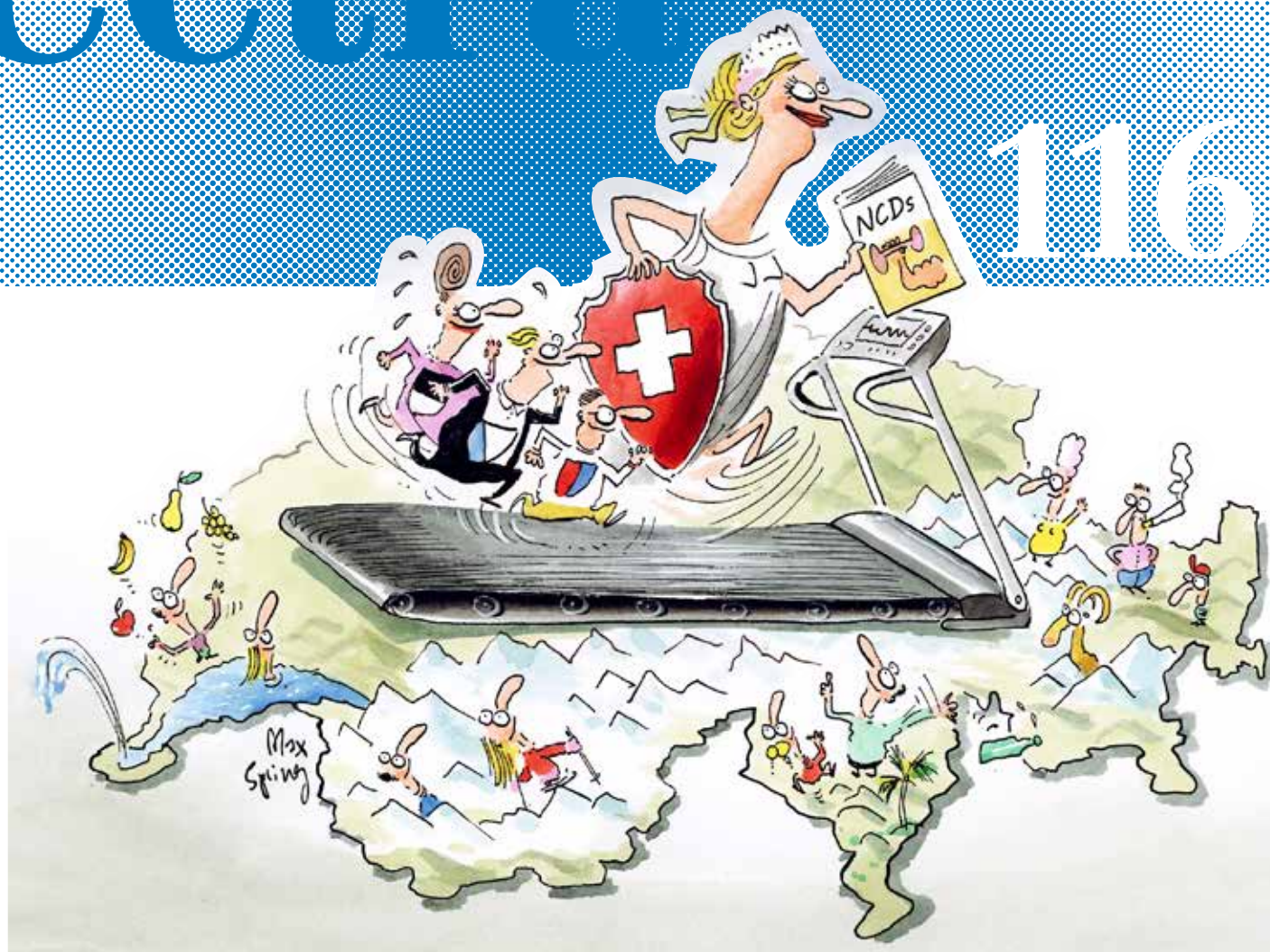


spectra

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End of the National Prevention Programmes

2-3 An end (?) and a beginning

The National Prevention Programmes for Alcohol, Tobacco, and Diet and Physical Activity, as well as the Package of Drug-Related Measures, came to an end in December 2016 after a period of eight years. Thanks to these initiatives, substantial progress has been made towards the overarching goal of preserving or increasing the quality of people's lives. For example, the Federal Act on Protection against Passive Smoking means that people are now less exposed to tobacco smoke, high-risk alcohol consumption has declined and more people get regular exercise. The previous measures are incorporated into the two new strategies "Addiction" and "Prevention of non-communicable diseases" (NCDs). The achievements of these programmes are presented in this issue of Spectra.

4 The assessor's view of the programmes

Our interviewee, Andreas Balthasar from Interface Policy Studies, has evaluated the Programmes for Alcohol, Tobacco, and Diet and Physical Activity – as well as the Package of Drug-Related Measures. We were particularly interested in where he thought the programmes had been successful. We also talked about the importance of setting realistic goals when developing programmes, what a good effects model means for the relevant stakeholders, and where he sees the challenges of the new addiction and NCD strategies.

A healthy lifestyle pays off

Health is our greatest asset. We become particularly aware of that fact when we are sick. Ensuring good health is a lifelong task, because good health isn't just a matter of fate. It depends to a large extent on our own behaviour and on health-promoting framework conditions. This is precisely the approach taken by the National Prevention Programmes on the risk factors alcohol, tobacco, nutrition and physical activity as well as the Package of Drug-Related Measures. The overriding objective of the past eight years' work was to maintain or improve individual quality of life. We have come a bit closer to achieving this objective so that we can now say that we are on the right track.

When I am healthy, I have a thousand desires. When I am sick, I have but one desire! This statement illustrates that we often have to lose our health before we become aware of how important it is. The good news is that there are ways of maintaining or regaining our health. The magic word is prevention.

Improved hygiene, malnutrition prevention, better living and working conditions and the introduction of vaccination were important achievements in the last two centuries and have contributed towards improving population health and preventing disease. Today we are facing new challenges. Even though modern lifestyles present many comforts, they also entail new problems. Sitting at the computer for hours on end has replaced physical work, we get a quick bite to eat while on the go and seek maximum kicks from new drugs. For decades, we have had smoking vaunted as the epitome of freedom. Cheap alcohol is available everywhere 24/7, and to get more physical activity we would have to find a slot in our bulging schedule.

Prevention must therefore begin in our everyday lives and face these challenges in the same way as brushing your teeth before bedtime is now a matter of

course. Any success of this requires information, support, favourable conditions and simple "recipes". This is the approach taken by the contributions of the four prevention programmes.

Mix of measures in cooperation with numerous stakeholders

The Federal Council realised years ago that population health can be promoted through coordinated action on the part of stakeholders. For that reason, it has decided to establish the National Programmes on Alcohol, Tobacco, Diet & Physical Activity alongside the Package of Drug-Related Measures that was started in the 1990s. On behalf of the Federal Council, the FOPH determined the thrust of the programmes and prioritised measures. Partners from various disciplines were engaged, who shaped the programmes with their knowledge and strengths in the respective fields. This included primarily the cantons, the Federal Office of Sport (FOSPO), the Federal Food Safety and Veterinary Office (FSVO), the Swiss Alcohol Board (SAB), the Tobacco Control Fund (TPF) and the three federal commissions involved in prevention (tobacco, alcohol, drugs). Together with various trade associations and NGOs, they helped implement the programmes and steadily improved cooperation with each other over the years.

Successful prevention includes a balanced combination of different measures and regular exchanges between stakeholders. The programmes were aimed at increasing personal responsibility and individual health literacy. Scientific evidence, consumption figures and good-practice activities were recorded through monitoring and evaluation. The population was informed about risks and support services by way of campaigns. Yet knowledge alone is not enough; health-promoting framework conditions are also necessary. Building a safe cycle path and attractive spatial planning, for example, means that more people will go to work by bike or on foot rather than by car, with the

desired side effect of improving their circulation. Canteens take care to ensure a balanced range of meals, and companies offer sports classes to their employees. Foods containing less salt or sugar came onto the market thanks to voluntary measures on the part of industry. Statutory measures such as the Federal Act on Protection against Passive Smoking also had an important role to play in prevention.

benefits. Healthy people are less of a burden to the solidarity-based health system, as they need fewer services or only use them much later.

The effect of prevention activities on the healthcare system often becomes apparent only after some time. But these past eight years have nonetheless yielded various positive trends. The Federal Act on Protection against Passive Smoking is serving its purpose in that the propor-



Prevention works and is worthwhile

The intervention and information offerings that were prepared as part of the programmes made it possible to show those concerned how they can improve their physical and mental performance with simple measures in their everyday lives. People were also made aware that smoking cessation and moderate alcohol consumption increases their well-being and improves their quality of life. Using the stairs instead of taking the lift, an apple a day, and balanced meals in the canteen are small everyday contributions to health and individual well-being. By maintaining a healthy lifestyle, we will stay healthy longer and get more enjoyment out of life. Besides advantages for the individual, society also

tion of people exposed to harmful tobacco smoke has massively decreased. Within a short time, this led to a decrease of some 20% in heart attack-related hospitalisations. High-risk alcohol consumption also declined, especially among young people. The number of people who exercise regularly has risen in recent years, and the share of overweight adolescents has stabilised after being on the rise for years. Furthermore, over half the people who smoke want to stop. Thanks to the National Prevention Programmes on Alcohol, Tobacco, and Diet & Physical Activity, we have thus achieved a great deal in the past eight years. The Package of Drug-Related Measures (based on the Swiss four-pillar policy that is internationally regarded as exemplary) has provided those concerned with an extensive range of assistance in the areas of prevention, treatment and harm reduction. This has led to a significant decline in deaths and drug-related crime, better health of addicts and the disappearance of open drugs scenes.

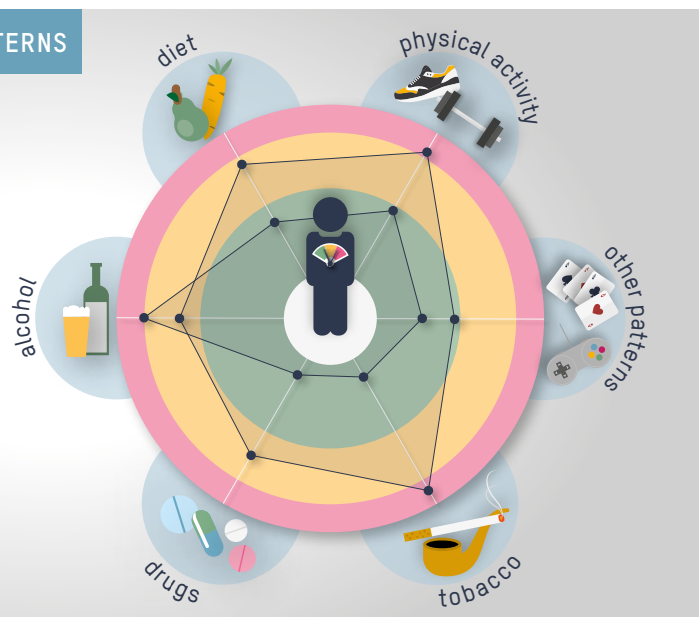
Prevention is worthwhile from the economic point of view as well. Every franc invested in prevention work pays off many times over. In addition, there are benefits that are and remain priceless, namely longer-lasting health and improved quality of life.

The increasing importance of non-communicable diseases

The three programmes and the package of measures have been successfully concluded. Yet circumstances are constantly changing. Strategies and measures thus need to be adapted continually. A look at the diseases that are most widespread in industrialised nations

INDIVIDUAL BEHAVIOUR AND CONSUMPTION PATTERNS

- Everyone has their own individual behaviour and consumption patterns. Behaviour patterns are not static – they change with the person's age and life stage. The behaviour of each individual therefore changes during his lifetime.
- The individual and his environment, his circumstances and his ability to modify his own lifestyle are crucial factors in dealing with addiction and risk factors. Improving each person's health literacy therefore plays an important role in prevention and addiction support.



At first-hand

and on the rise worldwide once again illustrates the importance of the tasks that await us.

About two-thirds of deaths are due to four diseases, namely cancer, diabetes, cardiovascular and respiratory diseases. In addition, people are being treated for chronic musculoskeletal diseases and mental disorders. Experts refer to these diseases as non-communicable diseases (NCD), which are responsible for 80% of today's healthcare costs. And since the number of older people is growing and the likelihood of suffering from chronic diseases increases with age, this trend is rising. These diseases therefore constitute the greatest challenge to our healthcare system, not least of all due to the significant impact in terms of costs. In an age of rising health insurance premiums, these are findings we cannot be indifferent to. In the light of this situation, it was clear to the Federal Council



cable Diseases (NCD Strategy). The new strategy is designed to allow the resources of the Confederation, the cantons and private stakeholders to be deployed in an even more targeted manner, with activities being optimally coordinated and geared towards common goals. In addition to the NCD Strategy, the Strategy on Addiction was also developed. It constitutes an overarching framework for orientation and action and describes the direction of Swiss drug policy for the coming years. With the National Strategy on Addiction, we are reacting to the fact that many substances and behaviours now occur simultaneously and new forms of

dependency are appearing all the time. The strategy is based on the balance between personal responsibility and support for those who need it. Both strategies are linked to the four national programmes that drew to a close at the end of 2016.

The National Strategies' great potential lies in the interaction of the relevant stakeholders. The new strategies incorporate proven measures, but at the same time we want to address deficits identified in recent years. On the one hand, we will focus even more on practice and more directly target vulnerable or affected population groups. For even in Switzerland, which is known internationally for its exemplary healthcare system, origin, education and social status all too often determine health well-being. Healthcare is another important action area of the two strategies. People who are at greater risk of disease or are already ill are to be supported with needs-appropriate services to alleviate and improve their disease progression. Prevention is being integrated increasingly into the medical-care chain, with doctors, nursing staff and other health professionals playing a central role. Interfaces and cooperation within and outside the healthcare system are to be improved in order to ensure coordinated care. Besides promoting and maintaining physical health, mental health must also be ensured – because it is often associated with the risk factors alcohol, tobacco, drugs, diet and physical activity. Measures of the NCD Strategy and the Strategy on Addiction are therefore also coordinated with measures to prevent mental illness.

So the priorities are set. The experience of recent years shows us the way into the future. Human beings are the focus of our work, and their health is vital to us. We want them to live a healthy life for as long as possible. Day after day. We are convinced that the new NCD Strategy and the Strategy on Addiction which were introduced this year will make a significant contribution to the well-being of the population.

When the Prevention Act of 2012 failed in the Council of States, it was not the Act itself that was defeated. At that stage, no one doubted that prevention works. In fact, it failed because of the discussion about the spending freeze, which was somewhat ironic. After all, the whole idea of implementing the Prevention Act was to curb future healthcare costs, and to do so with relatively little financial expenditure. If one looks at how much has been spent on measures for prevention and health promotion, one can see that this expenditure is certainly worthwhile: every franc invested in tobacco prevention saves 41 francs in costs; for prevention of alcohol abuse, the savings amount to 23 francs. About half of all non-communicable diseases are influenced by the individual's lifestyle, which shows how important it is to get regular exercise, eat a balanced diet, drink in moderation and give up smoking. People who do this not only stay healthy for longer – they can also participate more actively in their private and working lives with more enjoyment and a better quality of life.

The National Prevention Programmes that operated from 2008 until 2016 not only showed people how to live a healthier lifestyle, they also created structures throughout Switzerland to enable partners and stakeholders to campaign for reduced alcohol, tobacco and drug consumption in a coordinated, efficient and targeted way, and to promote exercise and a balanced diet. Starting this year, the national 'Addiction' and 'NCD' strategies bring the previous programmes together. They are intended to facilitate communication between stakeholders further and apply the available funds even more effectively. People should be approached where they spend time – at home, at work or as patients. Their particular stage of life (e.g. marriage, employment, crises) and especially their transitions from one stage to another should be taken into account. At this point, we would like to sincerely thank all the partners who have helped to implement the programmes, and who are now engaged in implementing the addiction and NCD strategies for the health of the Swiss population.



that we have to make an even greater effort. One of the objectives of its Health2020 Strategy was therefore to intensify health promotion and disease prevention, providing for measures in the areas of non-communicable diseases, mental health and addiction. The Confederation, the cantons, Health Promotion Switzerland and many partners have therefore prepared the Strategy for the Prevention of Non-communicable

diseases and geared towards common goals. In addition to the NCD Strategy, the Strategy on Addiction was also developed. It constitutes an overarching framework for orientation and action and describes the direction of Swiss drug policy for the coming years. With the National Strategy on Addiction, we are reacting to the fact that many substances and behaviours now occur simultaneously and new forms of

DISEASES AND INFLUENCING FACTORS		diseases				
		cardiovascular diseases	diabetes	cancer	chronic respiratory diseases	musculoskeletal diseases
influencing factors	tobacco	●	●	●	●	●
	alcohol	●		●		●
	nutrition	●	●	●		●
	physical activity	●	●	●		●
	blood pressure	●				
	blood lipid level	●				
	weight	●	●	●	●	●
	socioeconomic status	●	●	●	●	●

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Important decisions have been made for tobacco prevention

National Tobacco Programme (NTP 2008–2016).

"Smoking-related cases of death and disease in Switzerland have been reduced." With this mission, the Federal Council adopted the NTP 2008–2016 in 2008 and commissioned the Federal Office of Public Health (FOPH) with its implementation. How have tobacco use and prevention developed since then? A review.

The data from Addiction Monitoring Switzerland demonstrate the success of tobacco control from 2008 to 2016. The proportion of smokers in the population has declined from 27 percent (2008) to 25 percent (2015). Another positive aspect is the decrease of smokers among 15- to 19-year-olds from 26 percent (2008) to 24 percent (2015). The trend in passive smoking is particularly pleasing: In 2008, 21 percent of the population were still exposed involuntarily to heavy cigarette smoke, but this fell to 5.4 percent in 2015. A significant factor was the implementation of the Federal Act on Protection against Passive Smoking, which came into force in May 2010. Awareness and attitude have also played a role in recent years. The great majority of the population is aware of the harm caused by smoking. 58.1 percent of voters (2015) supported a general ban on tobacco advertising and 69.7 percent supported a ban on tobacco advertising that applies everywhere except at points of sale.

Four priority action areas

To achieve the three main goals of the NTP 2008–2016 (see box), four priority action areas were addressed: 'Information and opinion formation', 'Health protection and market regulation', 'Behaviour-oriented prevention' and 'Coordination and cooperation'.

1) Information and opinion formation: from awareness raising to activation

The population and its decision-makers must be aware of the dangers of tobacco

National Tobacco Programme 2008–2016: a brief summary

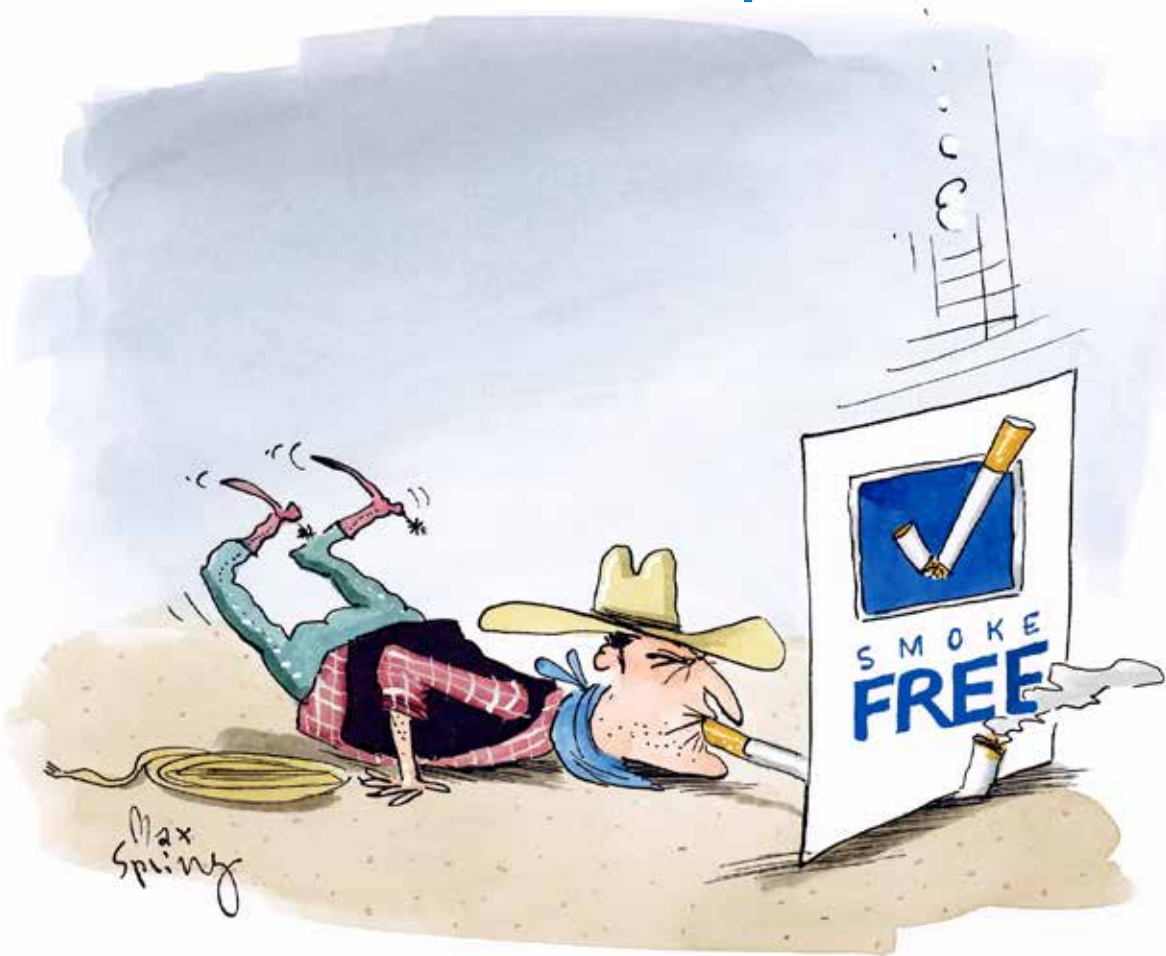
Mission:

Smoking-related cases of death and disease in Switzerland have been reduced.

Main goal 1: The proportion of smokers in the resident population of Switzerland has fallen from 29% (2007) to about 23%.

Main goal 2: The proportion of smokers in the age group 14 to 19 has fallen from 24% (2007) to less than 20%.

Main goal 3: The proportion of people who are exposed to other people's smoke (passive smoking) for 7 hours or more per week has fallen from 27% (2006) to about 5%.



products if they are to accept prevention measures. Mass-media campaigns are an effective way of communicating messages effectively to the public.

'Tobacco Monitoring Switzerland' was introduced in 2001 at the interface between communication and research. It was converted into 'Addiction Monitoring Switzerland' in 2011, and its reports document the changes in tobacco consumption and people's attitude towards smoking in Switzerland.

2) Health protection and market regulation: further development of legislation and tax policy

These developments focused on the various efforts to curb the harmful effects of tobacco consumption with structural measures. Legislative principles regarding the consumption, production, sale and advertising of tobacco products should be adapted to recent scientific data on the effectiveness of prevention measures and to internationally agreed standards. The Federal Act on Protection against Passive Smoking took effect on 1 May 2010; the Act prohibits smoking in enclosed and publically accessible buildings. This resulted in a substantial reduction in exposure of the population to passive smoking.

In addition to legislative measures, increases in tobacco tax are a very effective means of prevention. As part of the Revision of the Tobacco Tax Act, the National Council decided in 2016 not to renew the entitlement of the Federal Council to increase the tobacco tax.

Another project was the development of a new Tobacco Products Act. The Tobacco Products Act will incorporate the existing tobacco legislation from the

expiring Foodstuffs Act. In late 2016, the Parliament referred the Draft Tobacco Products Act back to the Federal Council. The Federal Council was requested to revise the draft.

3) Behaviour-oriented prevention: subsidiary role of the FOPH

Interventions that are designed to prevent or reduce harmful behaviours are central to behavioural prevention. The cantons, communes and prevention institutions are responsible for organising behavioural prevention measures. The FOPH plays a relatively minor role in this regard. The NTP 2008–2016 focused on youth. Young non-smokers in particular were encouraged not to start smoking in the first place. Another focus was laid on promotion of quitting smoking. Since early 2010, warnings combined with images and texts on tobacco products also point to the 'quit smoking' phone number (+41 848 000 181). The 'quit smoking' number is funded by the Swiss Tobacco Prevention Fund (TPF) and operated by the Swiss Cancer League. Other tobacco prevention projects are listed in the TPF project database.

4) Coordination and cooperation: strengthen relations with implementation partners

Coordination of measures in the NTP 2008–2016 and cooperation between its stakeholders (federal, cantonal, NGOs, professional associations, private) is a key responsibility of the FOPH. The strategic and operational leadership, held by FOPH, Federal Commission for Tobacco Prevention, Swiss Conference of Cantonal Health Directors, and TPF, of the

NTP 2008–2016 started work in 2008. The competent authorities tried to make greater use of synergies and improve the sharing of relevant experience. In other words, "one goal, many voices". The partner platform for tobacco prevention and cantonal platforms for sharing information were established in German-speaking and French-speaking Switzerland. In particular, contact and cooperation with the cantons was enhanced.

Despite these positive developments, more work is still needed on tobacco prevention. In Switzerland, 25 people die every day as a consequence of tobacco use. This results in an overall cost to the Swiss public of about 5 billion francs per year. Smoking remains the most important single cause of shortening people's lifespan and reducing their quality of life. Tobacco is the most important risk factor for non-communicable diseases such as cancer, cardiovascular disease and respiratory disease. Tobacco prevention must therefore remain a major focus of public health.

The FOPH continues to follow the latest developments concerning tobacco consumption. This is the only way to conduct a contemporary and effective programme of tobacco control and prevention. From 2017–2024, this programme will be conducted as part of the "National Strategy for the Prevention of Non-communicable Diseases" and the "National Addiction Strategy".

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Looking back at eight years of the National Alcohol Programme

National Alcohol Programme NPA 2008–2016. Alcohol is a part of our culture – a glass of red wine with dinner, a little champagne as a toast, or a beer in the evening. However, alcohol is not a normal consumer product and one needs to learn how to deal with it. Although most people know how to drink responsibly, about one in five people drink too much, too often or at the wrong time. About 50% of all alcohol is drunk by 11 percent of the population. Excessive alcohol consumption is one of the major risk factors for chronic diseases. It has harmful consequences for society and increases the rate of traffic accidents. The annual costs for the Swiss population are about CHF 4.2 billion*. In order to address this problem, the National Alcohol Programme (NPA) was established in 2008, with the slogan: "If you drink alcoholic beverages, you do so without harming yourself or others."

In 2005, the Federal Council requested the Federal Department of Home Affairs (DHA) and thus the Federal Office of Public Health (FOPH) to review the Swiss alcohol policy. The collaborative development of a strategy paper showed that there were problems at institutional as well as societal levels:

- There was insufficient coordination between stakeholders with responsibilities relating to alcohol at national, cantonal and community levels. Communication between stakeholders was limited.
- There was not enough information, and insufficient communication of the alcohol policy. The population knew too little about the adverse consequences of alcohol abuse.
- Existing legislation, for example the age limit on selling alcohol to minors, was not enforced effectively, and the limited means of active alcohol prevention were not applied consistently.

A jointly organised approach by all stakeholders to the prevention of alcohol abuse was clearly necessary. The first National Alcohol Programme (NPA 2008–2012) was launched with its adoption by the Federal Council on 18 June 2008.

Concerted actions within one umbrella programme

The goal of the NPA was to increase people's ability to drink responsibly and decrease alcohol abuse. This required the cooperation of various stakeholders such as the federal government, the cantons, the communes and NGOs as well as schools, medical practices and the police. The NPA had seven primary objectives in ten areas. Issues such as the protection of minors, the attitude of the population and reduction of the social consequences of excessive consumption were covered by these areas.

The NPA acted as an umbrella for various measures in all parts of the programme. Supervision was the responsibility of a strategic management group consisting of the FOPH, the Swiss Alcohol Board (EAV), the Federal Committee for Alcohol Issues (EKAL), and the Swiss Conference of Cantonal Health Directors (GDK). The FOPH played a coordinating role. It was responsible for the national campaign and the associated communication, research, monitoring and evaluation, as well as for the development and dissemination of best practices.

The campaign was implemented by the FOPH and a group consisting of the Swiss Alcohol Board, the Federal Committee for Alcohol Issues, the State Secretariat for Economic Affairs (SECO), the Federal Roads Office (ASTRA), Addiction Switzerland, the Addiction Association, the Blue Cross, the Groupe Romand d'Etudes des Addictions (GREA), the Swiss Office for the Coordination of Addiction Facilities (Infodrog), the National Youth Council of Switzerland (SAJV), Ticino Addiction, the Swiss Medical Association (FMH), the Swiss Conference of Urban Security Directors (KSSD) and, until its dissolution, the Expert Group on Further Addiction Education (EWS). These important Swiss institutions took over the management of activities in collaboration with the cantonal authorities.

When the programme started, a great deal of work was done to develop the necessary co-ordination structures. Communication platforms were created and new instruments were developed. Measures for test purchases, training of sales personnel in relation to youth protection legislation, promotion of Cantonal Action Plans and the alcohol prevention campaign "I'm talking about alcohol" with the Alcohol Dialogue Week as its centrepiece were all implemented. A key element was the new funding process, which created transparency, fostered innovation and enabled the consistent allocation of resources.

The programme was first evaluated in 2010 and 2011. The report concluded that the NPA was effective as a national umbrella strategy, since it provided the various stakeholders with guidance and support. The stakeholders discussed issues with one another more frequently, while professionals, the public and politicians were all made more aware of the relevant issues. However, the absence of structural measures due to the lack of a political majority was criticised. But the conclusion was clear: the programme was well on track and should be extended.

The consolidation phase – extension of the NPA until 2016

To ensure the long-term success of the programme, the Federal Council extended the NPA in May 2012. At the same time, resources were pooled and the primary focus was placed on three issues:

- Protection of minors
- Raising public awareness of the dangers of alcohol abuse and
- Improved coordination of the various prevention programmes.

Cooperation with the partners worked well during the first years, and in the second half of the programme good progress was made towards achieving its aims. Proven features of the first four years, such as meetings regarding the Cantonal Action Plan and the application process were continued. Addiction monitoring was also continued. This had been carried out annually since 2011, and provided data on the consumption of alcohol and public attitudes towards it. In addition, studies on alcohol intoxication, the relationship between violence and alcohol, and the societal costs of alcohol abuse filled gaps in the data that existed until 2008. The first national Alcohol Dialogue Week was launched in 2011 with the slogan "I'm talking about alcohol"; it was organised bottom-up as a partnership. The aim was to strengthen coordination and networking among the stakeholders, and to raise public awareness of the hazards of alcohol consumption. Since 2015, some top-down measures and the prevention slogan "How much is too much?" (alcohol-facts.ch) have been added to the biennial Alcohol Dialogue Week. The question "How much is too much?" suggests that drinkers should find a personal solution appropriate to their situation.

An external evaluation in 2015 provided an assessment of what had been achieved so far, and a basis for making decisions for the future. The results were good: most activities were implemented as planned. In addition, the meetings and further education ses-

sions as well as concept development contributed greatly to successful information exchange and role clarification. Simple, understandable messages and arguments were used in all activities, and they were broadly and effectively advertised to the population and the target groups thanks to the good coordination between the various stakeholders. A successful era ended in December 2016 with the termination of the NPA. A great deal was accomplished in the eight years of the programme: effective measures were developed and implemented, scientific principles were outlined, and reliable information about alcohol abuse was communicated to the population in an understandable way, thanks to the partners and the campaigns. The 2017 NPA was converted into the new addiction and NCD (non-communicable disease) strategies in enhanced form, thanks in large part to the outstanding cooperation with the cantons. Work on the new strategies will continue together with the stakeholders in alcohol prevention, because alcohol abuse affects everyone, and society as a whole benefits from effective prevention.

* Fischer et al. (2014). *Alkoholbedingte Kosten in der Schweiz. Schlussbericht im Auftrag des Bundesamtes für Gesundheit [Alcohol-related costs in Switzerland. Final report on behalf of the Federal Office of Public Health]*, at: www.news.admin.ch/news/message/attachments/34153.pdf (accessed 31.01.2017).

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The Swiss drug policy – a pioneer model

Packages of drug measures.

Switzerland's four-pillar drug policy is still a commendable example for many countries in their approach to drug problems. These are some of the impressive achievements over the last twenty years: open drug scenes have disappeared, while drug-related deaths, the HIV infection rate and drug-related crime have all decreased and public safety has improved. The drug problem has not been solved, but Switzerland has found a pragmatic, health-oriented and humane approach to the drug problem. The third package of drug measures expired at the end of 2016. As part of the National Addiction Strategy, which includes all types of addiction, the four-pillar drug policy will be developed further into the four-pillar addiction policy.

The origins of Switzerland's drug problems date back to the time of the 'flower power' movement, which made the use of illegal drugs a symbol of rebellion against the establishment. The first wave of drug use reached Switzerland in the late 1960s. The Swiss authorities were alarmed by this little-known phenomenon, and responded promptly with measures that were primarily repressive at the start. In 1975, a revision of the Narcotics Act made drug consumption as well as drug dealing punishable by law. The first drug-related inpatient and outpatient facilities were constructed during this period, usually as private initiatives.

Packages of drug measures I and II

The Swiss drug policy was initially based on three pillars – prevention, treatment and particularly social repres-

sion. In the late 1980s, the cities (which had suffered most from the publicly visible effects of the drug problem) supplemented the policy with harm-reduction programmes. It was primarily a question of protecting drug addicts against death or impoverishment due to drug use, and of curbing the spread of Aids. Increasing pressure from the public and in particular from the media, which portrayed Switzerland as a drug haven, initiated a change in the attitude of Swiss society and politics.

As a result, the first drug injection sites, syringe exchange projects and basic accommodation, workplace and assistance programmes, such as help points, were established. This was a paradigm shift, because the assistance programmes were no longer designed just for drug addicts who wanted to quit, but also for those who were not (yet) ready or willing to do so.

The federal government responded to this development (initiated by the cities) and gave the four-pillar drug approach a conceptual framework with the federal government's first 'Package of measures to reduce drug problems' (MaPaDro I, 1991–1996). This was carried out under the auspices of Ruth Dreifuss, who was then a newly elected member of the Federal Council and saw commitment to the drug policy as particularly important. She supported the four-pillar drug approach strongly against political resistance, which was initially very strong. The primary focus of MaPaDro I was reduction of the heroin problem. Addiction medicine received particular support, such as treatment supported with heroin and methadone, medically supervised contact points and drop-in centres with injection rooms, syringe exchange programmes and facilities for medication-assisted withdrawal.

If the focus of MaPaDro I was development and establishment of the four-pillar drug approach, the second package of measures (MaPaDro II, 1998–2006) was intended to consolidate the policy and apply it throughout Switzerland.

The success of this drug policy is also reflected in the perception of the drug problem by the population. In the early 1990s, 74 percent of people living in the country regarded drugs as one of the five biggest problems in Switzerland; but the drug problem has now dropped to number 17 on the 'worry barometer' of the Swiss population. It has been possible to reduce the drug problem to a socially acceptable level. There will probably never be a complete solution, because taking psychoactive substances has always been an important societal and cultural issue in one form or another. However, it is remarkable that Switzerland has found a humane way of dealing with this extremely complex social problem.

MaPaDro III

The major insight of the first two packages of measures was that the success of the four-pillar drug approach was mainly due to improved coordination between the measures of all four pillars. Particular importance was attached to the interactions between repression and harm reduction. Accordingly, the third package of measures focused on inter-pillar cooperation between public health and public safety. The third package of measures was thus the first to be supported not only by the Federal Office of Public Health, but also by the Federal Office of Police and the Federal Office of Justice. The associated increase in cooperation between the police and addiction support services, both at federal level and in the communes, amazes people in many countries. The professional priorities of MaPaDro III were to establish an approach to prevention that addressed all forms of addiction, and in particular the concept of early detection and intervention. Special attention was given to quality development and the further training of skilled personnel. One of the developments for this purpose was the QuaTheDA quality standard.

From heroin to synthetic drugs

In the 1990s, heroin had disastrous effects on many of its users, which included physical injury and diseases such as Aids, hepatitis C and all too often death. In addition, it almost completely destroyed the societal and social lives of those affected in many cases. But today many other substances such as cannabis, synthetic drugs and cocaine are used, and consumption patterns have also changed.

Expansion of the nocturnal economy is generating increasing problems with synthetic drugs and cocaine, with violence and sexual assault as well as littering and unpleasant noise levels in public spaces. These problems are caused not only by illegal drugs but also by alcohol.

The current drug problem in public spaces is therefore inextricably linked to issues of public order and safety. In future, there will therefore be an increased need for cooperation between the areas of repression, addiction prevention, harm reduction and treatment.

Internet – curse and blessing

These days, the open drug scene is barely visible. However, the Internet has become much more important with regard to drugs. This is partly due to the trade in illegal drugs, where all kinds of illegal substances are available for sale on the so-called Darknet, and partly because Internet users gather information on substances and discuss their effects with one another. However, the anonymity of the Internet also opens up new opportunities for addiction support. In particular, recreational drug users are easier to contact via the Internet than in the real world. The online portal SafeZone.ch, which is supported jointly by the cantons and the federal government provides Internet-based addiction counselling for addicts and their families.

From drug to addiction policy

This development makes it clear that the drug problem is no longer an isolated phenomenon, but is linked to a variety of other societal problems.

We cannot predict how addiction problems will manifest themselves in future. New psychoactive substances, medications, gambling, excessive risk-taking, the Internet, neuroenhancement, medical use of illegal anaesthetics and narcotics, cannabis regulation – all these topics are changing constantly and will present us with new challenges.

There will always be people who are unable to behave in a healthy and socially responsible manner with legal or illegal addictive substances. To abandon measures for prevention, harm reduction, therapy and regulation would therefore lead sooner or later to a renewed increase in drug and addiction problems. Preventing such an increase is the goal of the National Addiction Strategy, which encompasses all forms of addiction and was approved last year by the Federal Council. This strategy is the logical development of the three packages of measures (or the recognition expressed therein) as ultimately, it is not the substances that are the real problem, but the banal and potentially fatal failure of human beings to recognise when more is too much.

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Looking back, looking ahead: The National Programme on Diet and Physical Activity

National Programme on Diet and Physical Activity (NPDPA 2008–2016).

Enjoying life has a lot to do with nutrition and physical activity, because people who eat a balanced diet and get plenty of physical activity are providing a solid basis for their health, and feel good at the same time. The NPDPA was aimed at encouraging the Swiss population to live a healthy and more enjoyable lifestyle, and at providing conditions that would make this possible. A great deal has been achieved, and useful approaches will be continued and developed further with the new strategy on non-communicable diseases (NCDs).

Most people know that a healthy diet and sufficient physical activity are important. But there are still too many of us who disregard this. There are many complex reasons for their behaviour, but we can all find out how to look after our health for as long as possible and act accordingly. This would help to prevent NCDs. This development is not unique to Switzerland. The World Health Organisation adopted a 'Global Strategy on Diet, Physical Activity and Health' in 2004, and a 'European Charter on Counteracting Obesity' in 2006. This makes it clear that obesity has become more widespread as a result of socio-economic and cultural changes, and that measures are needed to curb its increase. Switzerland has supported these policy papers, and on 18 June 2008 the Federal Council commissioned the Federal Office of Public Health (FOPH) to develop and implement the 'National Programme on Diet and Physical Activity' in conjunction with its partners.

Partners in the NPDPA

Organisations that participated in the programme included the FOPH, which was responsible for programme management, the Federal Office of Sports (FOSPO), the Health Promotion Switzerland foundation (HPS) and the Swiss Conference of Cantonal Ministers of Public Health (GDK). These were joined by the Federal Food Safety and Veterinary Office (FSVO) on its establishment in 2014. In addition to the FOPH, FOSPO, HPS and FSVO, other federal agencies as well as industry and NGOs launched activities that contributed to achieving the objectives of the programme. Examples are the Federal Office for Spatial Development (ARE) with its innovative approaches to the integration of physical activity promotion into spatial planning, and the Federal Roads Office (FEDRO) with its promotion of active mobility with safe and attractive cycling and walking paths.

Objectives and activities of the programme

Cross-sector coordination and the communication of positive messages, such as 'Enjoy what you eat' and 'Feel well with physical activity', were some of the main issues of the programme. This should



encourage to take more responsibility for one's own health, and persuade business and industry to undertake voluntary measures.

The results of an evaluation shortly before the programme ended in 2016 were positive:

Programme Management (FOPH / FSVO / FOSPO / HPS / GDK): The strategic management group of the programme met regularly to share information, and held preliminary discussions on the strategy that will follow (NCD strategy). The allocation of responsibilities is now clear.

Environmental setting (FOPH / FOSPO): the supported projects contribute to increased availability of options for physical activity due to the structural promotion of physical activity, removal of obstacles to physical activity and improved safety for active mobility. Specifically, the FOPH has provided annual support to an innovative project on active mobility via the 'Office for Sustainable Mobility' (KOMO, formerly the Service Centre for Innovative and Sustainable Mobility). The FOPH was also involved in the further development of the KOMO, and developed a guideline on Open Space Development together with other federal offices. Thanks to the 'Pilot Projects for Sustainable Spatial Development', open spaces for physical activities will be developed in agglomerations throughout Switzerland.

Workplace setting (FOPH / HPS): Successful activities for promoting physical activity in the workplace include the 'Nestmove' pilot project, launched jointly at Nestlé by the SUVA (Swiss Accident Insurance Fund) and HPS. A further offer for organisations that addresses physical activity, ergonomics, nutrition and stress arose from a collaboration between the SUVA, HPS and the FOPH. The Migros supermarket chain is implementing this offer as a pilot project in the canton of Vaud.

Medical setting (FOPH): One objective of the new NCD strategy is to strengthen 'Prevention in Healthcare'. This objective will be achieved with the 'Girasole' pilot project. A key factor here is physical activity.

Monitoring and data collection (FOPH / FSVO / FOSPO / HPS): An important strategic instrument for preventive measures was created with the Diet and Physical Activity Monitoring System (MOSEB; www.moseb.ch). This provides information on the dietary and physical activity characteristics of the population in Switzerland based on 58 indicators.

Information, policy (FOPH / FSVO / FOSPO): Numerous measures have been taken to keep the public and relevant experts informed: a website, regular newsletters on current issues and pointed comments on the sedentary lifestyle (together with the FOSPO), as well as updating and disseminating recommendations regarding physical activity on the 'hepa.ch' network. The 'Swiss nutrition platform' (ERPLA) was used to exchange information on diet and nutrition. The introduction of topics related to nutrition and physical activity into the policies of other sectors and at the international level was promoted by departmental consultations that promoted collaboration on various strategies, concepts, multisector programmes and committees. At the International level, the FOPH also funded and co-organised a meeting of experts from the WHO on development of a strategy for physical exercise, and worked collaboratively on this strategy. The FSVO took over the chairmanship of WHO Europe's 'European Salt Action Network' (ESAN) and coordinated international exchange and capacity building.

Collaboration with industry (FOPH / FSVO): The FSVO took over activities related to nutrition in 2014. The 'action-santé' initiative of the FOPH and the FSVO encouraged industry to change the situation of nutrition and physical activity by

voluntary commitment, in order to make it easier for the Swiss population to make healthy choices. In the context of action-santé's promises to become active, the salt strategy resulted in reductions of salt content by up to ten percent in four food groups of the partners. A reduction of the salt content in bread was achieved together with the Bakers Association, even without action promises. According to the Declaration of Milan, in August 2015 ten Swiss companies committed to revising their recipes for yoghurt and breakfast cereals and reducing their sugar content during the next four years.

Activities of the Federal Office of Sport (FOSPO): According to the number of participants in sports events arranged for children, youth and adults, the objectives were surpassed. The feedback from partners and other observations show a steady or increasing demand for sporting events or programmes in adults, and a general increase in sports activities.

Activities of Health Promotion Switzerland (HPS) and the cantons: The activities of the NPDPA are related to the cantonal nutrition and physical activity action programmes. Greater numbers of children and adolescents were reached, and there were also multiplier effects. Twenty cantons, covering about 90 percent of the population in Switzerland, committed their ongoing financial support. The number of planned measures has almost doubled since 2011, and one third of these have been implemented.

Finally, it should be noted that more adults engaged in sufficient physical activity from 2002–2012. A slight decrease in the number of overweight children and adolescents was observed.

Review and prospects for programme partners

The programme partners are satisfied with the achievements. For example, the MOSEB system now makes valuable basic data available to all partners. Joint activities related to promotion of physical activity at the workplace (FOPH, HPS, SUVA) and actionsanté (FOPH, FSVO) have again created synergies. Regular sharing of information between the partners identified duplication of effort at an early stage, and the programme has generally contributed to an improved definition of roles. The NPDPA has enabled the FOPH to position itself clearly with regard to environmental issues, and has revealed new approaches to the topics of nutrition and physical activity in the medical setting.

The NCD strategy covers all aspects of the NPDPA from 2017 onwards. The programme partners intend to continue with activities that have already proven to be successful.

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Many goals achieved – mixed outcomes at the political level

Interview with Andreas Balthasar.

Andreas Balthasar assesses the alcohol, tobacco, and diet and exercise programmes as well as the package of drug measures after their first period. We asked him about his overall view of the programmes, where he thinks they have been particularly successful, what must be taken into account when establishing the objectives of an evaluation, and what he sees as the challenges for future prevention programmes.

spectra: How do you view the success of the programmes, now that they have been running for eight years?

Prof. Andreas Balthasar: The outcomes are mixed. The programmes have generally had positive results. The most important point is that the stakeholders, the NGOs and the authorities have jointly taken significant steps towards a common goal. The evaluations show that the defined outcome and output objectives were frequently achieved. The result is less clear at the political level. The programmes have contributed greatly to the strengthening of existing and new services. Some institutional objectives have also been achieved: protection against passive smoking is a good example. However, implementation is hampered by the political dynamics, and there have been some setbacks – particularly with regard to alcohol. For instance, the complete revision of the Alcohol Act would have incorporated structural measures for prevention, but it failed due to insurmountable differences. So much for a general overview.

A look at individual programmes shows that some of them have progressed further than others. The situation with drug problems has changed somewhat; new challenges have emerged. But the stakeholders in prevention now know quite well how to deal with this. With tobacco, the Federal Act on Protection against Passive Smoking is successfully reducing tobacco consumption in some important areas. However, it has also meant that nothing at all was achieved in other areas. Very little has changed with regard to alcohol issues. This is

Our interviewee

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certainly due to the difficult environment. Good progress has been made in terms of nutrition and exercise, which is probably due to the collaboration with the cantons, with industry or with other federal offices. The indicators also show that the problem of overweight in children has improved somewhat.

And how does Switzerland rank internationally?

For tobacco and smoking, Switzerland ranks poorly by comparison with other countries. We have relatively liberal legislation, and Switzerland has still not ratified the WHO Convention on Tobacco Control, although it was signed years ago by the Federal Council. The prevalence of smoking is relatively high. Switzerland has certainly been a pioneer in the area of illegal drugs, but this no longer seems to be the case. Switzerland is well positioned with regard to exercise and diet. For example, the Youth+Sport programme is an important element of organised sport here, but we're also doing well with other significant activities.

As far as alcohol goes, I don't think that anyone has a solution. I was given some idea of this by participants in the master's course in Health Science in Lucerne. In one presentation, a local security officer argued for a ban after a certain time in the evening: he said that public spaces are quite polluted and hospital referrals are increasing dramatically. In the following discussion, a participant from Canada said that they had extremely restrictive laws on alcohol consumption by adolescents. But the teenagers were drunk anyway. A participant from Cuba then said that alcohol was not taboo there. People drank alcohol every day, even children were given rum – that was quite normal. At the end of the discussion, the conclusion was that excessive alcohol consumption is closely linked to people's prosperity. Most people have nothing against alcohol consumption for enjoyment, but with smoking, there's now a broad consensus that it endangers one's health.

From this year on, the national prevention programmes will become part of the National Addiction Strategy and the National Strategy for Prevention of Non-communicable Diseases. Which opportunities and risks do you see in these cohesive substance strategies as compared with the previous individual substance strategies?

A cohesive substance strategy is certainly the right approach from a scientific viewpoint. It's the state of the art. We must enable the public to lead a healthier lifestyle. A cohesive substance strategy is also needed by practitioners at the front line. That would involve teachers as well. They appreciate it if a single specially trained person speaks to students about all aspects of addiction. The cantons and their relevant departments also appreciate it if a single prevention specialist is involved in developing the rules and regulations. Science, practitioners and cantons: they all need and welcome an integrated strategy.

"If the outputs and outcomes of the target group go in the right direction and the results of monitoring also go in the same direction, one can assume that the programme is making a contribution to the success."

But here's the catch: NGOs that have worked towards prevention of a particular substance for years are tied to this particular substance. It's the basis of their legitimacy, their networks and their expertise. If I've been working towards alcohol prevention and supporting those affected for 20 years, it's very difficult to reposition myself and my institution and achieve legitimacy based on the objectives of the NCD strategy. We have to understand that a lot will be lost with the introduction of the cohesive substance

strategy, such as existing commitments and positioning. That will have to be built up again, and that takes time. But of course it also creates opportunities and potential synergies, which will pay off in the medium and long term.

A particular challenge is that the concept of NCDs is difficult to grasp and communicate. The negative consequences of alcohol, tobacco and drugs – people already know that. Perhaps there's someone we know who has a drinking problem. We then might know from our own experience how difficult such situations can be, and we develop a certain sensitivity. We need to make it easier for people to understand what NCDs mean, and how important it is to have an appropriate strategy.

Good cooperation between the FOPH and the partners is a critical factor for the success of any programme. How would you assess the FOPH's role allocation? Do you have any recommendations for the FOPH?

A success factor is already implemented in the NCD strategy. And it is this: seek cooperation with the cantons, professional associations, NGOs, business and all other relevant stakeholders, so that they can develop the programme together and make progress. I think that the challenge is that there are conflicting priorities. On the one hand the FOPH has the remit to improve the health of the population, and in this context to anticipate and take preventive measures for problems such as mental illness and the health effects of social isolation in old age. On the other hand, there are the politicians, who say: "Leave people in peace and stop giving them good advice. Freedom is what's important." Dealing with the tension between these two requirements is a major challenge for the public sector.

The full interview is available online at www.spectra-online.ch.

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