



## Substance use trends among young clients receiving outpatient or residential addiction treatment in Switzerland

The proportion of older clients seeking counselling or treatment for drug-related problems is steadily rising. Alcoholism treatment services also tend to be more frequently used by older people. But the focus of this year's update is on the young clients who also wish to change their lives through counselling and treatment. What problems lead young substance users to seek addiction care? Have there been any changes in these substance use problems over the past ten years? What challenges are addiction care facilities likely to face in the future?

### 1. What is act-info?

act-info (addiction care and therapy information) is a standardised national client monitoring system for outpatient and residential addiction care, which was established in 2004. Statistics are analysed from the following five sectors: outpatient treatment and psychosocial care (SAMBAD; managed by SFA, Lausanne), residential treatment for drug addiction (act-info-FOS; ISGF, Zurich), residential treatment for alcohol addiction (act-info-Residalc; SFA, Lausanne), heroin-assisted treatment (HAT; ISGF, Zurich) and methadone maintenance treatment (National Methadone Statistics; FOPH, Bern). The documentation covers the situation of clients prior to initiation and on completion of treatment or counselling. With the exception of the HAT programme, the centres concerned participate on a voluntary basis. Accordingly, the readiness to participate varies from one sector to another (Table 1).

Table 1: Participation of centres in act-info, by sector (as of 2008)

act-info sectors	Existing centres (n)	Participation (n)	Participation (%)
Heroin-assisted treatment (HAT)	23	23	100
Residential treatment for drug addiction (act-info-FOS)	approx. 65	54	83
Residential treatment for alcohol addiction (act-info-Residalc)	20	15	75
Outpatient treatment and care (SAMBAD)	223	75	34
	Cantons with maintenance programmes (n)	Cantons with data on individuals (n)	Participation (%)
National Methadone Statistics	26	14	54

### 2. People receiving addiction treatment

On the basis of the act-info data and the extent of coverage provided by the statistical surveys, the total number of people using addiction counselling and treatment services can be estimated at around 40,000–50,000 (Table 2). If this figure is set against estimates of the prevalence of addiction problems in the general population – 300,000 people with alcohol problems, 30,000 with drug problems and 60,000 with prescription medication problems<sup>1</sup> – it can be assumed that

<sup>1</sup> Müller, R., Meyer, M., & Gmel, G. (Eds.) (1997). Alkohol, Tabak und illegale Drogen in der Schweiz 1994-1996. Lausanne: Schweizerische Fachstelle für Alkohol- und andere Drogenprobleme (SFA). Maffli,

some 10–20% of people with substance use problems are receiving care. No systematic national statistics are available for withdrawal programmes or low-threshold services. Likewise, reliable data are lacking on outpatient addiction care delivered by independent medical practitioners (except for methadone maintenance) and psychologists. However, statistical information on capacity utilisation (current situation and trends) at residential addiction treatment facilities is provided by a monitoring programme ([www.infodrog.ch/pages/de/them/moni/](http://www.infodrog.ch/pages/de/them/moni/)). Other resources contributing to an overall picture of the addiction field include healthcare databases such as that on alcohol consumption in Switzerland (Swiss Alcohol Board/EAV), narcotics statistics (fedpol), medical hospital statistics (FSO) and cause-of-death statistics (FSO)<sup>2</sup>.

Table 2: Estimated number of clients receiving addiction care (as of 30 September 2006)

Treatment sectors	No. of clients
<b>Sectors affiliated to act-info</b>	
Heroin-assisted treatment (HAT)	1,264
Residential treatment for drug addiction (act-info-FOS)	700
Residential treatment for alcohol addiction (act-info-Residalc)	550
Outpatient treatment and care (SAMBAD)	21,500
National Methadone Statistics	17,500
<b>Total act-info</b>	<b>41,014</b>
<b>Sectors not affiliated to act-info</b>	
Low-threshold services, withdrawal programmes, psychiatry, etc.	approx. 5,000–10,000
<b>Total</b>	<b>approx. 40,000–50,000</b>

Source: act-info annual report 2006, p. 16

### 3. Trends for clients receiving addiction care

*Age and problematic use or addiction* are increasingly topical issues in practice, research and the media, in relation to both tobacco, alcohol and cannabis use among young people and the development of addiction in the elderly (late onset). Assessments of age distribution over time in addiction care (based on act-info data) indicate a steady rise in the age of people with drug-related problems being admitted to residential treatment or maintenance programmes. For example, over the past 5 years, the average age of people starting methadone treatment rose from 30 to 35 years (see [www.act-info.ch](http://www.act-info.ch) -> extract from *Spectra* no. 66). Fewer younger clients are entering these programmes – with the exception of outpatient counselling for cannabis users, where the average age on admission (17 years) has remained unchanged over the past 5 years.

Addiction counselling and treatment are thus largely and increasingly being used by older people. Does this mean that addiction care is only for the older generations? No, young people certainly make up a proportion of the clients who seek counselling or treatment for addiction problems. By considering this age group over an extended period, it is possible to assess trends, e.g. concerning the use, attractiveness or availability of particular substances for young people (incidence perspective).

What are the characteristic problems of *young* people seeking addiction counselling or treatment? Have there been any changes in the substance use problems observed in young people admitted to such programmes between 1997 and 2006? The following act-info assessments are intended to provide answers to these questions.

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E. & Bamer, U. (1999). Gebrauch von Medikamenten mit Abhängigkeitspotential in der Schweiz. Lausanne: Schweizerische Fachstelle für Alkohol- und andere Drogenprobleme (SFA)

<sup>2</sup> [www.obsandaten.ch](http://www.obsandaten.ch)

### 3.1 Less heroin, more cocaine and cannabis – change in main problem substance

Figure 1 shows the distribution of main problem substances in young clients seeking outpatient counselling or residential treatment for *drug* problems between 1997 and 2006, as documented by the sectoral statistics from SAMBAD and *act-info-FOS*<sup>3</sup>. The focus here is on adolescents and young adults aged under 25 on admission. The main problem substances reported by the clients at the start of treatment are divided into five categories – opiates (including cocktails), cocaine and derivatives, cannabis, prescription medications (e.g. benzodiazepines, barbiturates) and “other substances” (e.g. amphetamines, LSD). For each case, only the main problem substance is shown. Although *additional* problem substances – many clients are polysubstance users – are recorded by *act-info* and listed in the annual reports of the sectoral statistics, they are not taken into account in Figure 1.

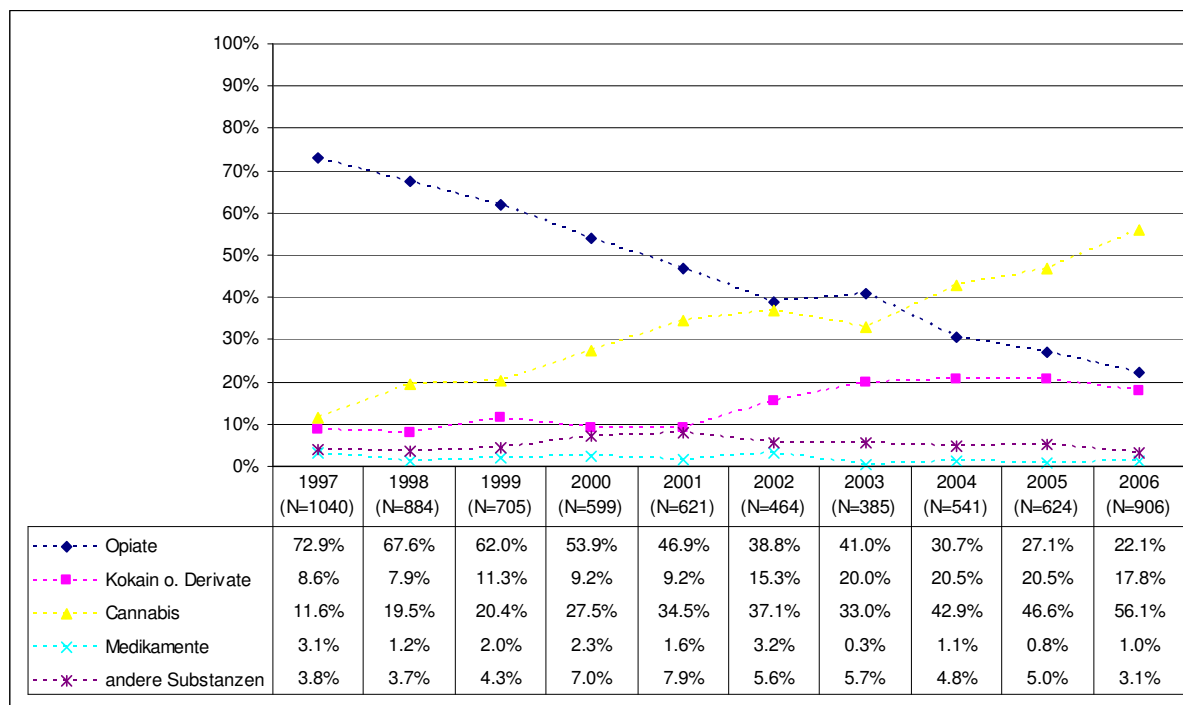
Figure 1 clearly indicates the opposing trends for the two main problem substance groups – opiates and cannabis: while opiates were cited as the main problem by 73% of drug-using clients starting treatment in 1997, the corresponding figure was 47% in 2001 and only 22% in 2006. In contrast, the percentage reporting cannabis as the main problem increased from 12% in 1997, to 35% in 2001 and 56% in 2006. From 2002, a slight increase is also apparent for cocaine as the main problem (reaching 18% in 2006), while medications and “other substances” remained stable over the years at a low level (1–8%). The steadily growing proportion of clients reporting cannabis problems is mainly attributable to the increase seen in the *outpatient* counselling sector. Despite the sometimes relatively large fluctuations in levels of participation in monitoring in the outpatient sector, the trend shown can be taken as a reflection of reality. Only the slight drop recorded in 2003 is presumably attributable to the considerable decline in participation observed in some parts of the outpatient sector due to a change in the data collection software. The proportion of cannabis users in the outpatient counselling sector is generally higher than in the residential sector, and the proportion of opiate users is lower.

In the *residential* treatment sector, the proportion reporting opiates as the main problem steadily decreased, while an increasing proportion of clients admitted to residential treatment reported cocaine as the main problem. It should, however, be noted that for many people receiving residential treatment a variety of substances represent a problem, and they must be classified as polysubstance users (see *act-info-FOS* Annual Report 2005).

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<sup>3</sup> Data from the HAT programme and the national methadone statistics were not included in Figure 1 since, for these types of treatment, reporting of heroin as the main problem substance is defined as one of the criteria for enrolment.

Figure 1: Clients aged under 25 receiving addiction care: relative frequencies of main problem substances on admission (1997–2006)



- Opiates
- Cocaine or derivatives
- Cannabis
- Prescription medications
- Other substances

(Due to rounding, individual percentages may not add up to 100.)

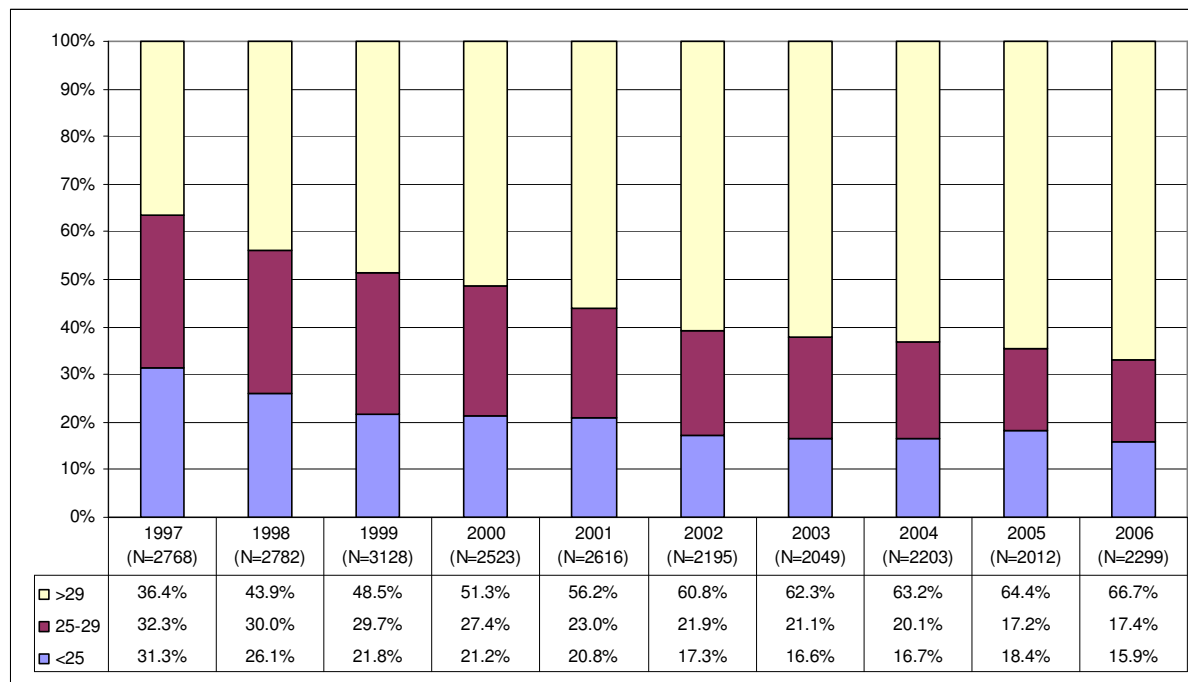
Note: Data are based on sectoral statistics from SAMBAD and act-info-FOS.

As the progression from initial use through regular use to excessive (problematic) use, ultimately requiring treatment, occurs over a more or less extensive period, the trends documented by act-info can be viewed as a time-lagged representation of problematic substance use patterns. Reference may be made to additional studies in order to relate the findings of treatment statistics to data on current patterns of substance use.

#### Age distribution over time for clients with opiates as the main problem substance

When the age distribution is considered for clients treated primarily for opiate problems (Figure 2), it is apparent that the proportion of under-25s fell by around 10% between 1997 and 1999 and has levelled off at 16–21% since 2000. The proportion of 25- to 29-year-old clients decreased by about 10% between 1997 and 2002 and has levelled off at 17–21% since 2003. The proportion of opiate-dependent clients receiving treatment and counselling who are aged over 29 increased from 36% in 1997 to 67% in 2006.

Figure 2: Clients with opiates as the main problem substance: age on admission (1997–2006)



(Due to rounding, individual percentages may not add up to 100.)

Note: Data are based on the sectoral statistics from SAMBAD, act-*info*-FOS, National Methadone Statistics and HAT.

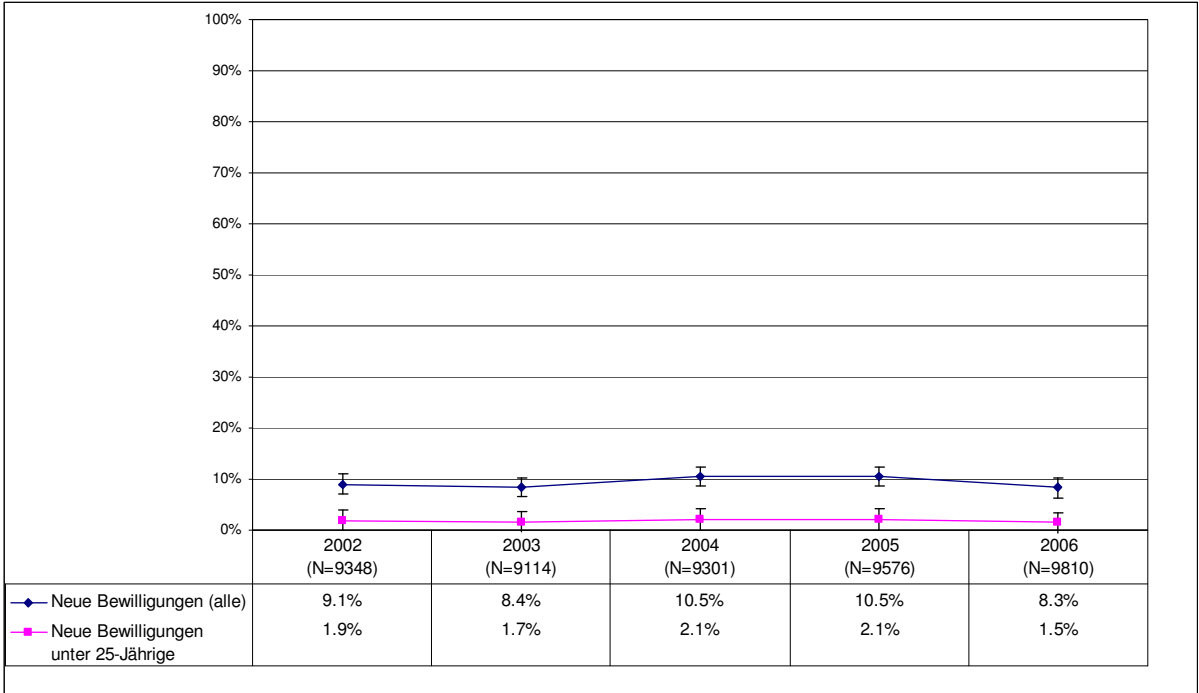
### 3.2 Trend in new approvals for methadone treatment

Methadone maintenance is the most widely used type of treatment for opiate dependence in Switzerland. The special type of data collection in this sector provides information not only on the number of treatments initiated, but also on the entire population of clients. Accordingly, Figure 3 illustrates how *newly issued approvals* as a proportion of all ongoing treatments have changed over time. An approval is defined as *newly issued* in cases where a patient has never previously received maintenance treatment or maintenance has previously been interrupted for at least 5 years.

The analysis is based on data collected by the National Methadone Statistics programme for 1997–2006. This covers about 30% (1997) to 50% (2006) of all approvals issued in Switzerland and thus permits reliable estimates for Switzerland as a whole from 2002 onwards. Of particular interest in relation to young clients receiving treatment is the trend in new approvals issued for patients aged under 25 as a proportion of all registered methadone maintenance approvals.

Over the period 2002–2006, newly issued approvals account for between 8% and 11% of all registered approvals, while newly issued approvals for patients aged under 25 account for around 2%.

Figure 3: Newly issued approvals (for all age groups and for under-25s) as a proportion of all registered approvals (2002–2006)



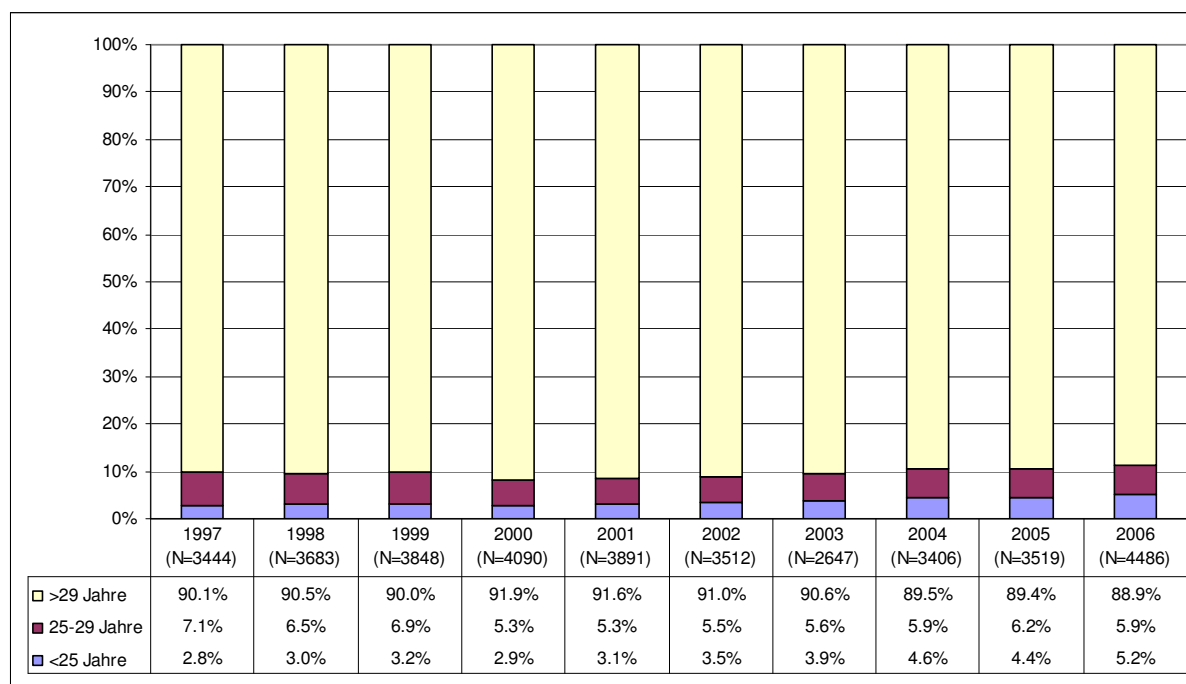
New approvals (all)

New approvals (under-25s)

### 3.3 Age distribution over time for clients receiving alcoholism counselling and treatment

In this section, alcohol as a main problem substance is dealt with separately. Figure 4 shows the age distribution for people seeking outpatient or residential treatment for alcoholism (SAMBAD and act-info-Residalc), with three age classes – under 25, 25–29 and over 29. The proportion of clients aged under 30 remained virtually constant over the years (around 10%). As expected, young people with alcohol problems represent a small group in the treatment statistics. Since 2001, however, there has been a modest increase in the proportion of clients aged under 25, from 3.1% to 5.2% in 2006. The severity of alcohol-related somatic, social and mental problems appears to increase with age. Only after years of excessive consumption does the need for treatment become appreciable or inescapable.

Figure 4: Clients with alcohol as the main problem substance: age on admission (1997–2006)



years

(Due to rounding, individual percentages may not add up to 100.)

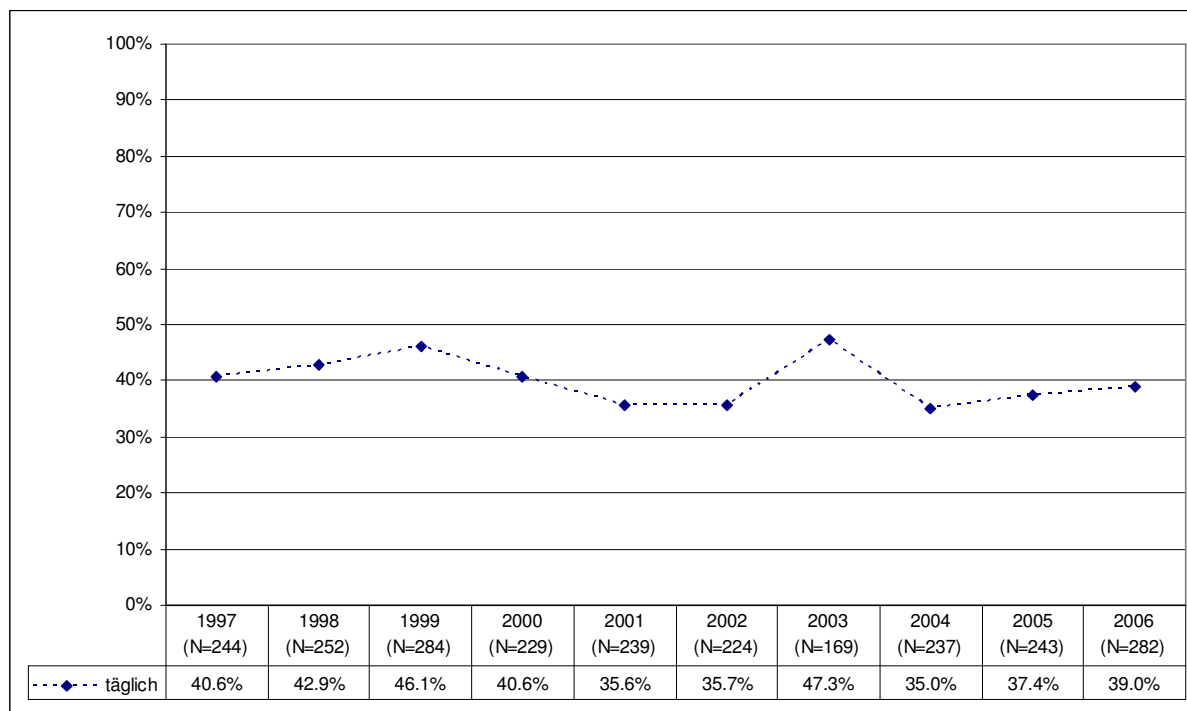
Note: Data are based on sectoral statistics from SAMBAD and act-info-Residalc.

#### Drinking patterns prior to the start of treatment

Figure 5 shows the proportion of clients aged under 30 who reported drinking alcohol daily in the six months prior to admission for outpatient or residential treatment of alcoholism. The frequency of consumption is shown, but not the quantities of alcohol consumed<sup>4</sup>. Less than half of all clients aged under 30 reported drinking alcohol at least once daily prior to admission. In the period under review, the proportion reporting daily drinking varies between 35% and 48%, with no clear trend emerging. By comparison, the proportion of clients aged 30 or older reporting daily drinking is markedly higher, varying between 47% and 54%.

<sup>4</sup> In the outpatient sector, alcohol quantities are not recorded. For detailed information on patterns of consumption prior to admission for inpatient treatment of alcoholism, see the annual reports of act-info-Residalc ([www.sfa-isp.ch](http://www.sfa-isp.ch) > Forschung > aktuelle Projekte).

Figure 5: Clients aged under 30 with alcohol as the main problem substance: percentages reporting daily drinking on admission (1997–2006)



Daily

Note: Data are based on sectoral statistics from SAMBAD and act-*info*-Residalc concerning drinking patterns in the 6 months prior to admission.

#### 4. Conclusions and outlook

As regards treatment for people reporting opiates as the main problem substance, it can be concluded from the annual act-*info* addiction care statistics that the proportion of younger clients has decreased slightly but steadily, stabilising at a low level. This stabilisation is also essentially confirmed by the trend in new approvals for methadone prescription. Over the past 10 years, clients aged under 25 sought counselling or treatment more frequently for cannabis, somewhat more frequently for cocaine and more rarely for opiates. The proportion of younger people seeking outpatient or residential care for alcoholism has risen slightly over the past 10 years; however, they still account for only a very small proportion of all alcohol clients.

The rise in cannabis as a main problem substance can presumably be attributed to the increase in counselling provided for young clients by *outpatient* centres (SAMBAD). In contrast, the rise in cocaine as a main problem substance over the past 10 years among young clients is probably attributable in equal measure to data from the outpatient and residential drug treatment sectors.

The challenges facing addiction care facilities lie firstly in the need to design counselling and treatment services for an addiction clientele whose average age is constantly rising, in particular also for older or elderly polysubstance users lacking the motivation or possibility for detoxification. At the same time, despite the fact that young clients are underrepresented in counselling and treatment, there is a need to provide appropriate services and projects for this age group – as is currently being done, for example, in the “cannabis misuse” sector. Counselling and treatment programmes tailored to the needs of young clients strengthen the protection of young people as a key concern of Swiss addiction policy.

Bern, Lausanne, Zurich, act-*info*, January 2009