced, social security provision is coming under increasing pressure.[28] There is, therefore, a real danger that support for problematic drug users will decline. While the pharmacological approach is obviously far less costly, evidence suggests that it cannot work alone. The social element of harm reduction consequently must always be singled out as a key dimension of any drug policy with rehabilitation objectives[29]. In order to move away from patterns of compulsive drug-using and offending, people need frameworks around which new lifestyles can be constructed. Rich social interaction, decent housing and meaningful employment from which alternative sources of satisfaction and value can be obtained are integral to the success of such attempts to build new lives.

The strong social stigma attached to addiction renders social integration difficult and tends to work against efforts and progress made on a therapeutic level. Access to work and housing can represent enormous obstacles for people seeking social recognition. The Four Pillars policy reveals its limitations in these social constraints. If access to housing, employment and social welfare benefits is made too difficult, this could have a negative impact on reintegration into social life and therefore make long term recovery efforts more difficult to achieve. Harm reduction and treatment cannot underestimate such factors if full and genuine rehabilitation is the goal. The responsibility of rehabilitating problematic drug users belongs to the society as whole, in that it should offer the maximum flexibility to allow lifestyle differences to be expressed in a constructive way.

2008: ANCHORING THE FOUR PILLARS IN SWISS FEDERAL LAW

Despite the majorities obtained throughout the 1990s votes on drugs and the measures implemented in the field, Switzerland had difficulty adopting a law to anchor the policy at a Federal level in the early 21st Century. The approval of pilot trials and experiments did not simply lead to the acceptance of the measures as a long-term policy. Indeed, several attempts to revise the "Law on Illegal Drugs" failed in Parliament, notably in 2003 and 2004.[30] At this time there were concerns among supporters of the Four Pillars approach that ground would be lost. The period coincided with the spectacular rise of the far right party, UDC/SVP, which became the nation's leading political force in Switzerland and was strongly opposed to the policy. Nevertheless, in 2008, a third parliamentary endeavour succeeded and the 1951 LStup/BtmG was revised on March 19, 2008 to (permanently) enshrine the legislation in Swiss Federal law.

24 Killias M. et Uchtenhagen A., 1995, Méthodologie de l'évaluation des essais suisses avec prescription médicale d'opiacés sous l'angle de la délinquance: l'accès sous contrôle médical à l'héroïne réduit-il la délinquance des toxicomanes?,Bulletin de criminologie, 21

25 Aebi, M. F., Ribeaud D., Killias, M., 1999. 'Prescription médicale de stupéfiants et délinquance. Résultats des essais Suisses.' *Criminologie*, vol. 32, n.2.

26 Ibid.

27 OSEO (Œuvre Suisse d'Entraide Ouvrière), 1997, Du travail et un logement pour les personnes évoluant dans le monde des drogues illégales. Fribourg, OSEO

28 Defis et perspectives pour la réduction des risques, journée d'experts, 2006, Infodrog, Bern

29 Lindenmeyer Hannes, Rafeld Annette, Steiner Verena, 1994. *Du travail et un logement pour les personnes évoluant dans le monde de la drogue*. Bern : OSEO

30 Y. Boggio, La vérité est sous le tapis, Revue Dépendances, ISPA/GREA, n°25, mai 2005.

However, the parliamentary vote was immediately countered by a call for a public referendum; once again, the Swiss people would determine the political future of the Four Pillars policy. This time, the entire strategy was in jeopardy. Those who had worked to establish the programme feared that the referendum would see Switzerland abandon its drug policy after years of struggling to get it accepted. These concerns were sharpened by the fact that the sense of urgency so prevalent in the 1990s had evaporated in the early twenty-first century, partly, indeed, as a result of the successes of the Four Pillars strategy in removing from Swiss cities the chaotic open drug scenes. Governmental political parties feared that without the feeling of urgency that was dominant in the 1990s, the population would not support the Four Pillar model's innovative and pragmatic solutions at the polls.

This turned out to not be the case. While rejecting a proposal to depenalize cannabis (See box 1), the Swiss people decided, by an even greater margin than in previous votes, to anchor the Four Pillars policy in Federal law. They proved to be massively in favour, with more than two-thirds voting in support and bringing into law the measures undertaken earlier.

Significantly, as noted above, all the regions voted for this new law. Originally centred in the cities, over the course of time the wave of support for the measure grew to become the majority position in the most rural areas. The most sceptical regions, such as French-Switzerland, eventually backed the policy by large numbers. Thus, after a twenty-year struggle, Switzerland finally took the step to shift the Four Pillars approach from the status of pilot and temporary measures to coherent long-term drug policy.

BOX 1: THE 2008 REFERENDUM: HARM REDUCTION, YES; CANNABIS DEPENALIZATION, NO

On November, 30th 2008 the Swiss population was also asked to vote on cannabis depenalization. The proposal was to withdraw from the present prohibitive system and enable a regulated cannabis market. After nearly 20 years of debate on the issue, this vote closes a political cycle wherein the depenalization of illegal drugs was long viewed as the logical conclusion of Swiss drug policy.

Switzerland, like many other countries, began penalising drug consumption (including cannabis) relatively late. Initially concerned with fighting drug trafficking, Swiss law did not begin prosecuting consumers until the late 1960's, following a decision by the Federal Tribunal that tied consumption to possession (which was punishable by law). The law was revised in 1975. From that date, penalisation of cannabis became the norm and anyone caught in possession was brought before the court.

With the rise of cannabis consumption in the general population during the 1980s, serious practical problems began to appear. Although the social and health consequences of cannabis consumption are far less of an issue than those of heroin, cannabis became the focal point of police resources. In this same period, the early results of the Four Pillars policy demonstrated the advantages of a balanced drug policy spread. Heroin consumers were no longer consistently pursued, yet instead of increasing, consumption levels tended to fall[31].

It became widely accepted that repressive measures are not effective at reducing demand. Problematic consumption could even be proportionally reversed, confirming comparative observations in Europe on the subject. Furthermore, in the 1990s more than 30,000 penal decisions (fines) each year were related to cannabis, or more than three-quarters of all drug-law infractions. This was expensive and blocked up the judicial system. Meanwhile, cannabis consumption continued to rise.

In these circumstances, the question of the policy's effectiveness became increasingly pressing. A consensus within government supported drug depenalization, particularly following the suggestions of the Drug Commission, the Eidgenössische Kommission für Drogenfragen (EKDF), in 1999[32]. However, this suggestion remained unpopular with the general public, as drugs were associated with negative values and antagonised the Swiss population. The Swiss political process is so slow and complex that it took some time for the government to propose a law on this issue. This was done in 2001. The Federal Council, in tandem with the revision of the Law on illegal drugs (see main text), proposed the depenalization of cannabis use.[33] The proposal went so far as to reach beyond basic depenalization and establish market controls (limits on availability, THC level, etc), but remained compatible with the international conventions.

Accepted by the Chamber of Cantons, the text was twice refused in the People's Chamber. The last refusal, on June 14th, 2004, marked the peak of a popular assault on

31   Cohen, P., & Kaal, H., 2006, The irrelevance of drug policy : Patterns and careers of experienced cannabis users in the populations of Amsterdam, San Fransisco and Bremen, Amsterdam, NL, University of Amsterdam, Center for Drug Research

32   Eidgenössische Kommission für Drogenfragen (EKDF), 1999, « Cannabisbericht », Bern, Switzerland, Swiss Federal Office of Public Health (BAG)

33   Conseil Fédéral, 2001, Message concernant la révision de la loi sur les stupéfiants (01.024), Bern, http://www.admin.ch/ch/f/ff/2001/3537.pdf

cannabis, in the course of which it was signified as the cause of all the country's social ills. This was the period in which consumption reached its highest level. In 2002, 46% of young boys in Swiss schools had consumed cannabis at least once (compared to 12% in 1986)[34]. Numerous hypotheses were debated in the scientific community, as speculative links between mental health problems and cannabis consumption entered the political debate. A full blown 'moral panic' ensued; while other drugs were seen as being under relative control, Switzerland's social fears were concentrated entirely upon cannabis.

However, following this failure in Parliament, there remained a coalition willing to continue the drive for depenalization, based on the Federal Council's proposals, by launching a federal initiative (a petition of 100,000 signatures submitted to bring the issue to a popular vote). This group consisted of a coalition of government parties, from both the right and left, public health professionals and people from the hemp industry (consumers and producers).

Another four years were to pass before the vote of November 30th, 2008. Public attention being focused on the more general issue of the Four Pillars policy—to be voted on the same day—meant that the cannabis debate was largely relegated to the background. In the event, only 38% voted in favour of depenalizing cannabis possession.

This low vote came as a surprise to those campaigning in favour; after an early politicization of the debate, the scientific community had adopted a more reasoned tone. The Drug Commission (EKDF) brought out a new report on the social and health problems linked to cannabis use[35]. It confirmed the previous assessment made some twenty years earlier, and refuted any major change in the nature of the scientific evidence. Though use of the substance remained problematic, exaggerated and politically driven claims of its extreme danger were deemed unfounded. Notably, occasional cannabis use appeared to pose no particular problems. A study of more than 5,000 students at the University of Lausanne even showed that the group of occasional users who used no other substances had better grades than those who abstained from all drugs[36].

Overall, cannabis-related mental health problems had diminished, probably as a result of early intervention methods that were established from the beginning of the century. In 2006, the percentage of 15-year-old boys who

had consumed the drug fell to 34%[37] (compared to the 48% in 2002). The measures taken in the field seemed particularly effective. Centred on early detection and the directing of youth towards the services appropriate to their needs, several innovative programmes registered favourable results[38].

Faced by these positive changes, much of the tension was removed from the social and political context of the debate. A study conducted by the University Hospital of Lausanne of inter-disciplinary panels of professionals (teachers, police, doctors, social workers) confronted with cannabis consumption clearly showed this trend[39]. Between 2004, 2006 and 2008, the trend is very clear. It is characterised by the following elements:
–   The progressive establishment of efficient local response teams for the problems tied to cannabis use (rules, protocols and early detection).
–   A fall in the sense of urgency on cannabis-related problems, which had disappeared as a priority in 2008.
–   The displacement of concerns about cannabis by problems related to alcohol and violence, as well as dependencies on computers and the Internet.

Hence the results of these panels tended to show that the issue of cannabis was stabilising and was no longer considered to be a problem in itself. Prohibition, however, remained the recognised system, although the efforts to pursue consumers appeared obviously ineffective. The negative result of the cannabis vote by the Swiss people may appear paradoxical against this background. However, an hypothesis can be put forward to explain this apparent anomaly.

As health concerns over cannabis use eased, the cannabis debate was transferred onto social and political territory, on which beliefs as to the rights and duties of individuals were dominant. In the context of the return of conservative politics that marked the years following 2000, deviant behaviour has generally been managed in a repressive fashion. The massive 'yes' vote in respect to the Four Pillars policy demonstrates that, where serious threats to public health are perceived, pragmatism can override moral considerations. In the absence of such a threat or its perception, Swiss public opinion remains unready to abandon the morality that underpins the prohibitive approach to illicit drugs.

34   Schmid H, Delgrande Jordan M, Kuntsche E, Kuendig H, Annaheim B, 2007, Health Behaviour in School-aged Children (HBSC), Lausanne, ISPA.

35   Eidgenössische Kommission für Drogenfragen (EKDF), 2008, « Cannabis 2008: Lagebeurteilung und Empfehlungen der Eidgenössischen Kommission für Drogenfragen », Swiss Federal Office of Public Health (BAG), Bern, Switzerland

36   Suris J. C.; Akre C; Berchtold A; Jeannin A; Michaud PA, 2007, Some Go Without a Cigarette: Characteristics of Cannabis Users Who Have Never Smoked Tobacco, Archives of Pediatrics and Adolescent Medicine.

37   Schmid H, Delgrande Jordan M, Kuntsche E, Kuendig H, Annaheim B, 2007, Health Behaviour in School-aged Children (HBSC), Lausanne, ISPA.

38   Romailler M, Michaud PA, Graap C, Alcala A, Khosrov P, Stéphan P, Stachel R, Bolognini ; 2009 ; « Départ : un exemple de prise en charge interdisciplianire et en réseau auprès d'adolescents consommateurs de cannabis » ; in Chinet L, Streel E, 2009, « Cannabis, approches thérapeutiques contemporaines », Bruxelles , De Boeck

39   Arnaud S, Gervasoni J-P, Schnoz D, Dubois-Arber F., Vuille J, Killias M; 2009; Monitoring de la problématique du cannabis en Suisse : étude sentinelle : compte rendu. Lausanne : Institut universitaire de médecine sociale et préventive ; Institut de criminologie et de droit pénal de l'Université de Lausanne.

Table 1[1] - *Comparison/Results of popular votes held on June 13, 1999 and November 30, 2008*

	OUI en % 13 June 1999*	LSTUP (OUI) 30.nov.08	Difference	Progression
Suisse **Switzerland**	54.4	68.0	13.6	24.94%
Zurich	62.8	72.3	9.5	15.18%
Berne	53.3	69.3	16.0	29.95%
Lucerne	54.7	70.5	15.8	28.86%
Uri	51.0	64.2	13.2	25.82%
Schwytz	48.8	62.3	13.5	27.72%
Obwald	52.7	64.3	11.6	22.06%
Nidwald	51.2	70.1	18.9	36.81%
Glaris	46.7	65.3	18.6	39.85%
Zoug	62.7	71.9	9.2	14.61%
Soleure	57.4	69.6	12.2	21.15%
Bâle-Ville	69.2	76.2	7.0	10.10%
Bâle-Campagne	64.9	74	9.1	13.97%
Schaffhouse	53.8	65.6	11.8	22.02%
Appenzell Rh.-Ext.	49.9	67.9	18.0	35.97%
Appenzell Rh.-Int.	45.5	65.7	20.2	44.24%
Saint-Gall	51.5	67.7	16.2	31.51%
Grisons	57.1	70.2	13.1	22.87%
Argovie	52.6	69.3	16.7	31.65%
Thurgovie	49.8	64.5	14.7	29.50%
German CH	54.5	68.5	14.0	25.59%
Tessin	50.5	63	12.5	24.70%
Fribourg	45.2	66.1	20.9	46.15%
Vaud	42.8	56.8	14.0	32.82%
Valais	35.4	60.6	25.2	71.41%
Neuchâtel	42.0	64.4	22.4	53.43%
Genève	59.0	74	15.0	25.41%
Jura	49.1	64.3	15.2	31.02%
Latin CH	45.6	64.4	18.8	41.26%

1 Table drawn from Swiss Federal Chancellory. Last visited 30.04.09 http://www.admin.ch/ch/f/pore/va/vab_2_2_4_1.html

Comparison with the 1999 vote on heroin prescription

As mentioned earlier, the Swiss electorate had already voted on the issue of drug policy, and it is instructive to examine how levels of support for the health-oriented approach changed over time. The most appropriate comparison to the 2008 referendum is the 1999 vote on heroin prescription. This measure became the focus for critics and a very tough campaign took place at that time. Its comparative relevance lies in the fact that it returned to the centre of the debate in 2008, as opponents once again focused their efforts on the issue of heroin prescribing.

The following observations can be drawn from the data in table 1.

1. In 2008 all the cantons accepted the Four Pillars policy, from the most rural areas to the urban centres, both Catholic and Protestant. German-Swiss, French-Swiss and Italian-Swiss all agreed, thus overcoming traditional ethnic schisms.

2. In 2008 all the cantons gradually leaned towards a 'yes' vote and favoured the Four Pillars strategy over time. The least progress in favour of the measure, that in Basel-City, was still 10%, while the greatest increase was in Valais, a mountainous and notoriously conservative canton, where support for the Four Pillars policy rose by up to 71%

3. The cantons which showed the most reticence toward heroin prescription in 1999 were those which proved to have the biggest margin of favourable opinion and tended to catch up with the big cities. This progress was particularly marked in French-Switzerland.

4. It was the cantons of Zurich, Basel and Geneva, where the most significant harm reduction measures were in place and salient drug-substitution programmes (methadone, buprenorphine, and heroin) were well established, that garnered the most approval for the Four Pillars policy.

This seems to confirm a hypothesis made regarding Swiss drug policy, which is that it is through the population's concrete experience with the approach that political support can be generated amongst the voting public[40]. The ethical dilemmas seemed to be easier to overcome once the results of one or another measure could be directly observed by voters. In addition to the existence of a large coalition and the conceptual framework to enable it, time and experience are needed. The Four Pillars policy on drugs is a complex political issue and evidence suggests that popular support has only been attained through experience and by familiarising the population with the approach. Consequently, the evolution of Swiss drug policy can be viewed as a succession of pilot experiments, initially implemented on a small scale, then gradually expanded, and which, once established, were supported and subsidized by the authorities[41]. It was only in the third phase, following the general public's direct experiences with the measures, that a significant political consensus could be reached.

CONCLUSIONS

After twenty years of engagement with integrated drug policies, Switzerland has recently moved from a temporary and makeshift approach to managing problematic drug use to a truly long-term public policy instrument. Aside from the many positive results attributed to the Four Pillars policy at an operational level, what other conclusions can be drawn from this evolutionary process?

- *The Four Pillar Policy as a primarily political concept* - The measures taken in Switzerland to address the negative aspects of problematic drug use are not particularly unusual, especially compared with what has been implemented before in countries like the UK or the Netherlands. Indeed, supervised injection centres and drug-substitution programmes already exist in numerous countries.[42] On the other hand, the uniqueness of the Swiss model lies in its capacity to federate different players around an integrated concept. Rather than using the controversial term of "harm reduction," widespread agreement was based on a broader perspective that encompassed different approaches to the drug problem. The kind of political debate that surrounded the development of the Four Pillars policy might therefore be understood as a key element in implementing innovative drug policy measures in other national contexts.

- *Gradualism* – As mentioned above, the first harm reduction measures in Switzerland were established by community-based field workers in the streets of major city centres in the early 1980s. The time interval between this scenario and the formal adoption of the Four Pillars approach into Swiss law of was probably necessary for the evolution of public opinion in what is fundamentally a conservative country.

- *A bottom-up process* – Within the context of policy development, the Swiss Federal system proved to be an advantage, as it provided the institutional structures to support a process extending upwards from civil society and local communities. Rather than imposing a policy from the highest ranks of government, the State primarily concentrated on following the initiatives taken by locally established community programmes. Cities have followed the lead of the communities, the cantons followed in the wake of cities and the federal state then joined forces with the innovative cantons. As such, the law was passed once the policy had been anchored in reality and had proven its effectiveness in real-life situations.

- *An evolving model* - Although it has now passed into Swiss Federal law, there is a recognition that the model cannot be taken as the final word in drug policy. In order to manage addiction issues and problems linked to the consumption of psychoactive products in the twenty-first century, a policy dealing with the entire range of mind-altering substances appears necessary.[43] This new framework of action will certainly take time both to develop and to achieve consensus. Cultural, economic and political interests are enormous.

40 Y. Boggio, avec S. Cattacin, M. Cesoni et B. Lucas, Apprendre à gérer : politique suisse en matière de drogue, Genève : ed. Georg, août 1997.

41 Y. Boggio, avec S. Cattacin, M. Cesoni et B. Lucas, Apprendre à gérer : politique suisse en matière de drogue, Genève : ed. Georg, août 1997.

42 Neil Hunt, Mike Trace and Dave Bewley-Taylor ; Beckley report n°5, Reducing drug –related harms to health : An overview of the evidence. Beckley Drug Policy Programme.

43 See for example the so-called the Wurfel (or cube) model. EKDF, 2006, D'une politique des drogues illégales à une politique des substances psychoactives, Hans Huber, Bern, http://www.admin.ch/ch/f/ff/2001/3537.pdf