

THE LINDESMITH CENTER

Switzerland's Heroin Experiment

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The Swiss government is selling heroin to hard-core drug users. But in doing so the government isn't offhandedly facilitating drug abuse: it's conducting a national scientific experiment to determine whether prescribing heroin, morphine, and injectable methadone will save Switzerland both money and misery by reducing crime, disease, and death.

The Swiss deal with drug users much as the U.S. and other countries do--prisons, drug-free residential treatment programs, oral methadone, etc.--but they also know that these approaches are not enough. They first tried establishing a "Needle Park" in Zurich, an open drug scene where people could use drugs without being arrested. Most Zurichers, including the police, initially regarded the congregation of illicit drug injectors in one place as preferable to scattering them throughout the city. But the scene grew unmanageable, and city officials closed it down in February 1992. A second attempt faced similar problems and was shut down in March 1995.

So Needle Park wasn't the solution, but the heroin-prescription program might be. In it, 340 addicts receive a legal supply of heroin each day from one of the nine prescribing programs in eight different cities. In addition, 11 receive morphine, and 33 receive injectable methadone. The programs accept only "hard-core" junkies--people who have been injecting for years and who have attempted and failed to quit. Participants are not allowed to take the drug home with them. They have to inject on site and pay 15 francs at approximately \$13 per day for their dose.

The idea of prescribing heroin to junkies in hopes of reducing both their criminal activity and their risk of spreading AIDS and other diseases took off in 1991. Expert scientific and ethical advisory bodies were established to consider the range of issues. The International Narcotics Control Board--a United Nations organization that oversees international antidrug treaties--had to be convinced that the Swiss innovation was an experiment, which is permitted under the treaty, rather than an official shift in policy. In Basel, opponents of the initiative demanded a city-wide referendum--in which 65 per cent of the electorate approved a local heroin-prescription program. The argument that swayed most people was remarkably straightforward: only a controlled scientific experiment could determine

whether prescribing heroin to addicts is feasible and beneficial.

The experiment started in January 1994. The various programs differ in some respects, although most provide supplemental doses of oral methadone, psychological counseling, and other assistance. Some are located in cities like Zurich, others in towns like Thun, which sits at the foot of the Bernese Alps. Some provide just one drug, while others offer a choice. Some allow clients to vary their dose each day, while others work with clients to establish a stable dosage level. One of the programs in Zurich is primarily for women. The other Zurich program permits addicts to take home heroin-injected cigarettes known as reefers, or "sugarettes," (since heroin is called "sugar" by Swiss junkies). It also conducted a parallel experiment in which 12 clients were prescribed cocaine reefers for up to 12 weeks. The results were mixed, with many of the participants finding the reefers unsatisfying. However, since more than two-thirds of Swiss junkies use cocaine as well as heroin, the Swiss hope to refine the cocaine experiment in the future.

The national experiment is designed to answer a host of questions that also bubble up in debates over drug policy in the United States, but that our drug-war blinders force us to ignore. Can junkies stabilize their drug use if they are assured of a legal, safe, and stable source of heroin? Can they hold down a job even if they're injecting heroin two or three times a day? Do they stop using illegal heroin and cut back on use of other illegal drugs? Do they commit fewer crimes? Are they healthier and less likely to contract the HIV virus? Are they less likely to overdose? Is it possible to overcome the "not in my back yard" objections that so often block methadone and other programs for addicts?

The answers to these questions are just beginning to come in. In late 1994, the Social Welfare Department in Zurich held a press conference to issue its preliminary findings: 1) Heroin prescription is feasible, and has produced no black market in diverted heroin. 2) The health of the addicts in the program has clearly improved. 3) Heroin prescription alone cannot solve the problems that led to the heroin addiction in the first place. 4) Heroin prescription is less a medical program than a social-psychological approach to a complex personal and social problem. 5) Heroin per se causes very few, if any, problems when it is used in a controlled fashion and administered in hygienic conditions. Program administrators also found little support for the widespread belief that addicts' cravings for heroin are insatiable. When offered practically unlimited amounts of heroin (up to 300 milligrams three times a day), addicts soon realized that the maximum doses provided less of a "flash" than lower doses, and cut back their dosage levels accordingly.

On the basis of these initial findings, the Swiss federal government approved an expansion of the experiment @ne that may offer an opportunity to address the bigger question that small-scale experiments and pilot projects cannot answer: Can the controlled prescription of heroin to addicts take the steam out of the illegal drug markets? Switzerland's prescription experiment fits in with the two-track strategy Switzerland and other Western

European countries have been pursuing since the mid-1980s: tough police measures against drug dealers, and a 'harm reduction' approach toward users. The idea behind harm reduction is to stop pretending that a drug-free society is a realistic goal; focus first on curtailing the spread of AIDS-A disease that will have cost the U.S. \$15.2 billion by the end of 1995, and the lives of over 125,000 Americans--and later on curtailing drug use.

The effort to make sterile syringes more available through needle-exchange programs and the sale of needles in pharmacies and vending machines epitomizes the harm-reduction philosophy. Swiss physicians and pharmacists--along with their professional associations--are outspoken in their support of these initiatives. Study after study, including one conducted for the U.S. Centers for Disease Control, show that increasing needle availability reduces the spread of AIDS, gets dirty syringes off the streets, and saves money.

The Swiss have also created legal Fixerrdume, or "injection rooms,' where addicts can shoot up in a regulated, sanitary environment. Swiss public-health officials regard this harm-reduction innovation as preferable to the two most likely alternatives: open injection of illicit drugs in public places, which is distasteful and unsettling to most non-addicts; and the more discreet use of drugs in unsanctioned 'shooting galleries" that are frequently dirty, violent, controlled by drug dealers, and conducive to needle sharing. Five Fixerrdume are now open in Switzerland. Initial evaluations indicate that they are effective in reducing HIV transmission and the risk of overdose.

So what does the future hold? Last month, Switzerland's governing body, the Federal Council, voted to expand the number of prescription slots to 1,000: 800 for heroin, 100 each for morphine and injectable methadone. Interior minister Ruth Dreifuss, who initially was skeptical of the experiment, is now a strong supporter. She is backed by the ministers of justice, defense, and finance, who together constitute what has become known as "the drug delegation' of the Federal Council. The three leading political parties have combined to issue a joint report on drug policy that supports the heroin experiment and other harm-reduction initiatives. Outside Switzerland, the Dutch are about to embark on their own modest experiment with heroin prescription. The Australians, who recently conducted an extensive feasibility study, seem likely to start a heroin-prescription i program. In Germany, officials in Frankfurt, Hamburg, Karlsruhe, Stuttgart, and elsewhere are seeking permission from the central government to begin their own heroinprescription projects.

While these countries experiment with more sensible and humane approaches to drug policy, the United States clings to a war not only against drug dealers, but also against drug users. Most scientific researchers studying drug abuse acknowledge that the Swiss experiment makes sense socially, economically, and morally. The point of these innovations i isn't to coddle drug users. It's to reduce the human and economic costs of drug use--costs paid not only by users but also by non-users through increased health,

justice, and law-enforcement expenditures.

But no distinguished researcher seems prepared to take on all the forces blocking a heroin-prescription experiment in the United States. Through our reticence, we are shutting our eyes to drug policy options that could reduce crime, death, and disease and ultimately save this country billions of dollars.

