

# Swiss Heroin

By Sławomir Zagórski, *Gazeta Wyborcza*, 26 July 2009

**Nearly 20 years ago, instead of fighting with drug addicts, the Swiss chose to help them in the most comprehensive way. The effect? It is the only country in Europe where the mortality rate of drug addicts is falling.**

An inconspicuous tenement house some hundred meters away from the train station in Zurich.

On the first floor there's a waiting room, a window where you can collect the drug and a room where you can inject it (seven pretty cramped stands, each in a different color). On the second floor there's a drugstore (with excellent supplies), a meeting room and a doctor's office. Two upper floors are occupied by offices and conference rooms – patients are not admitted here.

This is a rough description of Zokl 2 clinic, the first clinic in Switzerland where 16 years ago drug addicts were given heroin. How did it come into existence? And isn't it going to extremes that drug addicts can take the purest heroin at their country's expense?

## Needle Park Experiment

“In order to understand the idea behind Zokl 2, you have to go back twenty or so years,” explains Dr. Adrian Kormann, medical director of the clinic. “In the 80s we had a similar strategy of fighting drug addiction to what you Poles have now,” says Kormann. “We put the main emphasis on abstinence and referred our patients to therapeutic centers for long stays. Some heroin addicts, however, got methadone [a synthetic drug not causing euphoria, yet allowing to live without heroin and function quite well – ed. note], but it was inaccessible treatment, hedged with many conditions. It was forbidden by law to take and of course to sell drugs, the police chased drug addicts mercilessly.”

Drug addicts have always been drawn to big cities. Zurich became their Mecca in Switzerland.



They liked to spend whole days by the lake in the city center. The police chased them from one place to another until they found asylum in Platzspitz, a park located on an island in the very heart of Zurich. “And then it was decided to leave them there in peace,” says Athos Staub, chairman of a non-profit organization helping drug addicts – Arbeitsgemeinschaft für risikoarmen Umgang mit Drogen (ARUD – Association for Risk Reduction in Use of Drugs). The police did not intervene, so the drug addicts took possession of the park.

“One day I put on the most tatty T-shirt and oldest jeans I had and went to Platzspitz,” says Athos Staub. “I was horrified. Garbage, papers and syringes lying around. Loads of shabby, young people, floating about or sleeping by day and gathering around a fire by night.”

“The decision to turn a blind eye to what was happening in the park, at that time nicknamed notoriously ‘The Needle Park’, wasn’t the most fortunate of decisions,” says Dr. Adrian Kormann. “This place acted like a magnet. The news that in a big European city you can take and sell drugs without any problems and nobody cares spread abroad. The Needle Park became frequented by drug addicts from Germany, Italy and France.”

The city authorities were increasingly horrified. It was after all Zurich, conservative, rich and full of banks, and here they were, hundreds of dirty junkies only a few streets away from the bank officials in smart clothes.

What was happening in the Needle Park caused a stir among local doctors and clergy. We should not leave those people without care – they argued. In the end, doctors along with medical students (Adrian Kormann, then a student, was among them) started to go on duty in the park, the latter handed out soup. “This was something like the beginnings of a help system for drug addicts,” says Athos Staub. The medical situation was serious indeed – two resuscitations a day were carried out on average.

In 1992 it was decided to close the park. However, the authorities had no idea how to take care

of the several hundreds of people chased away from there. And then ARUD came into play, opening its first private clinic Zokl 1, providing easy access to methadone for drug addicts. A few weeks later, Zokl 1 was taking care of more than 300 patients.

“We were working semi-legally,” says Staub. “The law clearly stipulated: in order to obtain methadone you had to fulfill many conditions, fill in many documents. In our facility, it was enough to register and undergo a medical check-up. The clinic functioned as a *fait accompli*, but the authorities turned a blind eye to our activity. That’s not all. Three years later, when new rules for methadone-assisted treatment were created in this part of Switzerland, our experience was used and the Zokl 1 clinic became a fully legal medical facility.

### **Clients or patients?**

The doctors taking care of drug addicts quickly realized that Zokl 1 and methadone-assisted program would not solve the problem completely. They came to the conclusion that enabling the most seriously ill to function meant administering them pure heroin.

“We weren’t the first ones in the world to have this idea,” says Professor Ambros Uchtenhagen, prominent psychiatrist and expert on addictions, spiritual “father” of the facilities created by ARUD. “Heroin was administered to drug addicts by the British in the 70s,” Professor Uchtenhagen continues. “Our government sent me to England then, so that I could see for myself if such an approach made sense. I wasn’t particularly impressed. The local doctors just prescribed heroin, the patients went to the drugstore, bought the drug and then often resold it. As a matter of fact, the Brits backed out of heroin-assisted treatment and after a while, it was totally replaced by its substitute – methadone.”

“In the 90s we planned to approach it with our Swiss meticulousness and create a decent, controlled system of access to heroin,” Professor Uchtenhagen emphasizes. “Every patient who was to be given heroin had to obtain a permit from the federal government and had to be

registered so that he or she would not be mistaken for some other sick person in the country. In our opinion, the most serious addicts qualified for this treatment - those who didn't function well on methadone alone or for some reasons (e.g. heart illnesses) couldn't use methadone."

Doctors at ARUD won the councilmen in Zurich over to this initiative and then overcame an even bigger "obstacle" – the officials at the Federal Office of Public Health. In the end, they received permission to implement a pilot program administering heroin. This is how Zokl 2 was opened.

Initially the clinic provided its services to women only, also offering gynecological care. "We thought that we were creating a place where female addicts, who are especially exposed to violence, may feel safe," says Dr. Kormann. Years later they started admitting men too. "Today Zokl 2 has 140 clients, out of whom 55% are men (among drug addicts the average ratio of men to women is 3:1)," Kormann adds.

"Clients"? This is how you call people who come here for heroin?"

"Is there anything wrong with that?" the doctor replies. "We could call them 'patients' because they are ill, but the word 'client' says even more clearly that we are trying to meet them halfway and help them the most we can. We just take care of them."

### **Why not please them?**

Zokl 2 has four aims.

"Firstly, we just want our clients to stay alive," Dr. Kormann explains. The studies are clear: if heroin addicts are not treated, after 20 years of drug-taking, half of them are dead. If, however, they get methadone and some of them heroin, 15% of them die.

"Secondly, we want to avoid additional health problems assuming that heroin addiction is a problem in itself. We are doing our best for the drug addicts not to contradict HIV or Hepatitis

C.”

“Thirdly, we are fighting for quality of their lives. We help in finding jobs, integrating better into society, family. As much as 80% of our clients have psychological problems, suffer from depression, insomnia. If drug addicts do drugs on their own, it is hard to help them. If they come to us, we can administer them antidepressants, for example.”

And then there is the fourth aim, relatively unreal in their situation – abstinence.

“We agree that they lead the best possible life not expecting them to stop doing drugs. If someone manages to do that, then it’s fantastic, but a decent life on heroin is also a success,” Kormann says.

Zokl 2 is open every day from 7.30 am to 1.00 pm and 5.00 pm to 8.30 pm. Heroin has a short-lasting effect and its influence wears off after about four hours. The clients come for their first dose in the morning. The drug is in the form of pills that get absorbed faster or slower or a liquid that can be given intravenously or intramuscularly.

“Many clients prefer injections,” Kormann emphasizes.

“Why?”

“Cause it gives them a momentary kick literally a dozen or so seconds after injecting heroin into the vein.”

“It seems like giving them pleasure on purpose.”

“And why shouldn’t we be doing that? If they feel better after the injection than after taking the pill, we accommodate them. After all, the rule in medicine states that the doctor co-decides with

the patient which remedy to take, so why should it be different when treating drug addiction?”

The injections are done by the clients on their own. The nurse only puts drugs into the syringes. If you don't have veins where the needle could be inserted, she instructs you how to do an intramuscular injection. The clients often come back for the next dosage at around 1 pm and then for the last one in the evening. Some of them take methadone additionally (this is a drinkable liquid). It may happen that somebody decides to come off heroin completely and stays on methadone asking not to be transferred to another clinic. “We agree most of the time, although there are other places where you can only receive methadone-assisted treatment,” Kormann says.

### **80% “for”**

“After three years of the pilot heroin program and making methadone easily available, we already knew it worked and brought specific effects,” Athos Staub says.

The health of drug addicts has improved substantially. Criminal behavior has fallen dramatically (from 90 to 10% !). It is understandable – if you don't have money for drugs, you steal and if you get it for free, you don't have to steal. And you can save money on it all. It turns out that the upkeep of the Zokl 2 clinic (75% of funds come from drug addicts' health insurance, it is also partially subsidized by the government), buying heroin (not particularly expensive, but not cheap either, because the pharmaceutical companies producing it officially don't have a huge market for it; one pill costs 2 francs – about \$2), employing 30 workers (many of them working part-time) –all this costs much less than the cost of police, prosecution, trials, prison and treatment of other illnesses too.

“We counted that every franc invested pays for itself twice over. And this – you can believe me – appeals to the Swiss imagination.” Staub laughs.

In 1996 there was a public debate in Zurich and a vote was held to decide about continuing the heroin-assisted treatment program. 55% of voters were for. There have been four referenda on

drugs since. Each one showed even broader acceptance for this form of addiction treatment. In 2004, 75% of Zurich inhabitants voted for the continuation of the heroin-assisted program and in November 2008, no fewer than 79.7% (it was then supported by 73% of all Swiss citizens). Since then, heroin-assisted treatment has become a fully legal practice countrywide and it does not require extending any permits.

The following data prove that this is a really effective method. Among 140 clients of Zokl 2 clinic today (their average age is 39), almost half of them work – 30% on the original job market, that is without any lenience, and 15% on the protected market. Half of the remaining 55% work as house wives (sometimes men play this role), half of them are getting state pension.

I ask how the neighbors react to the presence of the clinic. “It’s not too bad,” Dr. Kormann replies. “The worst is when clients come at the same time and a considerable crowd gathers on the street. But they do want the clinic to function, so they try to be quiet. Today we put on better clothes and went to a new bank headquarters to warn and reassure the staff. We were received without enthusiasm but with understanding.”

In Zurich alone there are four clinics where you can get heroin-assisted treatment – two private ones opened by ARUD and two organized by the city. All over Switzerland there are 23 of them (two in prisons). About 1,500 drug addicts use them. The number of all people addicted to opioids is estimated at 25,000. About 16,000 take methadone regularly and nearly 800 are treated in stationary rehab centers which mainly focus on abstinence.

The Swiss care system for drug addicts does not only mean easy access to heroin for the most seriously ill and access to methadone for most of the opiate addicts. These are also numerous drop-in centers where the drug addicts can go, wash themselves, have their clothes cleaned, eat a very cheap meal and finally inject or smoke their own drug supervised by one of the staff. You still can’t do it on the street – selling and doing drugs is prohibited by law which is praised by everyone I interviewed (the only thing they would change in the law is decriminalizing the consumption of cannabis; the Swiss voted on this in November 2008 and did not support this

step).

Stationary rehab centers remain a crucial part of the system. However, their way of working substantially differs from the Polish style. Their clients are treated very individually – some of them work, some just participate in psychotherapy. For example, people staying at the Frankental center in Zurich sleep in one place and work and eat in another. They commute alone every day. Some of them are supported by methadone, others are ‘clean’. Some of them spend several weeks in the center, some months, or even years. They only go out when they are ready to fully blend into society. “One of our patients has been here for more than three years and she is still not ready for it,” says Urs Vontobel, director of Frankental center.

### **Humanism and Money**

All the discussions I had in Zurich led me to one conclusion: nearly 20 years ago, instead of fighting with drug addicts, the Swiss chose to help them in the most comprehensive way. Repressions were replaced with prevention, the most individualized treatment possible (you want methadone, here you are, you are suitable for heroin-assisted treatment – ok, you want to go to the clinic, you prefer to come with your own drug to the drop-in center – no problem, you are at a stage when we can really hope for abstinence – we will direct you to a center, etc.) and also harm reduction. The mosaic of possibilities is really impressive. “Every patient is different and every single one of them needs slightly different help,” says Martin Luck, head of one of the municipal drop-in centers, “K+A Selnau”.

The best proof that this extended and costly system (though, as everyone emphasizes, much cheaper than doing nothing at all or cheaper than ineffective help) works is the fact that Switzerland is the only European country today where the mortality rate of drug addicts is falling. When it was introduced in the early 90s, about 400 people were dying because of drugs annually, now it is less than 200.

The Swiss are and aren’t special when it comes to the approach towards addicts. Many countries



follow their example. They definitely lead the way as far as heroin-assisted programs are concerned. “Once we wanted to imitate the Brits in this respect, now they imitate us,” says Professor Ambros Uchtenhagen. Heroin-assisted treatment has been accepted by such countries as the Netherlands, Great Britain, Canada and recently Germany. The Norwegians and the Spanish are contemplating it. The awareness and consent of Swiss society in this respect is undoubtedly impressive.

“This didn’t happen from one day to the next, but took us 20 years,” says Athos Staub. “The fact that we created a developed system of care is also a result of many favorable conditions – fear of AIDS, convincing scientific arguments and enough activists on the barricades,” Staub argues. “We should not count on our noble human nature or politicians,” he adds.

“A dozen or so years ago when we were starting the heroin-assisted program, one of my German colleagues attacked me: ‘You are doing what the doctors in camps were. You are experimenting on people!’ I replied calmly: ‘Do you know what medicine based on facts is?’”

Poland is light years away from Switzerland when it comes to the way of thinking about drug addicts. We have a similar number of opiate addicts, but we are still dominated by stationary treatment based on one rule: you stop doing drugs or we kick you out. Out of 25,000 sick people, only 1,500 are on methadone, the same number of people that are being treated with pure heroin in Switzerland. Nobody even mentions heroin-assisted treatment in Poland, in any case, it would be impossible to use it according to present rules and regulations (unless as a part of a medical experiment).

How to convince Poles to change their way of thinking, to treat drug addicts as sick people who deserve help and the best therapy possible, and not people who deserve punishment and have to be treated according to our ineffective conditions? – I asked the Swiss.

“Try two arguments,” Martin Luck advises. “The first one is purely humanitarian. A drug addict

is also a human being so he or she deserves our empathy, understanding and our helpful hand. And the second one – totally different – a financial argument. As our example shows, such help pays off across the board. Maybe this mixture of humanism and tightening the purse strings will also work with time in Poland?”

Translated by Hanna Siemaszko