

spectra

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Structural prevention

2 Effective instruments in alcohol prevention

In alcohol prevention, too, behavioural prevention must be combined with structural prevention in order to achieve the maximum impact. The most effective measures are those involving road traffic, restriction of availability, and taxation of alcoholic beverages.

3 Control of infectious diseases in the prison system

The federal government is becoming increasingly involved in the control of infectious diseases behind bars. There is a need for action because people in correctional facilities are affected particularly frequently by infectious diseases such as HIV, hepatitis and tuberculosis, because the standard of care is not continuous throughout the cantonally regulated correctional system in Switzerland, and because there is no uniform approach to the problem.

4 BRAVO for less smoke and more quality of life

Tobacco prevention in Switzerland is successful but hasn't attained its goals yet. Once again, the BRAVO tobacco prevention campaign is congratulating people and organisations who have made their workplace or cultural event smoke-free. The campaign thematises and supports the clear trend towards not smoking.



The state has to intervene whenever the freedom of the individual puts the health of others at risk

Structural prevention in alcohol control. Effective prevention combines education and awareness with measures to regulate the market, i.e. behavioural with structural prevention. Numerous studies have shown that government intervention is most effective in the context of road traffic, controlling the availability and taxation of alcoholic beverages. A National Alcohol Control Programme is currently being developed in Switzerland and is due to be debated by the Federal Council this autumn.

The freedom of the individual stops where it restricts the freedom of others. This principle of liberal society goes further than summing up perfectly the problem of passive smoking; it can also be applied without hesitation to the structural prevention of alcohol consumption. It is almost impossible to imagine our culture without alcohol. If, however, alcohol consumption leads to violence and road traffic accidents or endangers the health of children and adolescents, then measures must be taken to control it. But regulations are only as good as the consistency with which they are implemented. Systematic traffic checks are the only way to ensure that a lower legal alcohol limit alters the situation on the roads. Age limits for purchasing alcoholic beverages can only be effective if they are enforced systematically by everyone concerned; test purchases show that children and young people can still buy alcoholic beverages in many places. Taxation is a very effective preventive measure, particularly for young people who respond very promptly to higher prices. But again, fiscal prevention can only work if it is not undermined by inconsistencies elsewhere, such as other alcoholic drinks which are either not taxed or only taxed at a low rate and to which young people can turn as an alternative.

Youth protection is a well-accepted goal

In a democratic society any form of regulation naturally requires the support of the majority. The «Attitudes toward Alcohol» Eurobarometer published by the European Council in March 2007 shows that some 52% of citizens in the EU feel that individuals should bear responsibility for protecting themselves against the negative effects of drinking alcohol, while 44% believe that this task belongs to the government. EU citizens are definitely in favour of state intervention when it comes to lower legal blood-alcohol limits for new drivers and young people. 84% of people in Europe approve of youth-protection measures such as a ban on advertising which targets young people and sales of alcoholic beverages to people under 18.

Alcohol plays a central role

With a per capita consumption of 8.6 li-

tres of pure alcohol (in 2006), Switzerland still has a high level of alcohol consumption compared with other countries. Jürgen Rehm from the Research Institute for Public Health and Addictions in Zurich has asked «why is our public health response to this serious burden so timid?» Rehm has identified the following reasons:

- Alcohol is our familiar, everyday drug; alcohol accompanies us from cradle to grave
- Alcohol is thought to be healthy (!) because its positive cardioprotective effects are said to compensate for other risks
- Alcohol is an important part of the economy in many European countries
- The alcohol industry exerts major political influence.

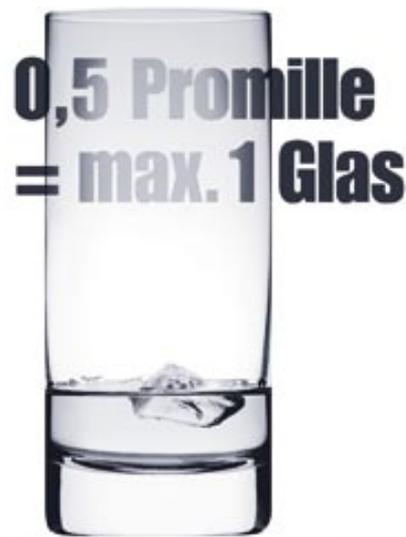
Alcohol is a factor in one in five accidents

The new legal alcohol limit of 0.5 mg/l which Switzerland introduced in 2005 has certainly made drivers more careful, but alcohol remains the major cause of accidents alongside excessive speed. Compared with the average for the preceding ten years, the number of serious alcohol-related accidents decreased by 25% in 2005. Yet alcohol is still a factor in one in five accidents: 79 people died on Swiss roads because of alcohol and 665 sustained serious injuries. The proportion of alcohol-related accidents involving fatalities and serious injury (roughly 13%) has barely decreased. This was the conclusion drawn by the SINUS Report 2006 on safety levels and accidents on the roads published by the Swiss Council for Accident Prevention (bfu).

There is broad acceptance of the stricter limit in this country: 85% of the driving licence holders questioned in a survey carried out by the Swiss Institute for the prevention of alcohol and other drug problems in conjunction with the bfu said that they were in favour of the legal alcohol limit being reduced from 0.8 to 0.5 mg/l; a majority approved of 0.0 mg/l for new drivers.

Available everywhere and at any time

Since the cantons (with one exception) abolished the «needs clause», alcohol can be obtained almost everywhere and practically round the clock. This is very regrettable from a public health point of view since there is a documented correlation between the density of sales outlets and the volume of alcohol consumed. Other restrictions on the availability of alcohol in Switzerland have also been recently removed. For example, the permitted opening hours of sales outlets, a term which includes convenience stores at petrol stations, have been extended in a number of cantons. In many cases these longer opening hours are made worthwhile solely by sales of alcohol. Some cantons, among them Geneva,



A poster campaign early in 2005 made the public aware of the lower legal alcohol limit.

have responded to this situation. In the interests of protecting young people and for public health reasons, the canton has banned the sale of alcohol at petrol stations completely and the sale of alcohol in shops between 9 p.m. and 7 a.m.

Taxation is effective

Higher taxation resulting in higher retail prices for alcoholic beverages is one of the most efficient and cost-effective ways of reducing alcohol consumption. In Switzerland, the special duty levied on alcopops is an example of the success of this measure. This new category of flavoured alcoholic beverages arrived in Switzerland in 1996 and soon triggered a real boom among young people. The boom was halted after a time by making these designer drinks subject to the Spirits Law, but it took off again in 1999 when the flat-rate duty on imported spirits was introduced, accompanied by aggressive marketing of new mixed drinks made from branded spirits. Sales rocketed from 1.7 million bottles in 2000 to 18 million in 2001. The public, health service and politicians were alarmed and reacted to the situation. A wide-ranging media campaign in 2003 was followed in February 2004 by a special tax on these sweet pre-mixed drinks, and imports declined rapidly. Yet according to the latest Health Behaviour in School-aged Children (HBSC) study, 10% of 15-year-olds are still drinking alcopops every week even though they are not legal for people under 18!

The preventive potential inherent in the revision of the Beer Duty Law was not exploited to the extent recommended by experts, and duty on beer was not raised as much as had been demanded. This is all the more regrettable from a public health standpoint since beer is the most frequently consumed alcoholic beverage and is drunk by young men, in particular, in quantities that are liable to damage health. One especially disturbing fact in terms of prevention is that beer is very cheap, and is often less expensive than

sweetened carbonated beverages. Alcohol is and will remain the No. 1 problem substance among young people.

National Alcohol Control Programme coming soon

Problematic drinking affects society as a whole: alcohol increases the individual's willingness to use violence, is responsible for a large number of accidents, and ultimately impairs quality of life. Innocent by-standers are often the victims of accidents and violence caused by alcohol. The most worrying aspect is the change in drinking habits, particularly binge drinking among young people. The Federal Office of Public Health is currently developing a National Alcohol Control Programme (NACP) based on the latest scientific findings and international practice. The programme identifies priorities in youth protection and the minimisation of damage to uninvolved third parties, or in other words avoidance of violence and accidents. An effective approach to prevention, like the NACP, revolves around a package of measures that strengthen individual responsibility and contain structural measures such as those designed to regulate the market. Top priority is given to the enforcement of existing laws. The NACP focuses on problematic consumption (binge drinking, inappropriate drinking and chronic excessive drinking, and alcohol consumption by children and young people) and alcohol addiction. The Federal Council plans to debate the National Alcohol Control Programme this autumn.

Contact:
Anne Lévy, Head of the Alcohol Section,
anne.levy@bag.admin.ch

Credits

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www.bag.admin.ch
kampagnen@bag.admin.ch

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The federal government plans to do more to control infectious diseases in prisons

At first hand

Control of infectious diseases in prisons. The state is responsible for the health of prison inmates. In particular, it is obliged to ensure that the same level of prevention and healthcare is provided within the prison walls as in the community at large. This is not yet the case everywhere in the Swiss penal system. The results of new studies also indicate that prison inmates are at greater risk of contracting infectious diseases. For this reason, the Federal Office of Public Health (FOPH) has once again been increasingly involved in the control of infectious diseases behind bars since last year.

Background

The objective of the penal system is to make reparation for unlawful actions and to reintegrate inmates into society. The legislation requires their health to be protected and promoted. The Federal Office of Public Health (FOPH) was involved in prevention and harm-reduction measures within the penal system until the late 1990s, and during this time it carried out pilot needle-exchange trials to international acclaim. Although the pilot activities were evaluated positively, they were not introduced uniformly throughout the country's penal system.

New studies show that the proportion of people who use or are addicted to drugs is higher within the penal system than in the general population, and that intravenous drug use with shared injection material is still widespread in prisons. Recent estimates also indicate a higher prevalence of HIV (up to 2.4% compared with 0.2 to 0.3% in the general population) and hepatitis C infections (over 6.9% compared with 0.5 to 1% in the general population). The exceptional living conditions in prisons also give rise to suspicions that high-risk sexual behaviour is common in the penal system. On the other hand, no uniform health concept has been implemented in the penal system to date, and there is a need for action to control infectious diseases effectively within the system from a public health perspective.

The FOPH's BIG project

As part of the national HIV/AIDS programme 2004–2008, the FOPH therefore launched the «Control of infectious diseases in prison» project (which is known by its German acronym BIG) in conjunction with the Section for the Execution of Sentences and Measures at the Federal Office of Justice. It is networked with the relevant stakeholders in the penal system and intends to work with them to ensure that a system for preventing, testing and treating infectious diseases is in place in prisons which is equivalent to the level of care available outside the system. Thus it also aims to contribute to reducing the



Prevention of infections in prisons: a needle-exchange dispenser in the open-access recreation room of a residential unit at Hindelbank Women's Prison (Berne).

risk of infection in prisons. At the same time, it will also assess the extent to which this objective can be attained in non-criminal detention settings (investigative detention, police custody, preventative custody, detention of foreigners). Two major academic studies that were conducted at the behest of the FOPH in 2006 serve as the basis for the BIG project. They are available to download at www.bag.admin.ch/aids.

Action required

The University of Fribourg carried out a study entitled «Infectious diseases and drugs in the penal system; a rapid assessment of healthcare provision». It concludes that the health situation behind prison walls remains precarious, highlighting in particular the extremely high prevalence of HIV and hepatitis. The study identified the following areas where action is needed:

- Improvement of the data basis
- Raising awareness of the problem among facility managers and staff
- Establishment of minimum standards for testing, prevention and treatment
- Clarification of responsibility for costs incurred for inmates without health insurance
- Improvement of collaboration between the various parts of the correctional system, and
- Clarification of the obligation to medical secrecy.

Most of the stakeholders in the penal system surveyed by the University of Fribourg in the course of the study share this assessment of the situation, and they welcome a greater level of involvement by the federal government.

The state is responsible

The University of Berne produced a le-

gal expertise entitled «Health-related rights of prison inmates concerning protection against infectious diseases, and the powers of the federal government to enforce these rights». The expertise finds that the state has comprehensive responsibility for the health of prisoners and that, in some instances, the federal government has new powers to regulate health-related questions in the correctional setting. The cantons, in turn, have an obligation to ensure uniform implementation. In particular, the study's authors state that the revised Penal Code accords the federal government new powers within the penal system.

In addition to the studies carried out by the universities in Fribourg and Berne, an extensive collection of standards, recommendations and best-practice models for combating infectious diseases in correctional facilities was compiled in the first year of the BIG project, and a database of «Who's who» in the Swiss penal system was prepared.

What happens next

The FOPH has drawn the following conclusions from the BIG project so far:

- There is still a need for action to ensure adequate prevention, testing and treatment of infectious diseases in the penal system.
- Relevant activities being carried out by the FOPH will be expanded.

In the near future the FOPH will be planning the next course of action in collaboration with the stakeholders responsible for the correctional system.

Contact: Stefan Enggist, AIDS Section, stefan.eggist@bag.admin.ch

The constant complaints I hear about regulations, state intervention and government measures are balanced out by the many demands for more prevention efforts, «more awareness campaigns, more information activities in schools, more youth work». I can understand and identify with these calls for action of a «behavioural prevention» nature. But this approach does not go far enough: effective prevention requires measures that do more than just target the individual; they must also have a structural impact. Such measures create the conditions in which behavioural prevention can be effective.

As we see in the context of road traffic or medicines, structural measures regulate the way in which potential sources of risk are handled. Up to a certain point, they enable supply and demand to be controlled, which in terms of prevention is also desirable in relation to the legal drugs tobacco and alcohol.

For all their similarities, however, a clear distinction can be drawn between tobacco and alcohol. Tobacco is a threat to health, and there is no such thing as low-risk consumption. With alcohol, on the other hand, the possibility of low-risk consumption by adults is generally accepted. But about one million people in Switzerland drink alcohol to an extent that threatens their own health or that of others. The sale of alcohol and tobacco therefore requires regulatory measures such as the systematic enforcement of the age limit and of the times at which they may be sold. This will achieve what many are calling for: effective prevention and youth protection.

The FOPH will be focusing intensively on both structural measures and behavioural prevention in the immediate future. The Federal Council is expected to reach a decision on the National Alcohol Control Programme – a package of measures that will include both these aspects of potentially successful prevention work – in autumn.



Thomas Zeltner
Director
Federal Office of Public Health

Better quality of life in smoke-free workplaces, barracks and cultural venues. The Tobacco Prevention experts say: BRAVO!

«BRAVO for less smoke and more quality of life.» Congratulations are once again in order this year for companies, clubs and organisations which have become smoke-free. A study flanking the tobacco monitoring project shows that the vast majority of the Swiss population (86%) likes the campaign being run by the Federal Office of Public Health (FOPH). And tobacco prevention is having an effect: the number of people who smoke declined even further in 2006.

In 2007, the BRAVO campaign will once again be focusing on the milestones achieved in tobacco prevention. The positive impact is now also evident in



companies and organisations which for a long time rejected the idea of becoming smoke-free as unnecessary or difficult to implement, among them cultural venues, media companies and the hotel and catering industry.

Cigarettes are still constant companions for many new army recruits. Yet the Drogens barracks in Romont has shown that it doesn't have to be that way, and has been smoke-free since 2006. Two other examples show that culture can also be enjoyed without smoke and without deterring the audience: the Salsa Festival Switzerland (where the country's first-ever smoke-free cultural event met with great applause in February 2007) and the Theater Fauteuil in Basel. The legendary cabaret artist Emil Steinberger was photographed in Basel to promote the campaign.

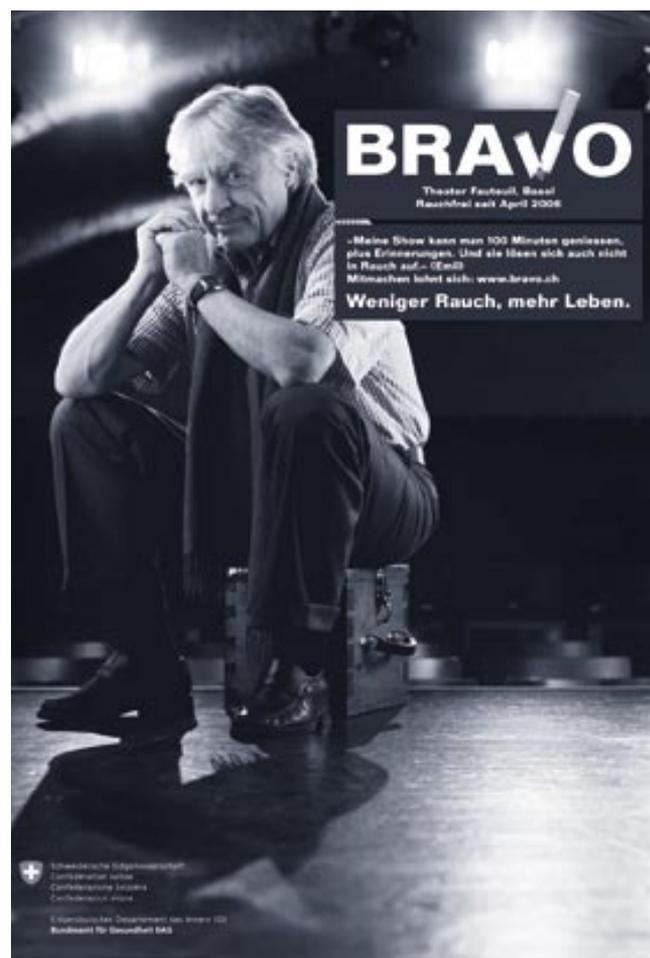
Three slightly tongue-in-cheek TV spots are being aired, showing how not smoking on a date, at a club meeting or in the breaks at university can have some very positive effects – because less smoke means more life. The BRAVO campaign doesn't attempt to marginalise smokers; it aims to show them that they are being taken seriously too. «The BRAVO campaign doesn't point the finger at smokers; it shows in a humorous and pleasurable way that a smoke-free lifestyle offers a better quality of life.» explains Adrian Kammer, Head of the Campaigns Section at the FOPH.

The information and awareness campaign is part of the National Tobacco Prevention Programme 2001–2008 being run by the Federal Office of Public Health. The FOPH invests between CHF

2.7 million and 4 million annually in this campaign.

Still a long way to go

Regular surveys (carried out as part of the Swiss tobacco monitoring project) show that between 2001 and 2006 the proportion of people who smoke in Switzerland decreased from 33 to 29%. The biggest decrease has taken place among people who smoke daily in all linguistic regions and in both sexes. A 4% reduction means about 250,000 fewer smokers. And 53% of the people who still smoke would like to give up. This is a good development in terms of public health and health-care expenditure: Swiss tobacco policy is on the right track, and education and market regulation are forming the basis of successful prevention. However, there is still a long way to go before the medium-range goal of a smoker quota of 20% is reached.



Contact: Ursula Reinhard,
Section Campaigns,
ursula.reinhard@bag.admin.ch

www.bravo.ch

Health warnings will soon be joined by photos designed to make smokers stop and think

Warning illustrations on cigarette packs from 2008. From 2008, packs of cigarettes and other tobacco products sold in Switzerland will also bear photos to warn smokers of the dangers they face. This decision was taken by the Federal Council in mid-April 2007. The illustrations will be submitted to interested parties for consultation during the summer.

The combination of text and photos on packs of cigarettes and other tobacco products will warn consumers about the dangers of smoking. Each pack will also feature the telephone number of the stop-smoking hotline and draw smokers' attention to this advisory service designed to help them quit.

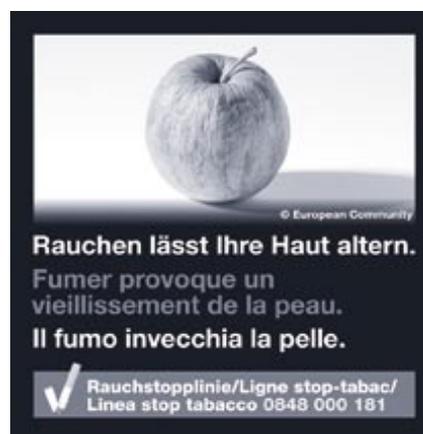
Compatible with the EU

When the Tobacco Ordinance was completely revised on 27 October 2004, the Federal Department of Home Affairs was requested to develop an ordinance

governing the combined warnings for tobacco products. During the summer of 2007, the proposed photos and the transition periods (12 months for cigarettes and 24 months for other tobacco products) will be submitted to interested parties for discussion. The Federal Office of Public Health has acquired a licence to use the photos already being propagated by the European Commission. The Federal Council has observed that this will ensure compatibility with the EU.

Part of the National Tobacco Prevention Programme

The entry into force of the ordinance concerning the combined warning on 1 January 2008 is part of the National Tobacco Prevention Programme (NTPP) approved by the Federal Council. In this programme, the Federal Council has set out 12 objectives for achieving a sustainable reduction in tobacco consumption in Switzerland. The NTPP contains a number of measures designed to achieve these objectives. For example,



since the programme was launched, the Federal Council has gradually increased the price of cigarettes, not least for public health reasons. A prevention campaign has been run every year since 2001 to raise public awareness of the problem (see also above).

Warnings being heeded

The national tobacco prevention survey

shows that the warnings, which have been mandatory since May 2006, are heeded by smokers. In the 3rd quarter of 2005, 27% of those surveyed said that they read the warnings «always» or «often»; by the 1st quarter of 2006 this figure had risen to 38%. The warning texts have also given rise to more discussions with other people: in the 1st quarter of 2006, 41% talked at least occasionally to others about the warnings on cigarette packs (in the 3rd quarter of 2005 the corresponding figure was 31%). So far the warnings have had little effect on smokers' personal attitudes. The new illustrated warnings should have a better emotional impact. The tobacco monitoring project will continue to regularly document the extent to which the warnings are noticed and the response that they elicit.

Contact: Michael Anderegg,
Foodstuffs and Utility Articles Section,
michael.anderegg@bag.admin.ch