

PILL TESTING IN THE PARTY SETTING IN SWITZERLAND: POLITICAL FRAMEWORK, LEGAL BASES AND ACTUAL PRINCIPAL ACTORS

Manuela Shmundt

Swiss Federal Office of Public Health, Switzerland

Good morning to you all, I feel very honoured to have the opportunity to talk to you this morning about pill testing in Switzerland, which is a major to minor problem in terms of Swiss health policy at the moment, depending on who you speak to.

Pill testing in Switzerland has been a very controversial issue in recent years and it has been discussed if pill testing could be implemented on a national level or should be implemented on a local level. It has also been discussed if it is necessary to have pill testing at all, and, among the stakeholders of the night time environment, we had a lot of discussions as to whether substance use in the nightlife setting is really a problem in Switzerland or not. There were many different opinions and viewpoints on these issues.

What we know about substance use in the nightlife setting is that there are considerable regional and local differences in substance use and consumption patterns in Switzerland. We know that we have heavy concentrations in urban regions, mainly on Zurich, Geneva, Basel and Bern, and also Lausanne. The problem mainly affects adolescents and young adults in the party setting and we know that partygoers, in particular, are not adequately reached by the conventional prevention measures that we now have in Switzerland, as well by the harm reduction activities. That was one of the factors which led to the creation of pill testing in the 1990s in Switzerland.

Pill testing had a pilot phase in Bern carried out by the foundation 'contact.' The project was evaluated and the findings raised the discussions around pill testing because on the one hand, we gained better access to the targets groups - specific party groups in the party setting, on the other hand critics said there was a lot of money being spent for a rather limited prevention effect.

What we do know is that epidemiological data is weak, user profiles are not sufficiently known, knowledge of specific target group is very unreliable and differs considerably and access to specific target groups needs to be improved. (Referring to screen) These are the official data we have on some illicit substances, which show that cannabis is the most widely consumed illicit substance we have in Switzerland.

Having said this, it is important to remember always that alcohol and tobacco are the main problem substances, whilst cannabis is the most widely consumed illicit drug. (Refers to screen) You can see that to a much lesser extent ecstasy is consumed, and even less amphetamine type stimulants and cocaine. This data does not reflect the trends in the younger population; we had some data from school children aged 15-16, indicating that there is an increase in cocaine use. In fact, the data indicated that cocaine consumption had almost doubled among this age group.

(Referring to screen) Comparing data gained from a survey carried out in Zurich, from 2001-2003, there is a considerable difference with the official data in the general Swiss population. These are not club visitors in general, but clubbers who accepted to

being counselled by street workers or to have their substance tested. (Referring to screen) You can see that ecstasy is the substance with the clearest, highest, lifetime prevalence, followed by cannabis and then also amphetamine type stimulants with 47% and cocaine 47%; that is fairly high. Just to remind you, these are data from Zurich, the specific scenes in Geneva, in Lausanne, in Basel and in Bern, show some differences. But what can be deduced from this is that substance use and abuse is fairly high in the nightlife and clubbing scene and does not reflect any official data that we have.

I would like to draw your attention to the fact that GHB use, and ketamine use, is not reflected at all in official data. However, to presume that we do not have any problems with ketamine use and GHB use in Switzerland would be naive. Fortunately, we do not have very much trouble with GHB and Ketamine use, but use is increasing in Zurich. We also have data from Geneva which indicates an increase in Ketamine use and GHB use, and there have been at least three cases proven by police of the use of GHB as a date rape drug. We also have increasing poly drug use and increasing numbers of young people experimenting, so prevention and risk reduction measures in the nightlife setting needs to be improved.

The question widely discussed was whether pill testing enhances the quality and the effectiveness of prevention and harm reduction measures in the nightlife setting. Those who offered the pill testing generally felt that they had better contact with their target groups and that they enhance their credibility in the clubs. Normally people who do pill testing are relatively well known and acknowledged by clubbers, DJs and other stakeholders in the night time environment and they have a very good contact with clubbers in general. On the other hand, the critics raised issues about funding and from what source. This is a very important point in Switzerland, because the confederation system poses some difficulties to find a general strategy as the cantonal authorities are responsible for the implementation of concrete prevention and harm reduction measures on site.

The national authorities can define some policies and guidelines in general but what is implemented on site, and put into practice and financed, is largely the responsibility of the cantonal authorities. This means that you have a very different picture of what is being done in the nightlife setting by authorities and whether financial support will be given to pill testing, as is currently being done in Zurich and Bern. This is very difficult issue and it is always a political decision; it is not just a question of legal framework as the legal framework does permit pill testing being done.

We have also some special legal frame works, created by canton authorities, which regiment some issues such as pill testing in some cantons, whilst in other cantons there is not a big issue. So it is a fairly differentiated situation, which makes any general approach to pill testing very difficult. The fact that, as a representative of the national authorities - the Swiss National Office of Public Health, I am here taking to you now about pill testing is a fairly strange situation because, the Federal Office for Public Health has not really been actively engaged in pill testing. It was a question of finances, but it was also a question of the legally limited powers of the national authorities to intervene with the practices of the cantonal authorities, or local authorities.

Nevertheless, there is a possibility of formulating certain strategies and policies at the national level that could serve at least as recommendations to the cantonal authorities. This is being done, because there are the common concerns of prevention and control; control is to a large extent a matter for the national authorities, but also prevention measures are, to a certain extent, an issue for the national authorities, as long as they do not touch the concrete measures being taken in the local situation.

One might ask if federalism is an obstacle or not to a systematic prevention or to harm reduction measures? Then one might ask what should be the role of the federal authorities? As I have pointed out earlier, the role of the federal authorities should be to formulate the frame work for possible actions and also offer the conclusions of the evidence based research to show if pill testing is or is not an effective harm reduction prevention measure.

So what we will do is invite the key players of pill testing, as I mentioned there is *Streetwork Zurich*. My colleague tomorrow will present this in detail - the Zurich party setting. We will invite key players, as well as practitioners and experts, for example social workers and physicians, representatives of authorities, to this national conference on synthetic drugs and cocaine. As you might suspect, it is not based on an idea from the Federal Office for Public Health, because every measure this will take will cost money; and cocaine, as well as designer drugs or party drugs, are viewed from a general perspective in public health, not to be our main problem substances, but it is the consumption pattern that might be problematic and is problematic at an individual level, and gains also, in the amount of problems related to substance use, in these specific settings is increasing. Although the data are showing other trends, we have data from practitioners and from people working in the fields, which reminds us to be careful, and not to rely just on official data drawn from telephone polls. We try to be careful and to keep in mind that there is a nightlife setting.

Thank you very much.