



CH-3003 Bern, BAG

Position of the EKDF [Swiss Federal Commission for Drug Issues, FCDI] in connection with the Special Session of the UN General Assembly on Drug Issues (United Nations General Assembly Special Session UNGASS 2016)

Background

International drug policy is undergoing significant changes, and the UN General Assembly will devote a special session to drug issues in 2016. The Special Session of the UN in 2016 provides an opportunity to discuss these complex issues openly and constructively – an opportunity that was missed at the High Level Review of the UN Commission on Narcotic Drugs.

In 2019, the status of the objectives set in 2009 by the Political Declaration of the UN Commission on Narcotic Drugs will be re-examined. These include global reduction of drug consumption and production by 2019, as well as improvement of the social conditions and health of the population.

UN principles

- UNO Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol
- UNO Convention on Psychotropic Substances of 1971
- UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988
- UN Commission on Narcotic Drugs: The Political Declaration and Plan of Action on International Cooperation Towards an Integrated and Balanced Strategy to Counter the World Drug Problem of 2009
- UN Commission on Narcotic Drugs: 57th Session. High Level Review of The Political Declaration and Plan of Action on International Cooperation Towards an Integrated and Balanced Strategy to Counter the World Drug Problem.

Objectives of the FCDI

The FCDI supports the Swiss Federal Council, the BAG [Federal Office of Public Health FOPH] and the EDA [Federal Department of Foreign Affairs FDFA] in influencing the upcoming debates organised by the UNO in relation to Swiss drug policy. The objectives of the Commission are to facilitate a general broadening of international drug policy, and in particular the global incorporation of harm reduction, treatment and prevention as well as repression into national drug policies.

The aim is to support the discussion of possible reforms of current prohibition-oriented drug policies with factual information and appropriate recommendations.

Content of FCDI position paper

1. Current situation regarding illegal psychoactive substances in Switzerland
2. Previous national drug policy programmes and their effectiveness
3. Current orientation of national drug policy
4. Recommendations regarding the orientation of drug policy measures
5. Recommendations regarding reforms in the context of the UN Special Session 2016 (UNGASS)

1. Current situation regarding the production, trafficking and consumption of illegal psychoactive substances in Switzerland¹

1.1. Country-specific situation

Switzerland is a classic final link in the supply chain of psychoactive substances, i.e. characterised by trafficking and consumption. With the exception of cannabis (see below), most illegal substances are smuggled into Switzerland from abroad. In 2013, three laboratories for the production of synthetic drugs were discovered for the first time (see below).

1.2. Consumption and trafficking of illegal psychoactive substances

Cocaine

The supply and demand for cocaine have been stable for several years in Switzerland. The most important criminal groups involved in smuggling and retail in Switzerland come mainly from West Africa and the Caribbean. Couriers who have been arrested frequently started their journeys at airports in southwestern Europe. Swiss individuals and people of other nationalities are also involved at all levels of the drug trade.

Heroin

The market and consumption rates are also stable for heroin. Statistics show that the average age of heroin users is increasing, and their survival rate is improving due to treatment and measures for harm reduction. One can therefore assume that in the medium term, there will continue to be an illegal heroin market with a significant volume in Switzerland. Wholesale and retail trafficking are mainly dominated by criminal groups originating from southeastern Europe. Swiss individuals (mostly users themselves) are also heavily involved in the retail trade.

Cannabis

Cannabis is the most widely consumed illegal psychoactive substance in Switzerland. Supply and demand are both high and stable. The revised Narcotics Act of 2011 sets out clear guidelines for the cultivation of industrial hemp and makes better surveillance possible. Outdoor production for illegal purposes has since become rare in Switzerland, but this may have been compensated to some extent by increased indoor production. Seizures of marijuana suggest that large quantities are imported from Albania to Switzerland. Albania has long been one of the largest producers of cannabis in Europe. Wholesale and retail dealers are mostly Swiss, but some are from other European countries and West Africa.

Synthetic drugs

According to surveys, synthetic stimulants, especially amphetamines (mainly MDMA/ecstasy) have become more popular in recent years. In 2013, three laboratories for the production of synthetic drugs (mainly amphetamine) were discovered for the first time. However, experts agree that the use of methamphetamine, GHB/GBL and so-called new psychoactive substances will probably continue to be a marginal phenomenon; the availability of useful information and the purchasing power of Swiss drug users, which results in the use of higher quality drugs, will result in a smaller increase than in other European countries.

Legal psychoactive substances

Tobacco and alcohol are the psychoactive substances that are consumed most in Switzerland. Currently, 18.9% of people in Switzerland smoke tobacco daily², although there has been a decreasing trend since 2001.³ It is estimated that about 250,000 people are dependent on alcohol in Switzerland, but the available data only allow an approximate assumption. According to a survey in 2012, about 0.9% of the Swiss population are chronic consumers at high risk and a further 3.2% are drinkers with a medium risk. However, the consumption per head is generally decreasing in this case as well.⁴

¹ For this section: cf. Bundesamt für Polizei [Federal Office of Police] 2014: 22-23, Suchtmonitoring [Addiction monitoring] 2013.

² Suchtmonitoring Schweiz 2013 [Addiction monitoring Switzerland 2013].

³ Bundesamt für Polizei (fedpol) [Federal Office of Police] 2014.

⁴ Suchtmonitoring Schweiz 2013 [Addiction monitoring Switzerland 2013].

2. Principal current risks and threats that are associated with the drug trade and must be taken into account in future drug policy

In Switzerland, two themes can be highlighted with regard to health as well as criminal, social, economic, ecological and other aspects:

2.1. Inability to control substances and consumption by making them illegal

Illegality always results in uncontrollability of substances and consumption. Uncontrolled substances are the ones that constitute the greatest risk for the consumer.

Switzerland was affected by an enormous expansion of heroin addiction in the late 1980s and early 1990s, which has resulted in aftereffects until the present day in the form of polymorbid patients with polysubstance dependence (in heroin-assisted treatment / substitution). The number of addicts has actually been stabilised. However, due to enforcement of prohibition at that time, there is now

- a population of people who have very poor health and already need specialised care by the age of 60 (geriatric nursing, chronic care)
- relatively widespread use of illegal substances in different settings (e.g. combined with alcohol consumption)
- a small group of very young drug users, who can hardly be socially integrated or medically rehabilitated any longer.

The political establishment is responsible for ensuring the safety and health of citizens. If it accepts the social reality that people use drugs, it must also arrange for appropriate monitoring of these products. Ensuring safety with ongoing illegality of these substances is impossible.

2.2. Complex context and interdisciplinary collaboration, e.g. prisons

Many aspects of society are affected by addiction, such as the social, economic, and medical context. Interdisciplinary cooperation is therefore required to combat addiction effectively. This always involves problems of coordination. Problems are presented by fragmentation of the health care system and its financial sustainability (due to increasing pressure to cut costs). In particular, the health care of addicts in prisons is still unsatisfactory.

3. Previous national drug policy programmes and their effectiveness

3.1. Packages of drug measures I (1991 - 1996)⁵ & II (1997 - 2001)⁶

Contents

The programmes are based on a four-pillar model: prevention, treatment, repression and harm reduction. The objectives of the policies focused on heroin use were to prevent starting, facilitate stopping and improve the living conditions and integration of addicts.

Effect

About 300 programmes and projects (e.g. syringe exchange, substitution treatment, prevention etc.) as well as cooperation between social, medical and judicial systems resulted in a drastic reduction in HIV, drug-induced fatalities, procurement offences and open drug scenes as well as a decline in heroin addiction.

The following three main objectives were achieved:

- Reduction of drug use
- Reduction of negative consequences for drug users
- Reduction of negative consequences for the general public

⁵ Bundesamt für Gesundheit [Federal Office of Public Health] 1991.

⁶ Bundesamt für Gesundheit [Federal Office of Public Health] 1998.

3.2. Packages of drug measures III (2006 - 2011)⁷ & (2012 - 2016)⁸

Contents

The aim of the third package of measures was an integrated addiction policy, i.e. an improved interaction of the affected areas of society (social, psychological, legal, medical, political and economic aspects). Ancillary measures were identified at the same time: promotion of early identification and intervention, training of professionals, research, epidemiology, evaluation and national coordination.

Effects

The four-pillar policy is still proving to be successful. The mortality and rate of consumption among heroin users has been greatly reduced by comprehensive measures (syringe programmes, substitution treatments, social interventions), and entry into drug use has also been significantly reduced by prevention. A wider range of measures, professional quality assurance in addict support and a resulting improvement in the care system have achieved a further reduction in policy issues associated with substance abuse. Selected figures:

- HIV infections due to intravenous drug use per year: low numbers stable since 2006
- Concern of the Swiss population about drug issues: decrease from 14% (2006) to 9% (2009)⁹

3.3. Revision of the Narcotics Act 2008 (in force since 2011)¹⁰

Contents

- Prohibition of the manufacture, trafficking and possession of certain psychoactive substances for non-medical purposes
- Legal foundation of the four-pillar policy and heroin assisted treatment
- Enhanced protection of minors by expansion of the reporting authorisation for cases of problematic use of psychoactive substances, in particular by young people
- Definition of the role of the federal government (determines the strategic framework of drug policy, issues special permits for the use of narcotics such as medical use, production, research, training of drug detector dogs etc.) and of the cantons (implementation of all other statutory regulations)
- Simplification of the listing procedure for psychoactive substances (as part of the monitoring and penal regulations of the Narcotics Act)

3.4. Ordinance fine model for cannabis 2013

Contents

A revised penal regulation for the use of cannabis came into force on 1 October 2013. Since then, use of cannabis and possession of less than ten grams of cannabis by adults can be punished with an ordinance fine of 100 francs.

Effects

It is hoped that this will reduce the costs of policing and penal measures. Accurate data are not available yet.

3.5. Health 2020

Contents

In 2013, the Federal Council presented a strategy for national health policy until 2020. This explicitly mentions addiction policy as an independent area and the goal of "Improving the prevention, early detection and countermeasures for addictive disorders, including new forms of dependency such as Internet addiction, in order to avoid adverse effects for addicts and their families as well as for the community and its organisations."¹¹

⁷ Bundesamt für Gesundheit [Federal Office of Public Health] 2006.

⁸ Bundesamt für Gesundheit [Federal Office of Public Health] 2013.

⁹ Bundesamt für Gesundheit [Federal Office of Public Health] 2013.

¹⁰ Bundesgesetz über die Betäubungsmittel und die psychotropen Stoffe [Federal Act on Narcotics and Psychotropic Substances].

¹¹ Schweizerischer Bundesrat [Swiss Federal Council] 2013.

The Federal Office of Public Health has been commissioned by the Federal Council to present a comprehensive strategy for all addiction disorders by Spring 2015.

3.6. International commitment

UN conventions

Switzerland has signed the 'Single Convention on Narcotic Drugs' of 1961 as well as the 'Protocol Amending the Single Convention on Narcotic Drugs' of 1972 and the 'United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances' of 1988. However, these conventions did not result in a reduction of consumption or availability, or the associated issues regarding public health, crime and violence.

As a further frame of reference for Switzerland with regard to UN drug policy, the FCDI recommends the following agreements on human rights:

- Universal Declaration of Human Rights (in particular § 25: ...right to security in the event of illness,...)¹²
- 'International Covenant on Economic, Social and Cultural Rights' of the UN (especially Article 12: Right to physical and mental health)¹³
- 'Second Optional Protocol to the International Covenant on Civil and Political Rights, aiming at the abolition of the death penalty' of the UN (especially Article 1: Abolition of the death penalty)¹⁴
- European Convention on Human Rights (ECHR; esp. § 3: the proportionality of punishment for violations of law and the additional Protocol No. 6 to the abolition of the death penalty)¹⁵
- The goal of health, defined by the WHO as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity¹⁶

Swiss Health Foreign Policy

Switzerland has based its contribution to international health policy on the Swiss Health Foreign Policy (HFP) since 2012.¹⁷ This agreement between the Federal Departments of Foreign Affairs (FDFA) and Home Affairs (FDHA) incorporates the following goal for Switzerland's international involvement in drug policy: The four pillars of drug policy (prevention, treatment and rehabilitation, harm reduction, monitoring and repression) are to be established internationally.¹⁸

The FCDI believes that Switzerland should therefore work towards a general broadening of international drug policy so that harm reduction, treatment and prevention are incorporated into international and national drug policies in addition to repression. The FCDI also recommends that discussion of various alternative regulatory models be encouraged. Switzerland is aware that national drug policy always has an impact on drug-producing and transit countries as well. These effects must be taken into account, for example with programmes in development assistance.

International cooperation

The foreign health policy incorporates not only Swiss activities within the international health policy organizations (such as the WHO and the UN), but also any commitment motivated by health policy. Switzerland has a significant interest in improving the quality of global and international cooperation on health issues. It is therefore committed to a coherent interaction between the relevant stakeholders in the fields of health, development assistance, humanitarian aid, human rights and other health-related policy areas, whether bilaterally with the EU, in a group of like-minded countries or in development assistance, in multilateral committees or in the context of the WHO reform process.

¹² UN 1948.

¹³ UN 1966a

¹⁴ UN 1989.

¹⁵ ECHR 1950; 1983.

¹⁶ World Health Organization 2005: 1.

¹⁷ EDA / EDI [FDFA / FDHA] 2012

¹⁸ Ibid. p. 29

4. Recommendations regarding the orientation of drug policy measures

In order to increase the effectiveness of policy programmes and minimise their harmful effects, the FCDI recommends development of drug policy in the following direction:

4.1. Four-pillar policy

Switzerland's experience from the 1990s (largest open drug scene in Europe) has shown that drug issues are dependent on social, psychological, legal, medical, political and economic factors. Repression alone was not enough to deal with the complex problems. To improve public health, more emphasis needed to be placed on prevention and information, harm-reducing measures and treatment programmes for addicts.

Trafficking and consumption of illicit drugs result in high costs worldwide for the police and judicial systems. This could be remedied by decriminalising consumption, consistent regulation of production and trafficking as well as broadening international drug policy to include harm reduction, treatment and prevention.

4.2. Common policy for different substances

Studies show that the use of legal drugs such as alcohol and tobacco is also a heavy burden on public health. This means that the legal status of a substance does not correspond with its potential for damage.¹⁹ To improve public health, a coherent, cross-substance addiction policy should therefore be developed that does not differentiate according to the legal status of psychoactive substances.²⁰

4.3. Orientation towards risk potential and current consumption practices

Drug policies for regulation models should be based on the risk constituted by substances instead of their legal status. This requires a reassessment of the risks posed by psychoactive substances according to their potential for injury.

4.4. Orientation towards social realities and objectives

Drug policy must be based on social realities. Actual consumption practices must therefore be taken into account (e.g. mixed drug use, danger of accidents and violence, starting at an early age). Special attention should also be given to harm reduction in this case (risk avoidance, safer use). Finally, a focus on social realities also means that we must constantly strive towards the goal of health-related and social reintegration of everyone.

4.5. Altered consumption behaviour: monitoring

Addiction policy must focus on social reality, i.e. on actual consumer behaviour. For early identification of market trends (changing consumption patterns, other affected groups, new products and markets), systematic monitoring must be continued. Market developments require continual adjustment of addiction policy strategies.²¹

5. Recommendations regarding possible reforms in the context of the UN Special Session in 2016 (UNGASS)

As an advisory body of the Swiss Federal Council, the FCDI recommends the following topics for the UNGASS 2016:

- **Orientation of international drug policy towards universal human rights and human dignity**, in particular abolition of the death penalty and forced treatment associated with drugs.
- **Guaranteed access to health care** and measures for health protection.

¹⁹ cf. Nutt et al. 2010, Cattacin and Domenig 2014.

²⁰ cf. Eidg. Kommission für Drogenfragen [Swiss Federal Commission for Drug Issues] 2006.

²¹ cf. Eidg. Kommission für Drogenfragen [Swiss Federal Commission for Drug Issues] 2006, Bundesamt für Gesundheit [Federal Office of Public Health] 2012

- **Consistent alignment of the new action plan based on the four pillars from 2019**, observance of human rights and focus on the actual social realities associated with consumption.
- **Integration of the four-pillar model** so that harm reduction, treatment and prevention carry equal weight with repression in international and national drug policies.
- **Interpretation of the UN Conventions of 1961 and 1988** in terms of broadening international drug policy as described above.
- **Promotion of alternative models of regulation and appropriate discussion**, based on the risk constituted by substances instead of their legal status. Regulation of the entire production chain, from production through trafficking and consumption should be addressed globally, as only this will make it possible to effectively counter illicit drug trafficking and the organised crime with which it is associated.

Sources

- Bundesamt für Gesundheit (1991): Massnahmen des Bundes zur Verminderung der Drogenprobleme. Ein Grundlagenpapier des Bundesamtes für Gesundheitswesen. [*Federal measures to reduce drug problems. An issues paper by the Federal Office of Public Health*].
- Bundesamt für Gesundheit (1998): Zweites Massnahmenpaket des Bundes zur Verminderung der Drogenprobleme. [*Second federal package of measures for reduction of drug problems*].
- Bundesamt für Gesundheit (2006): Drittes Massnahmenpaket des Bundes zur Verminderung der Drogenprobleme 2006-2011. [*The federal government's third package of measures to reduce drug-related problems 2006-2011*]. Online at: <http://www.bag.admin.ch/shop/00035/00204/index.html?lang=en>
- Bundesamt für Gesundheit (2010): Herausforderung Sucht. Grundlagen eines zukunftsfähigen Politikansatzes für die Suchtpolitik in der Schweiz. [*The Challenge of Addiction. Foundations for a Future Oriented Policy on Addiction in Switzerland*]. Online at: <http://www.bag.admin.ch/shop/00010/00506/index.html?lang=en>
- Bundesamt für Gesundheit (2012): Medienmitteilung. Suchtmonitoring Schweiz: Daten sammeln für bessere Prävention. [*Media release. Addiction monitoring in Switzerland: data collection for improved prevention*]. Online at: <https://www.news.admin.ch/message/index.html?lang=de&msg-id=46223>
- Bundesamt für Gesundheit (2013): Drittes Massnahmenpaket des Bundes zur Verminderung der Drogenprobleme 2012-2016. [*The federal government's third package of measures to reduce drug-related problems 2012-2016*]. Online at: <http://www.bag.admin.ch/shop/00035/00204/index.html?lang=de>
- Bundesamt für Polizei (fedpol) (2014): Jahresbericht 2013. [*Federal Office of Police: Annual Report 2013*]. Online at: <http://www.fedpol.admin.ch/content/dam/data/sicherheit/jb/jabe-2013-d.pdf>
- Bundsgesetz über die Betäubungsmittel und die psychotropen Stoffe. [*Federal Act on Narcotics and Psychotropic Substances*]. Online at: <http://www.admin.ch/opc/en/classified-compilation/19981989/index.html>
- Cattacin, Sandro / Domenig, Dagmar (2014): Gefährlichkeitsabschätzungen psychoaktiver Substanzen. Eine Literaturanalyse. Studie im Auftrag der EKDF. [*Risk potential estimates for psychoactive substances. A literature analysis*]. Not published.
- Eidg. Departement für auswärtige Angelegenheiten EDA / Eidg. Departement des Innern EDI (2012): Schweizerische Gesundheitsaussenpolitik. [*Federal Department of Foreign Affairs FDFA / Federal Department of Home Affairs FDHA (2012): Swiss Health Foreign Policy*]. Online at: <http://www.bag.admin.ch/themen/internationales/13102/index.html?lang=en>
- Eidg. Kommission für Drogenfragen (2006): Von der Politik der illegalen Drogen zur Politik der psychoaktiven Substanzen [*From the policy for illegal drugs to the policy for psychoactive substances*].
- Europäische Menschenrechtskonvention (1950) - Konvention zum Schutze der Menschenrechte und Grundfreiheiten [*Convention for the Protection of Human Rights and Fundamental Freedoms (1950)*]. Online at: <http://www.admin.ch/opc/de/classified-compilation/19500267/index.html>
- Europäische Menschenrechtskonvention (1983) – Protokoll Nr. 6 zur Konvention zum Schutze der Menschenrechte und Grundfreiheiten über die Abschaffung der Todesstrafe [*European Human Rights Convention (1983) – Protocol No. 6 to the Convention for the Protection of Human Rights and Fundamental Freedoms concerning the abolition of the death penalty*]. Online at: <http://www.admin.ch/opc/de/classified-compilation/19830104/index.html>
- Nutt, David et al. (2010): Drug harms in the UK. A multicriteria decision analysis. In: *Lancet* 2010 (376): 1558–65.
- Schweizerischer Bundesrat (2013): Gesundheit 2020. Die gesundheitspolitischen Prioritäten des Bundesrates. [*A comprehensive health care strategy*]. Online at: <http://www.bag.admin.ch/gesundheits2020/index.html?lang=en>
- Suchtmonitoring Schweiz (2013): Jahresbericht 2012 [*Addiction monitoring in Switzerland (2013): Annual Report 2012*]. Online at: <http://www.bag.admin.ch/suchtmonitoring/index.html?lang=de>
- United Nations Organization UNO (1948): Die Allgemeine Erklärung der Menschenrechte [*Universal Declaration of Human Rights*]. Online at: <http://www.ohchr.org/EN/UDHR/Pages/Language.aspx?LangID=eng>
- United Nations Organization UNO (1966a): Internationaler Pakt über wirtschaftliche, soziale und kulturelle Rechte (UNO-Pakt I). [*International Covenant on Economic, Social and Cultural rights (UN Covenant I)*]. Online at: <http://www.ohchr.org/en/professionalinterest/pages/cescr.aspx>
- United Nations Organization UNO (1966b): Internationaler Pakt über bürgerliche und politische Rechte (UNO-Pakt II) [*International Covenant on Civil and Political Rights (UN Covenant II)*]. Online at: <http://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx>

United Nations Organization UNO (1989): Zweites Fakultativprotokoll zum Internationalen Pakt über bürgerliche und politische Rechte (UNO-Pakt II) zur Abschaffung der Todesstrafe. [*Second Optional Protocol to the International Covenant on Civil and Political Rights (UN Covenant II), aiming at the abolition of the death penalty*]. Online at: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/2ndOPCCPR.aspx>

World Health Organisation (2005): Constitution of the World Health Organization. Online at: <http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1>