



Harm Reduction in Switzerland

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Background

Amidst an opioid epidemic in the mid 90's, some cities in Switzerland implemented a creative idea for people who used heroin; pioneering an approach we today call harm reduction. The national drug policy features a 4 column model (depicted below) following a procedural approach to remedying suffering for people using drugs and society at large. The steps are education, treatment, harm reduction, and enforcement/prevention. While the pillars can be thought of as "steps" to prevention, (with incarceration and legal intervention being the last measure) Swiss social workers interact with every stage of intervention. "Street workers" carry around education materials and new paraphernalia to dispense to people who they find using in public. Treatment centers are covered by health insurance (which everyone has). Enforcement and incarceration only apply to dealers and smugglers. Harm reduction services range from safe using sites to drug assisted therapies for people using opioids, including heroin assisted therapy.

Methodology

After networking with some personal connections I had, I began to follow leads to form a convenient sample for finding people to interview. Treatment centers and city governance offices proved to be very accommodating with allowing me to interview staff and peers. I assembled a group of key informants consisting of a policy advisor and HAT researcher, a peer specialist from ARUD clinic in Zurich, a psychiatrist and nurse from a HAT clinic in Chur, and several street workers from the Stadt Zurich Social Work department. Interviews were recorded and transcribed.

Findings

The nature of my research was informative and qualitative rather than evaluation or analytic. Nonetheless, I was able to glean that Swiss drug policies are working well to meet the goals of those policies. Suicide and overdose rates have declined from previous decades. Crime rates are lower. There are fewer people who are homeless, and most impressively; fewer new addicts. The harm reduction approach has created a safe and inviting space for people still using heroin, methadone, Subutex, or morphine and given them a safety net that provides them with another opportunity for recovery. The nature of this recovery looks different than how we would typically picture it in a US setting where abstinence is the standard. Many people who are using in Zurich are living on government assistance and have been for decades, but they are still living. What was most surprising was that the justification for these approaches was based on data and capital rather than on a moral judgement. The cities are more attractive when there aren't so many people homeless.

Relevance to US social work

Current treatment modalities emphasize abstinence over harm reduction for most treatments of Substance Use Disorders (SUD), and award participants on their length of sobriety. This creates problems for populations who are unable to isolate themselves from triggering environments due to a lack of social support or resources. These factors combine to create a climate of fear and discouragement in the United States towards treating OUD and SUD's. Meanwhile, in Switzerland, heroin is so destigmatized that it is readily available to addicts as a form of treatment. This public perception, combined with the availability of treatment, has led to lower crime and homelessness rates, and healthier lives for addicts and the general public. Furthermore, this is a social justice model that could be learned from and applied in a country where a disproportionate amount of people are imprisoned for drug related offenses. A harm reduction model could play a role in providing recovery for those currently incarcerated instead of repeating the cycle of prisoner reentry that our country is so infamous for.

Cultural Awareness

Understanding Swiss culture and history proved to be essential to my building any relationships or bridges that allowed me to pursue this work. I found that over half of my conversations ended up focusing on the broader cultural context then on opioid policy or addiction specifically. These conversations are a prerequisite to other learning.



Advice

I found out about this topic by listening to a podcast. The concept sounded so strange and counterintuitive that I just wanted to know more. From there I only found encouragement through the school. If you have any inkling of an idea you'd like to pursue, start your application and figure out the rest as you go along.

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