

spectra



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Later Life

2 Taking stock of tobacco control

The National Tobacco Prevention Programme initiated in 2001 has done much to establish «not smoking» as the social norm. This is the conclusion drawn in the evaluation of the programme. The Tobacco Monitoring survey showed a fall in tobacco consumption and smoking rates (from 33% to 29% between 2001 and 2006). In addition, the evaluators found demonstrable signs of clear changes in attitude and behaviour. They recommend continuing the tobacco prevention programme for a further sustained period and giving it wide scope for action.

3 Alcohol in older people: a taboo topic

Excessive alcohol consumption in older people is often underestimated. But continuing to downplay the «just a few drinks» attitude is no longer ethically or economically acceptable. In Switzerland, some 73,000 people over the age of 65 regularly drink alcohol to excess. Ageing of the population means that this problem will become more acute.

4 Substitution – an escape route from drug addiction?

The pioneering role played by Switzerland in methadone programmes and heroin-assisted treatment has been acknowledged all over the world. But what position do these now well established substitution programmes have in the political and therapeutic landscape? Does drug substitution offer an escape from addiction or is it more of a palliative treatment? These and other basic questions were addressed by over 300 participants at the National Substitution Conference held in Berne in September 2007.



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A vision of the future in which «not smoking is the norm» needs a long-term perspective and strong political support

Evaluation of the National Tobacco Prevention Programme. The National Tobacco Prevention Programme (NPTP) 2001–2005/08 has been successful overall, especially in promoting «not smoking» as the social norm. This is the main conclusion drawn by the evaluation of the programme. The evaluators recommend the long-term continuation of this kind of tobacco prevention programme with a broad range of action. In the next phase the issue of advertising should be addressed and the WHO tobacco convention ratified. At all events, the tobacco programme needs strong leadership and broad support.

The National Tobacco Prevention Programme (NPTP) 2001–2005/08 is the Confederation's second comprehensive tobacco prevention programme. It was launched by the Federal Office of Public Health (FOPH) and pursues the vision that «Society regards not-smoking as the norm». To achieve this ambitious goal, the NPTP adopted a complex strategy with a total of twelve specific objectives. The NPTP measures implemented both within and outside the FOPH have therefore been correspondingly diverse.

Evaluation mandate

The Agence pour le développement et l'évaluation des politiques de santé (ADSAN) in Geneva evaluated the NPTP from October 2005 to December 2006 and handed in its report in February 2007. The evaluation was both summa-

tive (focusing on outcomes) and prospective, and examined the implementation process as well as the effects of the programme to date. It evaluated the extent to which the objectives have been reached in the NPTP's twelve areas of activity and took stock of the effects of the programme as a whole at the end of 2006. The evaluation also set out to identify the lessons to be learned from the NPTP's implementation process and outcomes for the drawing up of the future National Tobacco Programme.

Good overall results after six years of NPTP

The findings of the evaluation are, on the whole, positive. The Tobacco Monitoring survey shows a slow but steady reduction of tobacco consumption and smoking rates (from 33% to 29% between 2001 and 2006). Even though the evaluation says this reduction is unlikely to be due entirely to the NPTP, the programme can essentially be judged a success. Besides the steady reduction of tobacco consumption and smoking rates, the evaluation found clear indications of distinct changes in attitude and behaviour. According to the evaluation, as a programme the NPTP has worked. It is also considered to have high symbolic value in that it embodies the political will of the Confederation and can be used to good effect by the cantons and NGOs alike. Furthermore, the NPTP was particularly successful in two ways: in helping to change the general public's attitude towards passive smoking and in «de-normalising» tobacco consumption.

Conclusions and recommendations

ADSAN discusses the question of whether the NPTP's follow-up programme (the National Tobacco Programme 2008–2012 NPT) should continue in the same vein. The evaluators themselves answer the question as follows:

- The follow-up programme should continue focusing on the successful, basically structural tobacco prevention and control measures initiated in the NPTP and strengthen as well as further develop its achievements.
- The management and implementation model of the follow-up programme should to a greater extent involve partners outside the FOPH and thus improve support for the programme and strengthen its political legitimacy.

FOPH's view of the evaluation

From the FOPH's point of view the evaluation results are, on the whole, plausible with regard to the positive overall judgement of the programme, as well as to the weaknesses of the programme in achieving some of its twelve objectives and in its management.

The FOPH largely agrees with the recommendation that the tobacco prevention programme should be continued in a long-term perspective and with powers for a wide range of action, including the issues of advertising and the ratification of the WHO tobacco convention. It also agrees with the conclusion that the FOPH needs stronger national leadership for the implementation of the Na-

tional Tobacco Programme 2008–2012 (NPT). From the FOPH's point of view it needs to be added that it sees for itself a leadership role as coordinator and supporter of implementation. It is important to point out that a national programme is not an FOPH programme, but a joint one carried by all the players involved. Furthermore, the evaluation recommends that the FOPH establish a broader basis for the management and implementation of the future NPT than the one currently in place, with greater involvement of the partners. The FOPH agrees with this recommendation and is currently drawing up a management model for the NPT. The view that the FOPH should be responsible for knowledge management and national coordination of prevention activities is also shared by the FOPH.

In line with the evaluators' recommendations, as far as content goes the successful (basically structural) tobacco prevention activities will be continued in the follow-up programme, and cooperation and coordination between the NPT and the Tobacco Prevention Fund will be improved.

Overall, the FOPH will give due consideration to the key critical questions and recommendations of the NPTP evaluation when drawing up the follow-up programme, NPT 2008–2012.

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The tobacco prevention campaign to be continued

Evaluation of the tobacco prevention campaign. The «BRAVO» campaign launched in 2006 is part of the National Tobacco Prevention Programme. After the campaigns on «Smoking is harmful...» (information/awareness) and «Fresh air, please» (mobilising the public), BRAVO now sends a positive message and focuses on recognition of the benefits of tobacco-free environments. It uses this positive message to further consolidate what has already been achieved in tobacco control.

Geneva-based Evaluanda evaluated the BRAVO campaign as from October 2006. On the one hand it analysed the coherence and relevance of the change of direction in the communication strategy from 2006 onwards and on the other it evaluated the effectiveness of the latest «BRAVO – Less smoke, better life» campaign of 2006.

The key findings can be summarised as follows: with the launch of BRAVO, the FOPH made the right choice at the right time, even though the effects of the new

campaign on the general public were more modest than those of the «Fresh air, please» campaign.

To evaluate the effects of the BRAVO campaign, 463 people were interviewed. These interviews were based on a questionnaire including a series of questions on people's lifestyles and value systems. The most important findings of the impact evaluation can be summarised as follows:

Still a number-one topic

Although the most recent TV spots of the BRAVO campaign had been transmitted almost three months prior to the interviews, «smoking» was mentioned unprompted by 46% of the interviewees, making it the topic that had left the strongest impression of all the prevention campaigns as a whole. A very positive finding from the FOPH's point of view is the fact that almost half the interviewees (48%) attributed the campaign to the FOPH or the Confederation.

Multifaceted message

The survey showed that the majority of interviewees understood the campaign

in a general way (smoking ban, more quality of life without tobacco, smoking is harmful, etc.). The BRAVO campaign's central message, the benefit of smoke-free environments, was clearly understood by only 25% of interviewees. In future, therefore, the accompanying texts will be shortened and focused on more concise, but striking, key messages.

Respectful and credible, but tame

82% of all interviewees considered the campaign to be honest, objective and a good reflection of their own everyday lives. The campaign has thus achieved its main goals of promoting a positive general attitude to tobacco control and strengthening the process of «denormalisation» of smoking in society. On the other hand, 47% of interviewees rated the campaign as being too tame and too little concerned with the risks of tobacco consumption, yet only 31% thought that the positive message trivialised the dangers of smoking.

Mobilising the public

43% of interviewees felt motivated by

this campaign to actively support smoke-free environments. This value is, in the opinion of the FOPH, surprisingly high, given that mobilising the public to take action was only a secondary objective of the campaign.

How to proceed with BRAVO?

In February 2007, it was decided on the basis of the evaluation findings to continue the campaign in 2008, taking the recommendations of the evaluation into account (assuming there will be financing from the Tobacco Prevention Fund). A more straightforward central message and more provocative content are planned for next year's campaign elements. The communication strategy for 2009 and onwards will be reviewed in the context of the next National Tobacco Programme and a call for tenders will invite agencies to submit proposals for a new campaign.

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Alcohol abuse in older people: underestimated, denied, romanticised

Increasingly younger «binge drinkers» tend to be the focus of public attention. This problem therefore overshadows another addiction problem that is all too often overlooked: alcohol abuse in older people: in Switzerland, some 73,000 people over the age of 65 regularly drink excessive amounts of alcohol. And this figure looks set to rise steadily given the demographic trend – over-65s will in future account for about a third of the Swiss population. Both ethically and economically, continuing to downplay or blank out the «just a few drinks» attitude is no longer acceptable.

Among 65–74 year olds, some 44 percent of men drink alcohol every day, compared with about 18 percent of women. About a fifth of these have a problem with alcohol consumption. This means that they drink at least four (for men) or two (for women) standard-size glasses per day. But alcoholism in older people very often remains untreated.

A taboo topic for everybody involved

The alcohol problems of older people are largely played down or, out of embarrassment – above all where relatives are concerned – swept under the carpet by all concerned. Even doctors not infrequently question whether it should be treated at all, considering treatment to be not worthwhile, whether on account of age or the allegedly poor prognosis. In addition, alcohol abuse and its consequences are often not regarded as distinct clinical entities but attributed to



Alcohol in older people: elderly men living on their own are particularly at risk.

other illnesses or to age. In many cases, the topic is – out of respect – not even raised with older people. This taboo approach is often associated with romanticising of the problem, with family, carers and doctors not wanting to deny the senior citizens «life's little pleasures». On the other hand, the patients themselves often deny – more so than younger alcoholics – that they have a problem. This is an unconscious attitude in many cases, as addiction still tends to be very much associated with young people. For many older people, the idea that they themselves may be addicts is simply inconceivable.

Loss as a triggering factor

Even in those whose alcohol consumption has never previously been a problem, addiction can still develop in later life. It is often triggered by painful age-related events such as the loss of a partner or of a circle of friends. For many people, retirement from active working life is also a critical change: the accustomed daily routine no longer provides a supporting structure, social contacts decline, there is no longer any pressure to give of one's best; loneliness, lack of any sense of direction, boredom or excessive self-indulgence take over. Such problems are often strengthened by health-related problems that restrict mobility and activities. Prevention work in this context generally means ensuring a good quality of life, creating opportunities for enjoyment of what life has to offer and acceptable living conditions, as well as providing more help in loss-related situations.

Men living on their own are most at risk

Men are at much greater risk of alcohol addiction than women are. One important reason for this could be that men tend to have a greater problem dealing with retirement and with losing the experience of work-related success. Men also find it more difficult than women to admit to health or addiction problems, accept help or discard modes of behaviour acquired in younger years. Statistics show men living on their own to be more at risk in this respect than married men. Both alcohol and tobacco consumption show a steady decline in married men

as they grow older. Widowers and single or divorced men are becoming a high-risk group – one that is growing rapidly as a result of the rising divorce rate.

A glass or two of alcohol can undoubtedly contribute more quality of life to older people in particular – and not just because of the cheering effect. Small amounts of alcohol have been shown to protect against cardiovascular diseases. But these benefits are offset by the serious negative effects of inappropriate alcohol consumption.

Many older people, particularly women, sense that alcohol is no longer good for them and therefore do without it. On the other hand, men in particular tend to stick with the drinking habits of their youth. But what many of them do not know is that the same amount of alcohol results in a higher blood alcohol level and therefore more negative effects in older people than in the young. This is due to the lower proportion of water in the body in advancing age, falling from 55 to 45 percent in men and from 68 to 50 percent in women. In addition, older brains react more sensitively to alcohol than younger people's. Diseases or medicines may heighten this sensitivity. If all these factors coincide, what was once unproblematic consumption of alcohol may well grow into an addiction later in life.

Potentially good outlook for treatment

There are still few, or only poorly known, counselling, withdrawal and treatment options appropriate to this age group. But the few studies conducted on the subject suggest that that they are highly promising: once in therapy, older alcohol patients drop out less frequently than younger ones, even though they have to contend with more pronounced and more prolonged withdrawal symptoms. In fact, patients with late-onset alcoholism (60 and over) are more likely to undergo treatment and have a better prognosis. Their personal circumstances and character are basically more stable than in people with early-onset alcoholism.

Failure to prevent or treat alcoholism in older people can have a serious impact on healthcare costs: older alcoholics are at greater risk of accidents and falls, they are less able to look after themselves and are more likely to have more physical and emotional problems. What is more, alcohol problems in older people are a further risk factor in loneliness. Society would be well advised to protect the health of the over-65s. Statistically, after all, they still have a quarter of their lives ahead of them and will in future account for up to a third of the population as a whole. Last but not least, society is under an ethical obligation to treat all people equally, regardless of their age.

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At first hand

The over-64s will rapidly grow in numbers in the years to come while the number of young people is already declining. These changes in the age structure of the population are due to trends in the birth rate and to higher life expectancy. This demographic development poses a challenge for society and politicians in many respects, including health policy.

An effective multisectoral health policy fosters measures in a variety of political sectors and improves the health and the quality of life of the population as a whole. Multisectoral health policy is driven by the principles of equality of opportunity, empowerment of the individual and partnership-based cooperation between all the players involved. In fulfilment of the Leutenegger Oberholzer initiative of 2003, the Federal Social Insurance Office carried out the parliamentary mandate and, in 2006, published the corresponding report «Strategy for a Swiss Policy on Ageing». This strategy pursues a multisectoral approach to ageing.

The report defines five areas in which public policy could significantly influence the individual ageing process and life situation of the elderly: health and medical care, accommodation and mobility, work and transition to retirement, financial situation of pensioners, involvement and participation in society.

In 2005, on the basis of the above initiative, parliamentarian Bea Heim submitted a motion to the National Council to draw up a national strategy for promoting health and increasing independence in the elderly. In its response, the Swiss government commissioned the Federal Department of Home Affairs – and specifically the Federal Office of Public Health – to initiate such a national strategy within the limits of the available resources and in cooperation with the cantons, and to coordinate the process.

European and US studies conducted in subjects that include the elderly demonstrate that health promotion and prevention efforts among the ageing can increase their number of disability-free years of life. Disability and dependence can thus be delayed and their negative consequences reduced, thereby helping to contain costs.



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Credits

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Substitution treatment – escape route or dead end?

Drug substitution. What role do methadone maintenance programmes or heroin-assisted treatment play in present-day drug policy? Can they aim for cure or are they merely palliative? To what extent is drug substitution therapy? These and other basic questions were considered by over 300 participants in the presentations and 19 workshops at the National Substitution Conference (NASUKO) held in Berne on 6 and 7 September 2007.

In his presentation Prof. Jakob Tanner of the University of Zurich outlined the social and historical development of substitution treatment. In European countries it found acceptance from the 1990s on. In Switzerland the change of course in drug policy became possible after the primarily prohibition-based «war on drugs» had shown unexpected side effects. Switzerland's somewhat one-sided drug policy was replaced by a more pragmatic, diversified policy that included harm reduction, resulting in the «fourfold» or «four-pillar» policy (prevention, harm reduction, therapy and law enforcement). The increase in substitution programmes in the 1990s added a medical dimension to the handling of the drug problem. The focus of efforts shifted away from the goal of abstinence to concern for survival and better living conditions for dependent drug users. The stigmatised figure of the «drug addict» was replaced by an approach to the dependent drug user that was based on respect for him or her as a person.

Substitution as a natural need

Tanner portrayed the principle of substitution in the broad sense as a deeply entrenched form of human behaviour. Human life, he said, can be perceived as a complex mesh of dependence and provision. There would be no clear dividing line between «normal» and pathological behaviour. In this light the prescription of substitute drugs in the context of drug policy must be viewed primarily as treatment that shows respect for the dependent individual at both the moral and the medical level. Citing the French addiction researcher Albert Memmi, Tanner said: «To dismiss the use of substitute drugs on the pretext that the patient will continue to be dependent reveals an inaccurate picture of human beings».

Addiction is a chronic disease

However, Prof. Robert G. Newman from Beth Israel Medical Center in New York showed the extent of the rejection and incomprehension that substitution treatment still encounters nowadays. He quoted an American senator who claimed that methadone should be forbidden because clinics for addicts were just a legal way for them to get their drugs. This reactionary image of substitution is associated with the classifica-



Robert G. Newman, New York, called for drug substitution in addiction patients to be recognised as normal treatment of a chronic disease.

tion of drug dependence as abnormal behaviour. Newman countered this with a definition of drug dependence derived from his 35 years of experience in the field: «Addiction – and more specifically opiate addiction – is a chronic, relapsing, incurable (but treatable) medical condition.» Accordingly, drug addicts have the same right to treatment as patients with other chronic diseases. In this context Newman referred to the Swiss Society of Addiction Medicine (SSAM), whose medical recommendations for substitution treatments are based to a great extent on this definition of dependence.

The presentation by Prof. Jacques Besson of Lausanne University Hospital was also predicated on this definition of drug dependence as an illness. He emphasised the importance of distinguishing between palliative and curative treatment in addiction medicine as elsewhere. The concept of palliative care is still relatively unfamiliar in psychiatry and addiction medicine; only in somatic

medicine is it already well developed. Dependent patients have to be precisely defined at both the somatic and the psychiatric level and a distinction drawn between the «curative» and «palliative» elements.

Neurobiology confirms efficacy

As Dr. Daniele Zullino of Geneva University Hospital explained in his presentation, debates about the usefulness of heroin maintenance programmes are still characterised by two contradictory assertions. Supporters are convinced that they are effective treatment. Opponents, on the other hand, claim that, being addictive, heroin cannot be therapeutic. In neurobiological terms, however, substitution treatment clearly has a therapeutic effect. Addictive substances stimulate the release of the chemical nerve messenger dopamine, thus promoting reinforcement-related learning. An important consequence of drug-reinforced learning is a greater readiness to respond to drug-related

cues and contexts (the sight of a syringe, for instance) by activating the reinforced, automatic behaviour (e.g. drug consumption). The same habit-learning mechanisms are activated in the context of heroin-assisted treatment. But the crucial difference to «illicit» drug use is that other cognitive and behavioural patterns can also be activated in the context of heroin-assisted treatment, including those defined as the goal of treatment. As a consequence, the addictive properties of the opiate are transformed into a therapeutic agent.

Critical voices from practice

In a discussion of the topic, mainly with specialists from practice, Markus Zahnd, chairman of the Berne working group Residential Addiction Therapy & Rehabilitation, and Evelyn Flotiront, head of K+A Basel (Basel contact and coordination facilities), were critical of the «medicalisation of addiction». If addiction is understood as a chronic disease and substitution as primarily palliative treatment, it is to be feared that such treatment will be over-hastily prescribed for addicts, particularly young ones. If substitution treatment is not consistently geared to abstinence or supported by concurrent psychosocial therapy, it results sooner or later in stagnation or even resignation. The treatment must aim at more than mere stabilisation, and the possibility of achieving abstinence must be integrated more effectively into the working approach. This can, however, succeed only if all players in the addiction field cooperate systematically. As with Markus Zahnd, it is equally clear to Prof. Ruedi Stohler, Chief Physician of the Drugs Section at Zurich University Psychiatric Hospital, that substitution is an essential and successful method of stabilising patients with a long history of addiction. It is equally clear that total abstinence is not possible for all clients and that «forced abstinence» continues to be out of the question. However, Stohler regards substitution as the treatment of first choice in patients with an opiate addiction, also emphasising that it generally improves the efficacy of other therapies as well (psychotherapy, treatment of co-morbidity, etc.).

Large measure of consensus

The 2007 National Substitution Conference did not reveal any irreconcilable positions on the subject. There seems to be a large measure of agreement that the question is not «substitution treatment – yes or no», but «in what form and under what circumstances». The discussions did, however, show that, even after many years of practice, substitution treatment still triggers new questions of basic principle and ethical issues.

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More than 300 invited professionals attended the 2nd National Substitution Conference.

National Substitution Conference NASUKO

The National Substitution Conference, first staged in 2001, was held this year for the second time. Organised by the Federal Office of Public Health and Infodrog (the national addiction coordination centre), it set out to take stock of the current situation of substitution treatment. The conference was aimed at all professionals concerned with the

problems of substitution treatment and its health-related and social dimensions: physicians, social workers, nurses, psychologists, pharmacists, police officers and representatives of the municipalities, cantons and the Confederation. Further information and conference papers: www.nasuko2007.ch