Fighting Heroin Abuse with Heroin: How Legalizing Prescription Heroin Has Changed the Way New Generations Use Drugs

Claire Ridley

*SIT Study Abroad*

Follow this and additional works at: [https://digitalcollections.sit.edu/isp_collection](https://digitalcollections.sit.edu/isp_collection)

Part of the European Languages and Societies Commons, Health Policy Commons, Medicine and Health Commons, Other Chemicals and Drugs Commons, and the Substance Abuse and Addiction Commons

**Recommended Citation**


This Unpublished Paper is brought to you for free and open access by the SIT Study Abroad at SIT Digital Collections. It has been accepted for inclusion in Independent Study Project (ISP) Collection by an authorized administrator of SIT Digital Collections. For more information, please contact digitalcollections@sit.edu.
Fighting Heroin Abuse with Heroin: How Legalizing Prescription Heroin Has Changed the Way New Generations Use Drugs

By Claire Ridley

December 2 (FALL 2022)

SIT Switzerland: Global Health and Development Policy
Alexandre Lambert

Georgetown University
Business and Global Affairs
Abstract

In the 1980s, Switzerland was embroiled in two simultaneous crises: widespread heroin use and spreading HIV/AIDS. Zurich became the capital of heroin consumption, with groups gathering in public parks and sharing needles to inject heroin. In response to these crises, several Swiss cities started conducting randomized control trials where they offered prescription heroin to help people addicted to heroin consume the drug safely and eventually recover from their addiction. As these trials reported positive results of maintaining better health outcomes for those undergoing treatment, the Swiss people supported federally legalizing heroin-assisted treatment and expanding access to harm reduction services in every canton. One of the largest concerns about this policy response was that prescribing heroin would make the drug appear safe to use, encouraging more young people to consume it. This outcome never came to be true, and since these policies were implemented nationally, heroin use among adolescents 15- to 24-years-old has decreased. However, adolescent use of other drugs such as cannabis and cocaine has increased, and drug addiction continues to be a highly stigmatized issue. Young people appear to have traded one drug for another without necessarily using substances in a safer manner. Additionally, stigma at the structural and individual level continues to unfairly differentiate people with addictive disorders from the rest of the population. To further protect young people from dangerous drug consumption and destigmatize addiction, the Swiss cantons and federal government should expand prevention programs that highlight how to consume drugs safely and break down stereotypes of people with addictive disorders.
Acknowledgements

I would like to take this opportunity to thank the faculty and professors of the SIT Switzerland: Global Health and Development Policy program, especially Dr. Elisabeth Meur and Dr. Anne Golaz for their time, advice, and feedback throughout this project. I would also like to thank the expert interviewees, Michael Herzig and Yasser Khazaal, for their important contributions to my research. Finally, I would like to thank my parents and Georgetown University for supporting me in pursuing my interest in Global Health through this program.
## Table of Contents

I. Introduction .................................................. 1

II. Research Methodology ....................................... 3

III. Literature Review ........................................... 5

IV. Analysis .......................................................... 8
    A. The history of Swiss drug policy in brief ................. 8
    B. Impacts of the heroin policy on today’s consumption rates 9
    C. Comparison to policy responses in other countries .... 11
    D. Arguments against Switzerland’s heroin policy .......... 13
    E. Additional factors contributing to a decrease in heroin use 15
    F. Changes in the stigmatization of using heroin and other drugs 17
    G. Concerns about adolescent drug use ....................... 19
    H. Lack of response to new drug trends ..................... 21
    I. The resulting impact of heroin policy on adolescents .... 22

V. Conclusion ....................................................... 24

VI. Abbreviation List ............................................. 26

VII. Bibliography ................................................ 27
I. Introduction

Today, Switzerland is internationally recognized as a success story in using policy to effectively respond to a crisis of heroin use and HIV/AIDS, yet it is important to understand what drove the country to make such innovative policy changes. Starting in the late 1960s, Switzerland experienced a significant counter-culture movement where young people began openly using drugs to make a political statement against the political status quo (Csete & Grob, 2012, p. 83). Heroin became the most popular substance in a market controlled by gangs of drug traffickers, leading to violence and uncontrolled drug use (Uchtenhagen, 2010, p. 29). Police struggled to enforce laws against substance use, so they changed their strategy to allow drug users to gather in public parks where they could be overseen and provided emergency care in the case of overdose. Consequently, HIV/AIDS rates rapidly increased in Switzerland as injected drug use increased. In the ten years after 1985, Switzerland had the highest HIV/AIDS rates by population in all of Europe (Uchtenhagen, 2010, p. 30).

In the face of heavy heroin use and the spread of HIV/AIDS, Switzerland had a serious public health problem. The country recognized that current policy, which included harsh sanctions on hard drug use and strict restrictions on methadone-assisted treatments, was not sufficient to address the issue. Therefore, canton by canton, the country started moving towards harm reduction-based policies, including more widely available heroin-assisted treatment (HAT) in the 1990s (Uchtenhagen, 2010, p. 31). This kind of drug policy innovation was possible because of how “visible, undeniable, even unbearable” the heroin issue was, forcing policy makers to “mobilize resources, take risks, and bend rules to experiment with new solutions” (Wolf & Herzig, 2019).
Switzerland was criticized by the United Nations as well as other countries for going against the widely accepted ‘prohibitionist’ approach to drug policy, which argued for the complete restriction of illegal drug use. One of the greatest concerns vocalized by critics of this new policy approach was that “the image of heroin [would] become positive when prescribed as medication, and young people [would] be more inclined to experiment with it” (Uchtenhagen, 2010, p. 33). While research shows that the incidence of heroin use among young people in Switzerland has decreased since the 1990s, drug use is still a widespread, popular phenomenon among adolescents (Quednow, 2022, p. 187). As Wolf and Herzig note, the response to heroin has been successful in decreasing heroin use across the country, but there are still questions of how to manage use of other illicit drugs (2019). This research aims to discover how Swiss policy on heroin consumption has impacted the use and stigma of drugs among new generations.

I first became interested in the topic of Swiss heroin policy when I heard about Geneva’s safe consumption room and Switzerland’s prescription heroin doses. This policy has important implications for public health because of how drug use impacts public health, both in the short term from potential complications of drug consumption and in the long term from the side effects of drugs. No research currently exists on the specific impact of changing drug policy of young people’s perceptions of drugs in Switzerland. This paper will add nuance to existing research on addiction and drug policy by discussing the potential consequences, both positive and negative, of this heroin policy beyond the incidence of heroin use among young people.
II. Research Methodology

The analysis done in this research is a mixed approach using both quantitative and qualitative data. The quantitative data comes from existing studies on the topic, and the qualitative data comes from secondary sources and interviews conducted with experts in the field of addiction and drug policy. The method of research is a case study on the drug policy changes made by Switzerland in the 1990s to address the issue of heroin use and the related spread of HIV/AIDS. While this study is not a comparison between the Swiss approach and approaches used in other countries, strategies formerly promoted by the US and the UN are used to contextualize the global action taken at the time.

The first method of data collection was document selection from the existing literature. The scientific literature used in this project analyzes various angles of the heroin policy change, and each source was selected based on relevance and importance to the field. The source from Nordt and Stohler and other articles written by this pair were frequently cited by other authors, suggesting that their contributions to the field are important for any research done on the topic. Several sources were selected because their authors were identified as experts in the field given the number and quality of publications they had produced on the topic. These sources include the academic papers written by Csete and Grob, and the one by Uchtenhagen.

The sources by Konings et al. and Quednow et al. were selected because they each analyzed the incidence of a variety of drugs being used at different points in time, 1995 and 2022 respectively. Finally, National Strategy on Addiction: 2017-2024 and Avenir de la politique suisse en matière de drogue were used as the most up-to-date publications of Switzerland’s current national policy, which includes the four pillar policy, an essential component of drug policy.
The second method of data collection was formal interviews. The formal interviews consisted of two conversations with experts on the topic of heroin policy and HAT. Michael Herzig, a lecturer in the Institute of Management and Social Policy at ZHAW, was interviewed because he is an expert in addiction and drug policy and the co-author of a key article on Switzerland’s drug policy innovation. Yasser Khazaal, a psychiatric physician at the Centre hospitalier universitaire vaudois (CHUV), was interviewed because of his expertise on HAT and his work as a healthcare provider for people addicted to heroin.

This approach to collecting data was adopted to understand the current knowledge of how drug policy is affecting young people, including both what has been recorded in scientific and gray literature, as well as the expert understanding of the current situation that has yet to be written about. Using the collected quantitative and qualitative data, the researcher analyzed how the numbers of young drug users have changed over time and which drugs they are using, then complemented this analysis with data gathered from interviews that contextualized the numbers.

Maintaining research ethics was a central value of this study. While the research deals with the sensitive subject of drug use and addiction, no vulnerable populations were contacted throughout the project to ensure that the research did not do harm. For the interviews, every interviewee was made aware at the beginning of the interview that they could decline to answer any questions or end the interview at any time. Additionally, they all verbally consented to have their names and organizations shared in this paper along with their words.

Finally, this study is limited by the number of interviews that were conducted. It biases the voices of experts, who do not necessarily have first-hand experience with the drug habits of young people today. It could have been improved by the addition of informal interviews with people between the ages of 18 and 25.
III. Literature Review

Switzerland took action against the simultaneous heroin and HIV crises in the 1980s and 1990s with what has been described as “pragmatic” health policy (Csete & Grob, 2012, p. 82). Many researchers and organizations have aimed to measure the success of these policies and interventions. There is therefore enough literature available analyzing the legalization of heroin and federal support for HAT. The literature ranges from case studies on how Switzerland was able to implement this policy and what other policy makers can learn from this example, to research on how rates of heroin use, dependence, and treatment have changed over the past twenty to thirty years.

Among the scientific literature, there is an overwhelmingly favorable view of this drug policy, largely because it was directed and informed by continuous research, particularly on the impacts of HAT. These studies generally treat Switzerland as a model for how to respond to rampant drug use with scientific, evidence-based policymaking. According to a case study done on Swiss heroin policy, the changes made in the 1990s and early 2000s are “exemplary for the very many countries in the world still trying to rely centrally on policing to address the complexities of drug dependence” (Csete & Grob, 2012, p. 85).

The ‘four pillar policy’ which was originally created in the 1990s as part of the policy response to heroin use continues to be a central feature of the Swiss National Strategy on Addiction and Action Plan. These pillars are: 1) prevention, health promotion, early detection; 2) treatment and counseling; 3) harm reduction and minimization of risk; 4) regulation and enforcement (The Federal Council, 2020, p. 11). Notably, the majority of identified literature concerning Swiss heroin policy focuses on the outcomes of the second and third points, discussing the outcomes of the heroin-assisted treatment, the creation of safe-consumption
spaces, and the incidence of heroin use in present-day Switzerland. However, the pillar that particularly concerns young people, the prevention and early detection pillar, has not been as widely studied.

Several of these studies have mentions of anticipated or observed effects on young people. They share the perspective that despite the concern that legalizing heroin prescriptions would make heroin more appealing for young people, these policies have made heroin less appealing to young people. The policies’ focus on receiving treatment for addiction and providing harm reduction services for free has transformed the image of heroin. The Swiss now generally view heroin use as an addiction that needs treatment rather than a way to rebel against the system (Nordt & Stohler, 2006, p. 1834).

However, while the literature covering the policy response to widespread injected heroin use generally applauds it as a success, there are other sources that argue against legalizing or decriminalizing other drugs. According to High Prevalence and Early Onset, legalizing drugs, or even discussing whether to legalize a drug, gives young people the perception that using those drugs is safe. However, drug abuse at a young age can have serious developmental effects on young people (Quednow et al., 2022, p. 193). This source does not comment on the legalization of prescription heroin, but even though the harm reduction policies used to support heroin users are regarded as successful by many studies, there is no agreement on whether legalization is the right policy for all drugs.

The existing literature on Swiss policies on heroin use notably lacks a connection to how this policy affects the drug consumption habits of young people today. Many sources include passing mentions of the impact on young people’s use of heroin, yet none focus specifically on how consumption of other drugs has also changed. Other sources focus on broad drug use by
young people, but these studies tend to be more interested in the increasing use of cannabis and not the decreasing use of heroin or how the trends in consumption of different drugs are potentially interrelated. None specifically study the potential correlation between decriminalizing hard drug use and the increase in use of drugs by young people. Early action is one of the four pillars for the broad Swiss approach to drug policy on addiction, which has the most importance for young people, yet most sources focus on other pillars on the policy, especially the treatment and harm reduction pillars. The following research aims to fill this gap and connect the knowledge from these two sides in existing literature.
IV. Analysis

A. The history of Swiss drug policy in brief

Switzerland’s history of drug prohibition is complex. Drugs have been a big business in the country for a long time, so unlike many countries of the world, Switzerland was relatively late to prohibiting cannabis, which they didn’t do until 1951 under international pressure. In the 1970s, the country prohibited all production and selling of drugs, but it was not until 1975 that the Swiss government prohibited all drug use and adopted repressive and conservative policies on drug use (Herzig, personal communication, 11/21). These policies were a reaction to the cultural revolution of the 1960s and 1970s where drug use became a political statement, leading to open drug scenes, especially in Zurich, the largest city in Switzerland.

Due to the high visibility of heroin use in public spaces, Switzerland was thrust into a period of innovation starting in 1995 (Wolf & Herzig, 2019). The Swiss healthcare system is predominantly controlled by the cantons, but during the crisis of heroin and HIV/AIDS, the Swiss federal government, the Federal Council, stepped in to take action. Many organizations had already started providing harm reduction services such as free, clean needles or medical consultations for heroin users (Csete & Grob, 2012, p. 83). However, there was no higher-level coordination in these volunteer services. The Federal Office of Public Health got involved in the mid 1990s to provide financial support to low-threshold methadone treatments that have previously been severely restricted. Heroin-assisted treatment (HAT) was also growing in several cantons, including Zurich, and these two treatments were closely monitored “to document the programme’s impact on crime, social outcomes for patients such as being able to hold down jobs, and clinical outcomes, including reduced injection and reduction of unsafe injection” (Csete & Grob, 2012, p. 84).
This period of innovation was launched by the cantonal and federal governments, but it also came to be supported by the Swiss people over time. In 1991, the Swiss parliament received a new national drug policy proposal, though it was not adopted at the time. Over time, as more and more evidence from the HAT and methadone programs showed that these interventions had successful outcomes, more people began supporting a change in national policy. In 1999, Switzerland held a referendum on new drug policy and HAT, which passed with 54% of voters in favor of expanding and financially supporting these services (Uchtenhagen, 2010, p. 34).

Although the national narcotic law was finally changed by 2008, this period of innovation in drug policy ended around 2004, and since then, Swiss drug policy has returned to a conservative and repressive stance (Uchtenhagen, 2010, p. 34; Herzig, personal communication, 11/21). For example, cannabis has never been legalized in the country. When it is legalized in Switzerland, it will most likely be due to pressure from other countries (Herzig, personal communication, 11/21). While drug use no longer carries the political message that it did until the 1990s, drug use remains a convenience in Switzerland.

B. Impacts of the heroin policy on today’s consumption rates

Switzerland has been both applauded and criticized for how liberal its drug policy was in the 1990s. Policy changes such as offering a prescription heroin treatment and safe consumption rooms to heroin users had several goals, two of the most important being to “[reduce] the number of new drug consumers/addicts” and “reduce opiate-associated health consequences and the social discrimination and stigmatization of consumers and/or addicts” (Rehm et al., 2005, pp. 137-8).
The policy’s positive impact is visible in the data available on heroin use in the country today. The incidence of new heroin users has been steadily decreasing since 1995, and this trend can be observed in a case study of heroin users in Zurich, Switzerland. In 1975, the canton of Zurich had 80 new heroin users, and this number jumped to 850 new users every year by 1990. By 2002, that number of new heroin users fell to 150 per year, a reduction of 82% (Nordt & Stohler, 2006, p. 1833). As of 2010, the policy changes have resulted in an overall 80% decline in new heroin users since 1991 (Wolf & Herzig, 2019). As seen in Figure 1, heroin users in Switzerland tend to be in their middle ages, and there are few heroin users in the 15 to 19 age range (Maffli, 2012).

![Image of a chart showing the age distribution of heroin users in Switzerland](Image)

Figure 1. “Consumption of heroin in the population over 15 years old (2016)” (Addiction Switzerland)

Additionally, drug-related deaths have decreased since the 1990s, particularly deaths from heroin overdose. In the 1990s, Switzerland recorded more than 350 deaths connected to drug consumption every year. As of 2017, there were only 137 drug-related deaths, although the majority were still due to heroin (Rechsteiner, 2017, p. 16). This decrease in heroin-related death could be attributed to many heroin users accessing HAT. A study done on mortality in HAT found that the mortality rates for people using HAT was lower than the mortality rates of
non-prescription opioid users and mortality rates for other treatments offered to people addicted to heroin (Rehm et al., 2005, p. 142). Illicit drug users in Switzerland had a mortality rate of around 2.5 to 3% per year in the 1990s, whereas the mortality rate amongst people using HAT was only 1% per year during this study from 1994 to 2000, seen in the “crude rate” column of Table 1. Although critics may say that prescribing heroin will lead to more heroin overdoses, the study concluded that “the prescribed heroin was not causally implicated in any of these deaths” (Rehm et al., 2005, p. 141). In looking at rates of new heroin users and mortality of heroin users, Switzerland’s heroin policy has largely achieved the goals it set out to meet.

<table>
<thead>
<tr>
<th>Year</th>
<th>Person-years in treatment</th>
<th>Deaths*</th>
<th>Crude rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994</td>
<td>137.2</td>
<td>1 (0)</td>
<td>0.0073</td>
</tr>
<tr>
<td>1995</td>
<td>439.7</td>
<td>12 (2)</td>
<td>0.0273</td>
</tr>
<tr>
<td>1996</td>
<td>782.3</td>
<td>8 (1)</td>
<td>0.0102</td>
</tr>
<tr>
<td>1997</td>
<td>705.8</td>
<td>10 (2)</td>
<td>0.0142</td>
</tr>
<tr>
<td>1998</td>
<td>715.3</td>
<td>6 (4)</td>
<td>0.0084</td>
</tr>
<tr>
<td>1999</td>
<td>886.8</td>
<td>6 (2)</td>
<td>0.0068</td>
</tr>
<tr>
<td>2000</td>
<td>956.0</td>
<td>6 (2)</td>
<td>0.0063</td>
</tr>
<tr>
<td>1994–2000</td>
<td>4623.1</td>
<td>49 (13)</td>
<td>0.0106</td>
</tr>
</tbody>
</table>

*Death during treatment or within first month after discharge (numbers in parentheses refer to females).

Table 1. “Person years and mortality in heroin-assisted treatment between 1 January 1994 and 31 December 2000” (Rehm et al., 2005)

C. **Comparison to policy responses in other countries**

At the time that Switzerland made these policy changes in the 1990s, many other countries criticized their approach (Nordt & Stohler, 2006, p. 1833). The US and Switzerland’s neighboring countries vocalized their disapproval of prescription heroin and harm reduction policies as being treated as “an essential element of drug policy.” Criticism and skepticism also came from international bodies, including the International Narcotic Control Board (INCB), the World Health Organization (WHO), and the United Nations (UN) (Uchtenhagen, 2010, p. 33).
At the time, the UN supported a prohibitionist approach to drug policy. In a UN Economic and Social Council resolution from 1991, they note that harm reduction programs are being used by some countries and that those countries believe it has value, but they do not support those programs (1991, p. 38). Additionally, for the countries that do use those programs, the UN “urges governments… to evaluate the efficacy of these schemes” (UN ECOSOC, 1991, p. 39). This resolution shows that the UN’s primary concern was drug demand reduction, but they were skeptical of harm reduction services’ ability to do that, despite how many countries, including Switzerland, had already been seeing positive results from their evaluations of their programs.

However, the US’s War on Drugs is an example of how the prohibition approach may not be entirely effective. When this policy was first implemented, supporters of the policy argued that it would decrease crime rates and reduce overdose (Coyne & Hall, 2017, p. 1). Critics, on the contrary, claim that “making markets illegal fails to reduce, much less eliminate, the market for drugs” (Coyne & Hall, 2017, p. 4). There is evidence to show that rather than reducing the number of drug overdoses, the War on Drugs has contributed to increasing the number of overdoses from 1 death per 100,000 people in 1972 to 12 deaths per 100,000 people in 2008 (Coyne & Hall, 2017, p. 7). The Swiss prescription heroin trials, on the other hand, showed positive changes in patients, including the observation that the vast majority of patients were able to leave HAT after less than three years on the treatment (Uchtenhagen, 2010, p. 34).

The UN has since changed their tune about Switzerland’s heroin policy, especially as the evidence from the heroin prescription treatment trials has shown positive results. Given the frequent overlap between HIV/AIDS and drug use, UNAIDS has led this new stance. In November of 2021, UNAIDS published a press release stating that the whole of the UN system
aims to decriminalize drug possession and increase access to harm reduction assistance, “based on evidence that harm reduction and decriminalization provide substantial public and personal health benefits and do not increase the number of people with drug dependency” (UNAIDS, 2021). Additionally, many countries recognized Switzerland’s successful trials and have prepared their own studies of prescription heroin treatment, including the Netherlands, Belgium, France, Germany, United Kingdom, Spain, and Canada (Uchtenhagen, 2010, p. 33).

D. Arguments against Switzerland’s heroin policy

The main policy changes made in the 1990s with regards to heroin were expanding access to safe consumption spaces and HAT. When these policy changes were first proposed, there were five main arguments against implementing a heroin-assistance program. Critics anticipated the following results: 1) people using prescribed heroin will continue to need higher and higher doses; 2) people addicted to heroin will never leave HAT; 3) prescribing heroin will give it a positive, healthy image, and that will lead more young people to try it; 4) HAT will overpower other treatment options; and 5) people receiving prescription heroin may sell it into the illicit drug market heroin (Uchtenhagen, 2010, p. 33).

However, twenty years after many Swiss cantons started to implement these policy changes, Uchtenhagen argues that these consequences were rarely observed (2010, p. 33). To the concern that prescribing heroin will make more young people want to try it, Nordt and Stohler observed that the heroin policy had the opposite effect. What they call a “medicalisation of opiate dependence” has transformed the image of heroin use from one of youthful rebellion to an illness of dependency that necessitates treatment. Instead of being ‘cool,’ young people now view heroin as a “loser drug” (Nordt & Stohler, 2006, p. 1834).
Therefore, heroin is no longer attractive for young people to experiment with, which suggests that the heroin policy continues to have success in decreasing usage of heroin. This claim is substantiated by the rates of heroin use among young people. In 1992, approximately 1.3% of 15- to 24-year-olds in Switzerland had used heroin at some point in their life. By 1997, that percentage had dropped to 0.6%, and as of 2011, only 0.2% of young people aged 15-24 had used heroin, as seen in Figure 2 (Maffli, 2012). In a study done in 2018 on 1,180 participants aged 20 years old, heroin was the least commonly used drug out of the 16 drugs the researchers asked about, with less than 0.01% of participants reporting any lifetime heroin use (Quednow et al., 2022, p. 192).

![Figure 2. “Lifetime prevalence of heroin use among 15-24 year old residents” (Maffli, 2012)](image)

Based on these studies, there is sufficient evidence to show that heroin use among young people has steadily decreased along with the decrease in total heroin usage among all age groups in Switzerland. These studies may not be representative of the entire population of young people in Switzerland, yet young people are clearly no longer as interested in using heroin as they were in the 1970s and 1980s.
E. Additional factors contributing to a decrease in heroin use

Heroin appears to be losing popularity among all age groups. However, this is not only due to heroin policy, but also to a cultural shift in what drugs are most popular. The drastic decrease in heroin consumption after 1995 was not the result of policy work alone. While the policy changes made to support heroin users had an effect on heroin use in Switzerland, public discourse about heroin had a significant impact. In the 1990s, the Swiss ‘zeitgeist,’ or spirit of the time, was moving away from heroin and towards other drugs (Herzig, personal communication, 11/21). Nowadays, a high number of young people in the country are using cannabis, cocaine, or even combining alcohol with opiates. This kind of drug use is inspired in part by German speaking rap and exemplifies how interconnected culture and drug use are amongst young people. However, there is not as great a concern about addressing cocaine use or mixing different substances because the effects are less visible in the streets of Switzerland, unlike the heroin epidemic of the late 20th century (Herzig, personal communication, 11/21).

There have been many studies done in Switzerland on adolescent drug use, both by academic researchers and the Swiss government, and these studies can be used to observe how drug consumption patterns have changed from 1995 to the present day. In 1995, research done by Konings et al. used national data from 1992 and 1993 on people aged 15 to 20 in Switzerland to study adolescent drug use and socio-economic factors (1995, p. 240). There were 9,273 young people who were part of the study, and 3.1% of them had used heroin, cocaine, or both at some point in their life. Out of these 287 people, 70% had consumed cocaine, and 57.8% had consumed heroin, which is about 200 and 169 people, respectively. Additionally, 27.7% of the participants had consumed cannabis in any form at some point in their life (Konings et al., 1995, p. 242).
Comparatively, the study done by Quednow et al. in 2018 and published in 2022 exemplifies what drug use patterns look like today. This study included 1,180 adolescents, all aged ~20 years old. The results showed that more than 68% of participants had used cannabis at some point in their life, and over 12% of the participants had used cocaine at least once. Heroin, on the other hand, was “the least commonly used drug” out of all the drugs the participants were asked about, which can be seen in Figure 3 below (Quednow et al., 2021, p. 192). This study also asked about when the participants had started using these substances, and the researchers observed that “a large percentage of adolescents who used an illegal substance by age 20 did so before age 18” (Quednow et al., 2021, p. 193). This percentage included 63.6% of participants who had smoked cannabis before they were 18, and 4.7% of participants who had used cocaine before they were 18 years old. It is important to note that this study was only conducted on people who were 20 years old, meaning that it cannot be too closely compared to the study from 1995 because that study’s sample included people of ages 15 to 20. While a conclusion cannot be drawn as to whether it is worse to use one drug or another, drug use has clearly not decreased since 1995, even if rates of heroin use have decreased.

![Figure 3. “Lifetime prevalence of substance use at age 20 in overall sample” (Quednow et al., 2021)](image-url)
F. Changes in the stigmatization of using heroin and other drugs

The changing trends in drug consumption could also be attributed in part to another socio-cultural factor: stigma. Stigma is defined as “a social process that exists when labeling, stereotyping, separation, status loss, and discrimination occur within a power context” (Earnshaw, 2020, p. 1301). In the context of widespread heroin use in the 80s and 90s, “the higher the visibility and the visible effect of drug use, the higher the stigma is” (Herzig, personal communication, 11/21). However, even though the problem is less visible today, heroin addiction is still stigmatized because people lack understanding of addiction and lack contact with people affected by it (Khazaal, personal communication, 12/2).

Substance use stigma can emerge at the structural level and the individual level, as seen in Figure 4 (Earnshaw, 2020, p. 1301). In Switzerland, despite the national policy changes more than twenty years ago made to make HAT more accessible to all, the canton of Vaud was only able to open a facility to administer HAT in 2018. It was difficult to open this facility because of pushback from the community. In a public conference about addiction in Lausanne, 95% of the people in attendance said that they did not think that people could recover from an addictive disorder (Khazaal, personal communication, 12/2). Additionally, up until two years ago, people with addictive disorders did not have the right to disability insurance in Switzerland. This insurance gives people money if they have a disability that prevents them from working, but addictive disorders have long been viewed as a problem of decision making rather than a disease. Changing the law to give them access to disability insurance is progress, but the structural stigmatization of addictive disorders is still a pervasive issue (Khazaal, personal communication, 12/2).
The first pilot studies of HAT had two criteria: “decrease of crime rate and increase of people having a job,” highlighting the economic burden that drug users had on society and how they are labeled as bad citizens (Herzig, personal communication, 11/21). This concern for the economic burden of drug use continues today. Switzerland measures the “coûts sociaux de la problématique de la drogue,” or the social costs of the drug problem, in terms of how many Swiss francs drug abuse costs the country, both directly and indirectly (Rechsteiner, 2017, p. 17).

Individual level stigma is a stigma created by social norms and manifests as prejudice, stereotypes, and discrimination (Earnshaw, 2020, p. 1301). It is not clear whether Switzerland’s heroin policy decreased or increased the individual level stigma of drug addiction and heroin use. According to Michael Herzig, the heroin policy changes contributed to both stigmatizing and destigmatizing heroin and drug addiction. On one hand, offering HAT and harm reduction services showed that drug addiction was a health issue, and people were visibly healthier after treatment. By sparking public discourse, heroin consumption became less stigmatized because there was more discussion about the circumstances of drugs (Herzig, personal communication, 11/21). On the other hand, public discussions also contributed to misunderstandings of drug use. The media in Switzerland did not distinguish between unhealthy and healthy drug use, and
instead promoted stereotypes of drug users. People blamed drug use for the social marginalization and poverty of people using drugs when, in reality, it is often social marginalization and poverty that create drug abuse (Herzig, personal communication, 11/21).

People addicted to a substance can also feel internalized or anticipated stigma, whether they experience prejudice and discrimination or not. Dr. Khazaal described a consultation he had with one of his patients who had previously used injected drugs for many years. The patient had visible skin abrasions from repeated injections, and he wanted to get surgery to have it removed because he feared going to the pool or meeting a new romantic partner because of the stigma he anticipated receiving when the skin abrasion was visible (Khazaal, personal communication, 12/2). Overall, structural and individual stigma against addictive disorders, including heroin addiction, still exists. However, given the limits of the information gathered, it is difficult to say whether these narratives and legal changes have had a net decrease or net increase in the stigmatization of drug use and addiction.

G. Concerns about adolescent drug use

Many opponents to adolescent drug use argue that legalizing drugs creates the perception that a drug is safe to consume, which in turn leads to young people using these drugs earlier and more frequently in life. In one study, researchers argue that when young people use drugs at an early age, the substances could “hamper [their] attainment of physical, psychosocial, educational, and professional milestones because of its negative neurodevelopmental impact,” specifically in terms of “psychosocial functioning, cognition, and motivation” (Quednow et al, 2021, p. 193). These health concerns have frequently been put forward as a reason to reconsider the legalization of drugs and other substances.
The Federal Council of Switzerland also shares this hesitation based on the studied health effects of early drug use. Given how popular cannabis has become for adolescents, there have been arguments made that the drug should be legalized starting at age 16 (Quednow et al., 2021, p. 187). However, the Federal Council has stated that there are studies showing that frequent and concentrated use of cannabis at a young age can hurt the development of the brain, and they are therefore wary of making cannabis legal, especially for young people (Rechsteiner, 2017, p. 16).

In contrast, Herzig argued that the health risk argument is hypocritical, and the goal of drug policy should not be to decrease youth drug use (personal communication, 11/21). While drug use carries many personal risks, many other activities carry a lot of risk as well, notably driving a car or owning a gun. If the concern about adolescent drug use is safety, there are many other activities that should be banned in addition to drug use. However, whether it’s driving a car, shooting a gun, or consuming drugs, it is possible to do all these activities safely. On one hand, young people are taught how to safely drive a car or safely use a gun if they are interested in those activities. On the other hand, young people are not taught how to safely use drugs (Herzig, personal communication, 11/21). Discussions of legalizing cannabis, for example, cite protecting the health of young people as a key concern of any policy change (Quednow et al., 2021, p. 193). However, whether cannabis is legalized in Switzerland or not, current drug addiction prevention programs do not sufficiently teach young people how to safely consume drugs and other substances (Herzig, personal communication, 11/21). It’s impossible to stop young people from using drugs altogether, but it is possible to ensure that when they do use drugs, they do so in a healthy way.

In the 1990s, when the four pillar policy was first initiated, prevention measures were stronger in Switzerland. However, budget cuts due to political decision-making have decreased
the funding available for programs teaching safe drug use and addiction prevention to young people. Given that HAT and safe consumption rooms have been so successful in helping people addicted to heroin to safely consume the drug, heroin addiction is not as visible anymore (Herzig, personal communication, 11/21). Heroin addicts look healthier, and they are not forced into poverty because heroin prescribed as a medical treatment is affordable. As a result, while prevention efforts were strong for a short period between 1995 and 2004 when the Swiss as a whole were open to innovation in drug policy, public sentiment has since reverted to more conservative politics for drugs. Unfortunately, the lack of sufficient prevention programs that teach young people how to safely use drugs has caused several adolescents to die from heroin and xanax overdoses within just the past three years (Herzig, personal communication, 11/21).

H. Lack of response to new drug trends

There has been little to no political action taken to address continued adolescent drug use because the impact of today’s drug use is less visible than before. Swiss people today are rich enough to afford heroin, and rich enough to get away with using it without repercussions from law enforcement. As a result, cocaine has not created the same motivation to action that heroin did. The visibility of heroin use, violence, and HIV/AIDS in the 1980s was an impact of poverty. Now that heroin can be offered as a medical prescription, people who are addicted to heroin are able to afford it and limit their consumption to a safe amount, making them look healthier as well (Herzig, personal communication, 11/21).

The challenge facing policymakers is how to effectively address drug use in policy given how trends will change from one drug to another. Legalizing prescription heroin has decreased heroin use among young people, yet it has not stopped young people from using other drugs.
Prevention is part of the four pillar policy, and young people “are the main target for both primary prevention and secondary prevention (early detection of problematic use)” (Konings et al, 1995, p. 241). While the original policy expanding HAT and safe consumption spaces did not have the goal of decreasing drug use on the whole, it is important to observe how subsequent drug policy aimed at preventing harmful drug use has not decreased drug consumption rates. Young people may have simply traded one drug for another.

1. The resulting impact of heroin policy on adolescents

For adolescents and young people today, many were not born or were too young to remember and understand the public discussions about heroin policy in the 1990s and early 2000s. It has been more than 20 years since HAT federal policy passed in a national referendum. Therefore, it is impossible to quantify how much the heroin policy versus other factors have impacted the stigma and use of heroin and other drugs today.

Heroin is no longer a popular drug amongst young people, and the incidence rates have decreased among all age groups, not just young people. Nordt and Stohler suggest that the decrease in new heroin users is a “social learning effect whereby the next generation will not use heroin because they have seen the former generation go from pleasant early experiences to devastating circumstances for addicts, families, and communities later on” (2006, p. 1833). As such, we cannot credit policy entirely for decreasing heroin use.

Additionally, it is difficult to claim how this policy has affected the stigma towards drug use. The perception of heroin has changed to a ‘loser drug,’ but while heroin use has decreased, use of other hard drugs, such as cocaine, have increased. Stigma is associated with the visibility of the issue, and the researcher hypothesizes that cocaine is potentially less stigmatized because
people using cocaine are typically not impacted by poverty as well (Herzig, personal communication, 11/21). Therefore, there has been less action taken to address cocaine use. However, further research is needed to substantiate this claim.

Finally, just because heroin is not a popular drug to use right now does not mean it could never return to the zeitgeist of Switzerland. Drug use trends are slow to change amongst society as a whole, and a movement back towards heroin has not been observed yet, but it should never be counted out (Herzig, personal communication, 11/21).
V. Conclusion

Measuring how policy changes from twenty years ago affect trends in the present day is a difficult task. The analysis has shown that the decrease in adolescent heroin use was impacted by policy, but also by cultural shifts and continued stigmatization of heroin use. Given the limitations of this study, no definitive claim can be made about how influential each factor was in determining heroin consumption patterns today. Today, fewer than 0.2% of people between 15 and 24 years old in Switzerland have used heroin in their lifetime, compared to 1.3% in 1995. However, cannabis and cocaine usage has increased, implying that while young people have moved away from heroin, their drug consumption has not significantly decreased.

Additionally, contrary to the hypothesis that legalizing prescription heroin would decrease the stigma of heroin users, the conversations with Mr. Herzig and Dr. Khazaal indicated that the stigmatization of drug addiction has not necessarily decreased. Mr. Herzig argued that while public discussion of heroin use during the 1990s destigmatized the issue, heroin users were simultaneously stereotyped by the media. Dr. Khazaal added that changes in the law have decreased structural stigma, but individual and societal stigma still exists because there is a lack of public knowledge about addiction, and people do not have contact with those on heroin treatment.

Further research is needed to distinguish the effects of each factor affecting stigma and drug consumption among young people. In terms of stigma, further study would be necessary to measure whether policy changes have had an overall positive or negative effect. This research could be possible through a full analysis of policy and law changes that have affected structural stigma, a thorough survey of the internalized stigma experienced by people with an addiction to heroin, and a representative survey of a sample of young people on how they view addictive
disorders. A similar study could be conducted on adolescent drug consumption. A representative sample of adolescents aged 15 to 20 years old would be asked about their drug habits and any cultural or societal factors that determined their consumption patterns.

While further research is necessary to answer the question posed at the beginning of the research, this project has raised several policy recommendations. To reduce dangerous drug use and promote healthy drug consumption habits among young people, cantons and the federal government alike must reinstate stronger prevention programs in schools. These programs should educate secondary school students on how to use drugs safely (Herzig, personal communication, 11/21). As previously stated, many young people start using drugs around age 14 or 15 in Switzerland, and therefore it is important that prevention education starts at that age. As for stigma, it is difficult to reduce the issue solely through policy. Instead, destigmatization will accompany a better understanding of addictive disorders. Education on addiction should be included in prevention programs, and these programs should aim to break down stereotypes of people addicted to substances and increase knowledge of the disease of addiction.
VI. ABBREVIATION LIST

1. CHUV: Centre hospitalier universitaire vaudois (French), or Central University Hospital of Vaud (English)

2. HAT: heroin-assisted treatment

3. HIV/AIDS: human immunodeficiency virus/acquired immune deficiency syndrome

4. INCB: International Narcotic Control Board

5. UN: United Nations

6. UNAIDS: Joint United Nations Programme on HIV/AIDS

7. UN ECOSOC: United Nations Economic and Social Council

8. US: United States of America

9. WHO: World Health Organization

10. ZHAW: Zurich University of Applied Sciences
VII. BIBLIOGRAPHY


Herzig, M. (2022, November 21). Personal communication.


Khazaal, Y. (2022, December 2). Personal communication.


