

# FRANKFURT AM MAIN



## FRANKFURT AM MAIN DELEGATION

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Head of the Department for Women and Health
- Dr GEMMER  
Chief Constable
- Mr FRERICHS  
Deputy Chief Constable
- Mr PHILIPPI  
Police Department
- Mr VOIGT  
Police Department
- Mr SCHNEIDER  
Head of Drug Department
- Ms HEDRICH  
Drug Department
- Mr MENZER  
Department of Public Order
- Dr PETERS  
City Health Authority
- Mr STAYMANN  
Social Welfare Department
- Mr MANN  
Youth Department
- Mr VOGEL  
Law Department
- Mr ROTHENBERGER  
State Education Department
- Dr HOHMANN-DENNHARDT, City Councillor  
Head of the Department of Housing, Youth and Social Welfare
- Mr TILMANN  
Department of Public Prosecutions
- Mr MENZEMER  
Drugs counselling



**MARGARETHE NIMSCH, City Councillor  
Head of the Department for Women and Health  
FRANKFURT AM MAIN**

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Three reasons have brought us together here. Frankfurt is a big city - a small metropolis - and it has a big drug problem. Amsterdam, Hamburg, Liverpool, Zürich and the other cities participating in this first conference of European cities on drug policy may differ in their drug policies. But we all have the drug problem in common.

As Western and Central Europe grow together - and perhaps Eastern Europe too, in the near future - we can detect an accelerating process by which the cultural, social and economic conditions of urban life develop in the direction of sameness. This will probably make it more and more difficult to pursue an effective and successful drug policy without co-ordination among the various cities. We must, therefore, work together. And because the use of illegal drugs is not spread evenly but tends to be concentrated in the big cities, we can speak with the greater authority and competence in the formulation of national and international drug policy.

That belongs to the future. The first step, now, towards successful cooperation is for us to get to know each other's specific problems and operating conditions for drug policy, so that we can learn as much as possible from others' experiences.

Here in Frankfurt we have a lot to learn. Up to about 18 months ago, when there was a change of government in the city, the City of Frankfurt did not have a drug policy of its own. Drug policy in Frankfurt was carried out as part of national drug policy, which accepted, with a shrug of the shoulders in the direction of hefty tax revenues, certain consequences. These included the following: more than 100,000 victims of smoking per year in Germany alone, about 3,000 alcohol-related deaths (plus 60,000 injured) on the roads, and hundreds of thousands dependent on drugs of various kinds. There is also the erosion of the energies and morale of the police and an ever-expanding army of drug advisers and therapists in the attempt to enforce an absolute prohibition of illegal drugs - drugs which, according to the pharmacologists, have nowhere near the health-damage potential of alcohol and tobacco. The central concept of this policy is "the war on hard drugs". The assault is aimed equally at supply and demand, the weapons are prosecution under criminal law and abstinence therapy, and the victims are the drug addicts - ill, destitute and, with ever-increasing frequency, dead - in German cities.

The National Plan to Combat Hard Drugs, issued by the Federal Government in Bonn in June this year, is a continuation of this policy, i.e. more of the same. What was not successful in the past will not be any more effective in the future either, if no changes are made and the dose is simply increased.

The situation in Frankfurt makes it absolutely clear that a change in drug policy is overdue.

- There is an increasing number of deaths directly related to the consumption of illegal drugs, particularly heroin. The upwards curve is continuous: from 34 deaths in 1984 to 87 this year (up to 12 November 1990).

- About 30% of the addicts have tested HIV positive, and many have died of Aids.

- To an increasing degree the addicts are in extremely poor health. They are cut off from the rest of society and are not covered by the general health system.

- Drug-taking in public view and the associated acquisitive crime are having an increasing effect on the general population in Frankfurt. The symptoms of fear and apprehension are unmistakable.

Frankfurt is not only a centre of banking and finance. It has a magnetic attraction for drug dependents because drugs can be consumed more anonymously in the city, because the drug market is established here - and perhaps also because our new drug policy gives assistance to drug users, and the police and the courts are not so hard on them. Of the total of 1,177 drug users registered by the police in the last few months, only 23% came from Frankfurt am Main. About half of the rest came from elsewhere in Hesse, and the others from elsewhere in Germany and other countries. Of the 6,000 to 8,000 addicts in Hesse, more than 5,000 live and obtain their supplies in Frankfurt. Of the 162 drug deaths in Hesse since the beginning of the year, 80% were in the Rhine-Main area and 50% in Frankfurt. And 93% of the drug users registered in the last 15 months and officially resident in other federal states do not come from the neighbouring, heavily populated state of North Rhine Westphalia or from Lower Saxony, but from Bavaria, the Rhineland Palatinate and Baden-Württemberg, i.e. states with a markedly repressive policy towards drug users.

It is clear that a city's drug policy can only be successful if it is accepted and applied, in the medium term, regionally and nationally. Otherwise one city has to solve the problems of the region and the other cities, and that overstrains it. Amsterdam's magnetic attraction, particularly for German drug users, shows that the impact of a policy that is not so much fixated on prohibition and more concerned to accept the fact of addiction is felt well beyond national frontiers.

The principle behind Frankfurt's new drug policy is not to battle against illegal drugs but rather to accept the fact of addiction. The aim is not to combat drug use with all possible means - and all known results! - but to reduce the suffering that currently results from drug use. The aim of our drug policy is to counter the following phenomena:

1. the physical, psychological and social destitution of drug users, with the consequent rise in mortality rates;
2. the increase in HIV infection;
3. drug users being held in prison and in compulsory in-patient care;
4. acquisitive crime;

5. the expansion and financing of criminal activities on the basis of the enormous profits resulting from drug dealing;  
6. deterioration in the quality of city life owing to the social consequences of drug consumption;

7. Last but not least, our aim is to prevent a further rise in the number of drug users.

Consequently we want to establish optimal conditions for prevention, i.e. education on the dangers of drug use, and optimal conditions for assistance to drug users, i.e. help in using drugs sensibly or shedding the addiction (kicking the habit).

The three new strategies that can be considered as alternatives to the traditional policy of prohibition are: first, decriminalisation of drug use; second, the substitution of legal for illegal drugs; and third, the legalisation of illegal drugs by systems of controlled distribution.

Whether and to what extent we deploy these strategies depends, on one hand, on which of them we are convinced are best suited to achieve the drug-policy aims that I mentioned, and, on the other, on the limitations imposed on the re-direction of local drug policy by the law on opiates and national drug policy. I now propose to tell you briefly what success we would hope to achieve from each of the three strategies, and what limitations we are subject to in their realisation. (I will also report on the experience we have had with our new drug policy in Frankfurt.)

1. By **decriminalisation** we mean that drug users are no longer subject to prosecution for acquiring and possessing a drug quantity corresponding roughly to daily requirements. This would have two immediate results. First, drug users would no longer be punished so often and so repeatedly, or be compelled to choose between prison and therapy. Second, the police would no longer be obliged to take action. For, as long as acquisition and possession are criminal offences, the police in Germany, under the principle of necessary law enforcement, are obliged to take measures leading to a prosecution when they suspect that a crime has been committed. (We can compare this with Dutch criminal law, where the principle of legal expediency has a firmer place.) Still, working with the police, we have achieved a "mini" decriminalisation in Frankfurt. The police still make frequent patrols of the areas where drugs are known to be in use, and they destroy the illegal drugs they find there, but they do not arrest anybody for possessing a small quantity, so that criminal prosecution at this level has practically been stopped.

That means some small progress, but it has not brought us much closer to the objectives I mentioned for a new drug policy. A further aim of decriminalisation must be to create places not controlled by criminal law and the police, for the use of drug users, so that drugs do not have to be consumed in a station toilet, or behind a bush in the park, or in a house entrance, but in places where there is no stress and

where minimum hygienic conditions are guaranteed. For this degree of decriminalisation the prosecution provisions of the Opiates Act would have to be amended in two respects: the acquisition and possession of drug quantities for own use and the establishment of facilities for consumption would have to be exempted from prosecution (Art. 29/5 and 29/2/10 of the Opiates Act). This is a job for the Federal German Parliament, and initially all that would be achieved would be the opening of the statutory door for the creation of legal facilities. The cities would have to do the work of setting up the facilities. Then, once we can get drug users into the facilities, it will be easier to help them to survive. On the other hand, I am not at all sure whether such legal facilities, existing alongside an illegal market, would not overtax our drug assistance services. It is not simply for legal reasons that there is a strict ban on drug use in the comfort stations, contact units, health service and overnight centres which we have already set up or will set up in Frankfurt in the next few years.

Unfortunately the decriminalisation of drug use would not, on its own, bring about any fundamental change. Users would still have to get their drugs on the illegal market at high prices, and they would have no control over the composition of the drug. They would still need a lot of money: small-scale dealing and acquisitive crime, turning drug users into criminals, would continue to exist. Health problems, drug deaths, HIV infection, multi-drug use, acquisitive crime, profits from illegal drug trafficking - all these would continue much as before. There would probably be a slight drop in prison sentencing, and slightly better conditions for the drug assistance services. But the fears of Frankfurt people, resulting from their awareness of what drug taking does to drug users, are not likely to be abated, nor is decriminalisation likely to have any effect on the number of drug users.

2. A more radical strategy is legalisation - not total decontrol, as for cigarettes and alcohol, but controlled drug provision. The hope is that this would bring about the collapse of the illegal market on one hand, and the acquisition and consumption of cheap and, above all, clean heroin in controlled doses on the other; such heroin could also be taken by smoking. Health problems would be reduced to those caused immediately and directly by the drug. The whole chain of crime, criminalisation and profit-hungry organised drug trafficking would, presumably, fall apart at a single stroke. Even more attractive: if the enormous profits of the illegal drug market (estimated turnover: 500,000 million dollars) disappeared, so would complete networks of large-scale international crime, plus the police and judicial apparatus that has been set up to fight against it, including the new and, in democratic terms, highly suspect statutory powers that the federal states of Bavaria and Baden-Württemberg are seeking (see the bills they have submitted to the Federal Chamber, the German Upper House).

The chief argument against this optimistic vision is that legalisation would mean a drastic increase in the number of

drug users. However, whether a drug is consumed probably depends less on its being legal or illegal than on the attractions of the drug itself, and these are influenced by social factors. Further, autonomous control of drug use would be much easier in conditions of legalisation; drug therapy and assistance measures would be freed of the millstone of illegality, which presses the majority of patients (in in-patient therapy about 70%) to accept therapy only because the alternative is the threat of imprisonment.

The legalisation debate has only just started, and many other arguments have been put forward. The vision of legalisation that I have presented is dependent on a more or less simultaneous collective international decision, which of course is some distance away. More realistic are schemes for a limited provision of illegal opiates, particularly heroin. We believe that this has been tried out in the UK, and are eager to hear what Liverpool can report. We will need to debate whether such restricted provision, plus decriminalisation and drug substitution, could add up to a sensible drug policy strategy for a certain group of users.

Under German law that would only be possible as part of a scientific research project, which the German Health Ministry would have to approve (Art.3/3 of the Opiates Act), because under German law heroin is one of the opiates that cannot be freely sold or prescribed. Alternatively the German Government would have to seek the support of the Upper House for transferring heroin from List I to List III, which would mean it could be prescribed, like Polamidon. Neither step is politically feasible at the moment, but we should nevertheless not write off the restricted provision of heroin as a strategy for the future.

3. Frankfurt has already had some experience of the **substitution** of L-Polamidon (under the Opiates Act methadone cannot be prescribed - a classification which is almost impossible to understand). At present about 50 users are receiving a daily dose at the City Health Office. This so-called Methadone Programme has two special features. First - like the Methadone Programme in North Rhine Westphalia - it is a pilot project accompanied by scientific research. Second, it was launched not as a new drug policy but as an anti-infection measure aimed at preventing the spread of the HIV virus. So the people admitted to the programme were prostitutes and those with HIV infection. Both these characteristics - the research aspect and the anti-infection justification - reflect the political and legal parameters of two years ago. Justification by reference to HIV infection made it possible to outflank the rigid positions of the opponents of a drug policy which sees substitution as an integral part of a diversified range of therapy. The format of a scientific research project made it easier to take the hurdles of Art.13 of the Opiates Act, which governs permission to issue polamidon. We have now gone one step further: next year the City Health Office's methadone programme will be expanded substantially, so that

four teams, each consisting of a doctor, a doctor's assistant and a social worker, will each attend and provide substitute drugs to 25 drug users. After a stabilisation phase of about one year the substitution work is to be taken over by ordinary doctors.

There is no dispute about whether it is permissible to issue L-Polamidon under Art.13 of the Opiates Act (the relevant section), on the basis of a "classical" catalogue of medical indications agreed by the Federal Medical Council. A resolution by the City Council of Frankfurt am Main in April this year (printed in the conference reader) goes one cautious step further with regard to the admissibility of indications. There seems to be a slow development towards a broader interpretation of the indications allowing the issue of L-Polamidon (under Art.23 of the Act it has to be "medically justified") and towards a decrease in the powers of definition of the doctors' organisations opposed to drug substitution.

At the moment, however, the legal problems take second place to the financial ones. The Programme can be implemented, because we have the approval of the Hesse State Government and the State Medical Council, and the scientific research conditions have been fulfilled. This element is essential anyway, as it furnishes us with precise data which we can use in order to influence future political discussion on the admissibility of substitution programmes.

At present the limits of legal admissibility for drug substitution lie at the point where the doctors are no longer prepared to supply the necessary indications, i.e. for low-level substitution programmes. At this point there would have to be an amendment to Art.13 of the Opiates Act.

I don't need to say very much about the drug policy implications of the substitution strategy. For drug users it means the legalisation of their addiction: they are decriminalised, and their survival, their health and their very lives are given a great new chance.

I would like now to essay a tentative first summing up. There are a lot of reasons for expanding survival aid to drug users and pressing for decriminalisation. In addition to existing therapies, substitute drugs must be offered, particularly to those already infected with HIV - but by no means only to them - as a first step to escaping the misery of illegal addiction. However, the primary condition for a successful drug policy is that we, as the responsible authorities, accept the fact of addiction, and initiate a re-thinking about drugs among the general public in our cities.

Another general point, just as tentative:

So far I have, in effect, only spoken about opiate users and a drug policy tailored to their needs. As far as cannabis products are concerned, a large measure of legalisation seems the answer: Amsterdam appears to me to have found an exemplary solution. But in a few years' time it is likely that the

illegal drug occupying our attention will be cocaine, not heroin. It is already clear that this will have a marked effect on policy.

**Decriminalisation?** Cocaine users - about whom we know very little indeed - have so far not been criminalised very much, and their criminalisation will be on a lower level and also different from that of heroin users, if they should become more conspicuous in society than hitherto.

**Substitution?** Not possible with cocaine.

**Legalisation?** Certainly. The debate on legalisation is largely due to the increasing supply of cocaine. The vast extent of illegal profits, the organised crime rings operating internationally - this has much to do with cocaine and less to do with heroin. The hellish existence of addicts and the worldwide war on drugs are constantly mentioned in the same breath in media discussion, but in fact they have few points of contact. The Medellin Cartel has nothing to do with the human destitution in the area round Frankfurt Main Station.

My plea to participants in our discussions is that, in the face of the urgent problems of heroin addicts, we do not forget the problems of cocaine consumption that future years will bring.



ASSISTANCE SERVICES FOR DRUGS AND PERSONAL CRISIS IN FRANKFURT  
AM MAIN

- FRANKFURT DRUG EMERGENCY SERVICE -

Drug and Personal Crisis Services Round the Clock

Aid Association at Work and in Education	Aids Assistance Frankfurt e.V.	Youth Counselling and Assistance e.V.
Crisis Centre Mosel Strasse	Crisis Centre Rudolf Strasse	Crisis Centre Elbe Strasse

1. Contact Points	1. Emergency Bedding*	1. Emergency Bedding*
- Washing facilities**	- Overnight facilities** for the destitute (15 places) 50% reserved for women	- Overnight facilities** for the destitute (12-25 places) 50% reserved for women
- Shower facilities**		
- Personal crisis counselling**		
- Food distribution***		
- Syringe exchange **		
- Contact possibility**		
2. Drug Counselling	2. Contact Points* (evening hours)	2. Medical Services*
- Contact and accommod- ation facilities***	- Contact facilities**	- Emergency outpatient medical care**
- Drug counselling***	- Personal crisis counselling**	
- Arranging therapy***	- Washing facilities**	
	- Shower facilities**	
	- Temporary accommodation**	
3. Sickroom for drug addicts	3. Drug Emergency Calls* (8 p.m. to 1 a.m.)	3. Outreach Drug Services*
- Emergency outpatient medical care**	- Phone-in service for drugs and personal crisis cases**	- Street services**
- In-patient treatment***	- for patients and family **	- Drug use in public**
- Transfer to general hospitals***		- Arranging therapy**
		- Drug counselling **
	4. Ombudsman*	
	- Complaints Office for addicts and local residents**	
	- Legal advice**	

Note:

- \* Services fully in operation
- \*\* Services partly in operation
- \*\*\* Services in planning



**DR KARLHEINZ GEMMER, Chief Constable  
FRANKFURT AM MAIN**

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May I extend a hearty welcome to you on behalf of the Frankfurt Police Force.

We place great hopes and expectations in the success of a joint resolution on drug policy, because it could help to resolve the dilemma of the police as well. Our dilemma results from the tension between the war on crime (in this case illegal drug trafficking and acquisitive crime) on one hand, and assistance and therapy for drug users on the other.

Because we, the police, are on the job round the clock, ordinary citizens tend to see us as being responsible for bad conditions and as tinkering, ill-equipped, with the symptoms.

We do not want any priority for repression, nor do we want to be the only scapegoats and take the blame, in the eyes of the public, for appalling conditions which are clearly seen as a vicious circle, when what is needed is a hard look at social and health policy.

1. Drug situation in Frankfurt am Main - general position

Since the beginning of the 70s Frankfurt has developed into one of Europe's major drug centres, in terms not only of national and international drug trafficking but also of drug consumption. The reasons for this are to be found in the city's central location in Germany and Europe, its excellent connections with Europe's road and rail network, and particularly in the Frankfurt Airport as a gateway for international drug smuggling: over 75,000 passengers pass through the airport every day, about 150,000 tons of freight are handled every year, and there are more than 750 take-offs and landings every day.

As a trade fair centre and business metropolis, Frankfurt has an outstandingly good infrastructure, which has its advantages too for organised crime. The existence of a red-light district and the presence of a large number of foreigners are other factors which tend to encourage drug trafficking. It can be assumed that a large proportion of the drugs smuggled into Germany remain in the Rhine-Main area and are traded on the Frankfurt drug market.

The large supply of drugs and the elimination of extra costs for transport, storage and middlemen combine to create a unique price situation.

In Frankfurt a gramme of cocaine is offered at less than DM 200 (Berlin DM 300, Munich up to DM 380). For heroin too the price per gramme, at less than DM 200, is clearly below that of other cities, where it can be up to DM 500 per gramme.

The effect is to attract drug users from way beyond the borders of Hesse, and the result is that the city's drug market provides regular supplies of heroin, cocaine and other illegal drugs to about 6000 to 8000 drug users.

## 2. Police drug strategies

The Frankfurt drug market has a complex structure, and so the police strategies are correspondingly diversified.

We have a strong "Joint Drugs Squad", which is made up of CID police officers and officers from the Frankfurt customs authority and forms part of the local Drugs Commissariate, and is deployed exclusively to combat organised and international drug trafficking. Increasing success is being achieved in combating drug smuggling through the Rhine-Main Airport by the airport section of Customs Control.

Another squad in the Drugs Commissariate specialises in dealing with local wholesale and middleman trafficking.

Joint measures are taken by special units made up of regular and CID officers against middleman and direct sale in the areas where drug users are known to congregate.

All measures are co-ordinated by regular joint briefings and by the Co-ordinating Section of the Drugs Commissariate.

## 3. The strata of the Frankfurt drug market

The following account of the various strata of the Frankfurt drug market can, in the brief space I have, only touch the surface and deal with the main points.

3.1 Organised trafficking in heroin has for some years been in the hands of Kurd and Turkish nationals, who continue to have the lion's share of international drug smuggling and drug trafficking in national terms. The dealer hierarchies have been established for several years, and the active groups are for the most part resident in Germany.

In addition, Iranian nationals are playing an increasingly large part in smuggling and trafficking in heroin on the continent of Europe as a whole.

Jugoslav offenders are also taking an active role in organised heroin trafficking. They are distinct by their quickness to resort to violence.

The smuggling of cocaine into Germany, on the other hand, is carried out almost exclusively by South American drug cartels, which work with western European nationals in order to set up and operate a dealer network.

3.2 Middleman trade in heroin on local markets is controlled mainly by

- Kurd and Turkish nationals
- Yugoslavs
- black Africans.

It has become apparent that the black Africans have built up their own well-organised dealer rings.

Cocaine dealing at the middleman level is largely dominated by

- Yugoslavs
- Germans.

3.3 Trafficking on the streets, which to a large extent is done by drug users themselves, is mostly in the hands of Yugoslav offenders, particularly in the area round the Main Station. As already mentioned, black Africans are also making constant efforts to set up well-organised dealer rings and so take over trafficking at street level.

3.4 Hashish trafficking, however, is the domain of Moroccan and Algerian nationals. It is to a large extent established in and round the Hauptwache, and thus separated from the street dealing in heroin and cocaine.

3.5 Whereas the majority of dealers are foreign nationals, the latter account for a relatively small number of drug users.

The number of drug users registered at the Frankfurt Drugs Commissariate was:

1988	1989	1990 (up to Oct.)
3065	3703	4167

Two-thirds of these are men, one third women. These figures, however, do not reflect a quantitative increase in drug consumption and dealing, which, in the opinion of the police, rose only slightly in that period. The apparent rise is due to increased police activity, which is a subject I wish to return to later.

A cause for alarm, however, is a structural change with a growing tendency towards multi-drug use. Especially when users are short of money they are tending to use - instead of the drug but also in addition to it - tablets, alcohol, nicotine and the like.

A statistical analysis of the drug users registered with the police for the first time between August 1989 and October 1990 confirms the assumption that the Frankfurt drug market has an enormous magnetic attraction well beyond the Rhine-Main region.

Breakdown of figures:

Number of drug users	951	
of these:		
resident in Frankfurt am Main	270	) together approx. 42%
no fixed abode	130	
Resident in Hesse	310	approx. 33%
other federal states	241	approx. 25%
(predominantly Bavaria		
Rhineland-Palatinate		
Baden-Württemberg		

As an indicator for trends in drug use the media frequently refer to the number of drug deaths.

Drug-related deaths registered in Frankfurt am Main:

1988	1989	1990 (to date)
66	80	88

I am sure that everyone present knows that the reasons for the rate of increase are highly complex.

4. Police action

The success of police action to combat drug-related crime can best be demonstrated by a few statistics.

Type of action	1988	1989	1990 (till Oct.)
Arrests	1795	2507	2794
Charges brought	2622	3279	2576

Confiscations by police	1988	1989	1990 (till Oct.)
Heroin	11.80 kg	24.20 kg	29.3 kg
Cocaine	15.53 kg	22,50 kg	30.7 kg
Hashish	65.31 kg	277.30 kg	199.1 kg
Medicaments	2995 tabs.	3915 tabs.	3125 tabs.

Synthetic drugs are of no significance on the Frankfurt drug market.



packs" (5 grammes) are traded. Quantities of more than 5 grammes are also frequently confiscated from users.

The result is to make this level of drug dealing a significant distribution network for the organised drug trade. It is therefore an integral part of the strategy of the distribution rings.

5.3 A point that must not be neglected is that the general public feels that their safety is under threat from acts of robbery, junkies getting their fix in public view, drug addicts blocking the entrances to the underground railway stations, aggressive begging and threats from people claiming to have Aids. Women feel particularly at risk here, and there are a large number of them working in services enterprises, such as banks, in the area. They make their fears and anxieties known, in person and by writing letters, to the police and the city authorities.

These are some of the reasons why, in the view of the police, it is necessary to continue intensive controls in the known areas of drug dealing and consumption. The city authorities are in full agreement with us in this judgement. Passive acceptance of the situation would inevitably lead to an increase of drug abuse, with all the known consequences.

We regard it as a success that we have, this year, restricted the number of people openly engaging in drug dealing and consumption in the Kaisersack-Taunus/Gallusanlage area to a maximum of 100-300, depending on the weather. That success is due to the stepped-up controls.

The situation in Zürich, with probably a smaller total number of people openly trading and using drugs in the Platzspitz area, is different in that these activities are to a large extent tolerated. The consequences in terms of crime rates are correspondingly much worse.

What is not intended at the moment is the total disruption of these drug activities. That would result in their being shifted to the residential areas of the city.

## 6. The Monday Round

It is nevertheless clear that our drug problems cannot be solved by police action alone - and I stress the word "alone". It was therefore in total accord with our aims that the City authorities in September 1988 set up a Working Party on Drugs to co-ordinate the work of the Public Prosecutor's office, the Railway Police, my own police force and the competent agencies in the City Government.

As an example of this co-ordination I would like to mention the success we had in summer this year in shifting the focus of open drug activity away from a part of the park heavily frequented by the public to a quieter area. We did it by making certain changes to the police checks and by moving the drug bus (mobile unit) with its syringe-exchange facility.

We also regard the policy adopted by the city authorities - increased offers of assistance to drug users and the facilities set up in the Mosel, Elbe and Rudolf Strasse - as very important.

Rooms have been made available there where drug users can stay and be counselled and attended. Since they were opened there has been a noticeable decline in the numbers involved in open drug activity.

The Working Party on Drugs (the "Monday Round") does not always achieve total accord on the City's drug policy. For example, the police feel that there are not only legal objections to the initial proposals for the setting up of "fixer rooms", or to possibly more far-reaching arguments for making the possession of heroin for own consumption no longer subject to criminal prosecution.

Putting these ideas into practice would certainly make it more difficult to act on the drug trade. How, for example, are the police to distinguish between possession for own use and possession with a view to sale? There are also differences of opinion on the toleration of hashish selling on the Amsterdam model, as a way of solving a specific problem at the Hauptwache in central Frankfurt. The situation there is more of a social problem than anything else. The markets for "soft" and "hard" drugs have to a large extent already been separated, and the toleration of hashish dealing in "coffee shops" would probably result in the dealers looking round for new clients for what would then be "hard" drugs.

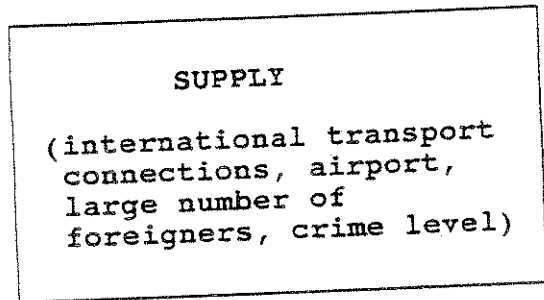
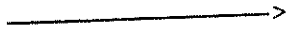
So far, however, the decisions that needed to be taken have been taken on the basis of consensus in an attempt to develop a rational drug policy. The Frankfurt police hope and are confident that this conference will yield the sort of information and ideas that will enable them to cope better in future with the situation in this city.

# FRANKFURT AM MAIN

offers

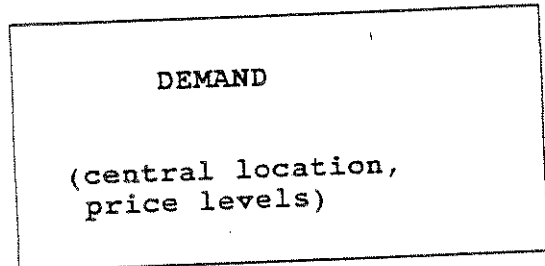
SMUGGLERS

DEALERS



and

USERS



Favourable conditions

**POLICE HEADQUARTERS  
FRANKFURT AM MAIN  
DRUGS COMMISSARIATE K 44**

GFGR  
(POLICE / CUSTOMS)



DRUG SMUGGLING  
ORGANISED DRUG  
TRAFFICKING  
" UPPER DEALER LEVEL "

EG - K 44  
(C. I. D.)



LOCAL DRUG TRAFFICKING  
"MIDDLE DEALER LEVEL"

SOKO  
CRIME AT STREET LEVEL  
(GENERAL DUTY POLICE)



DRUG DEALING AND  
CONSUMPTION IN PUBLIC  
"LOWER DEALER LEVEL"

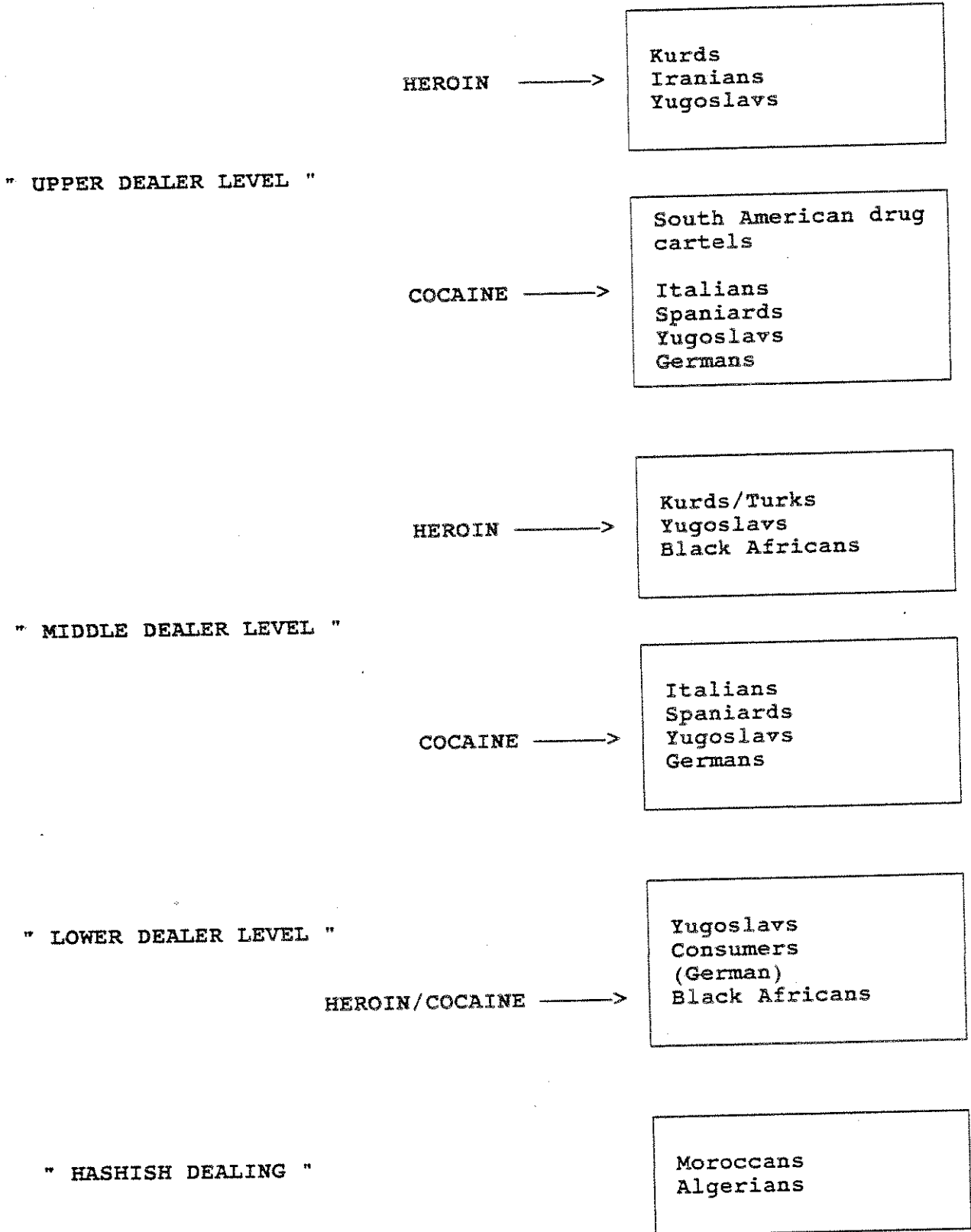
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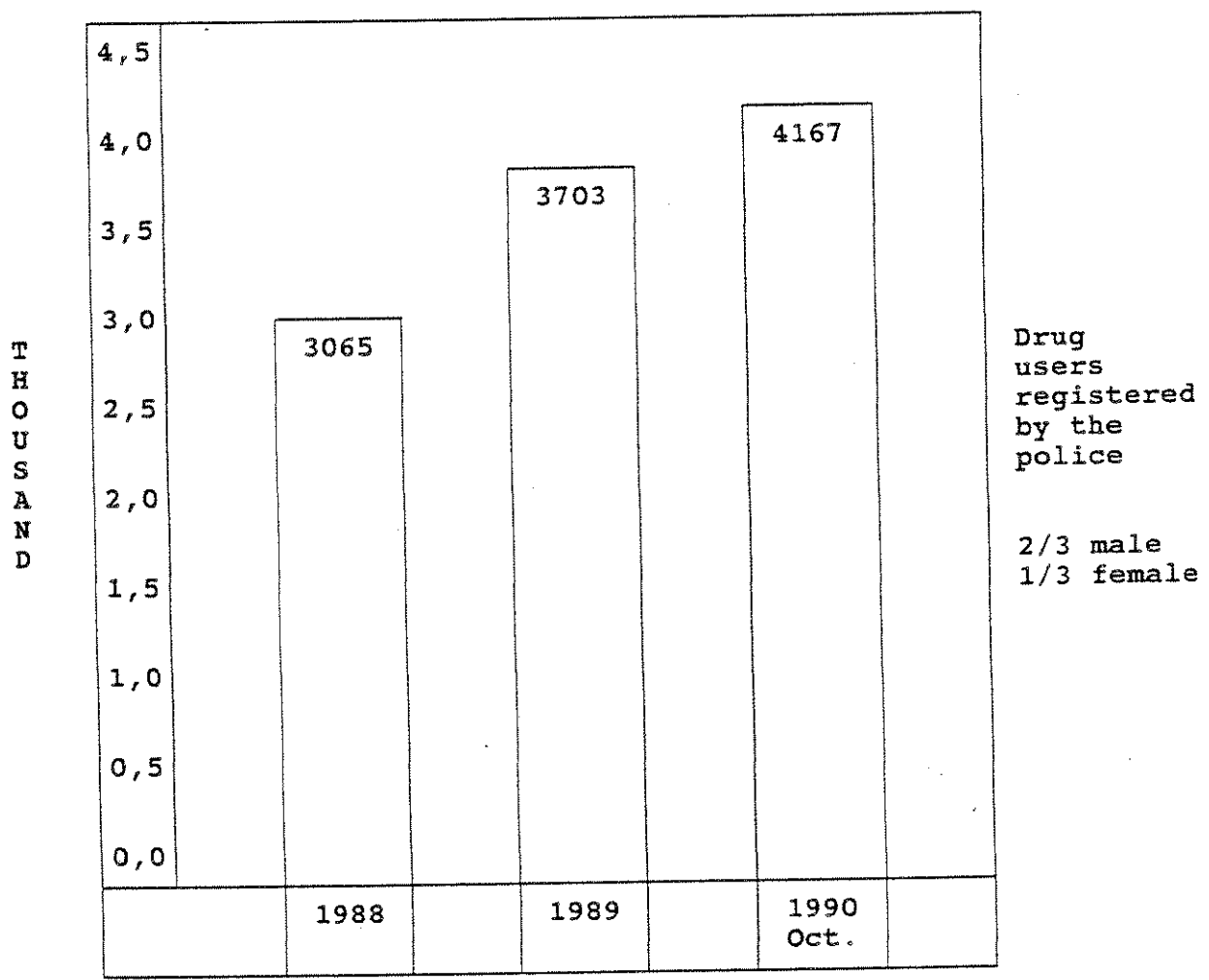
DRUG SMUGGLING

STRUCTURE OF THE DRUG MARKET

FRANKFURT AM MAIN



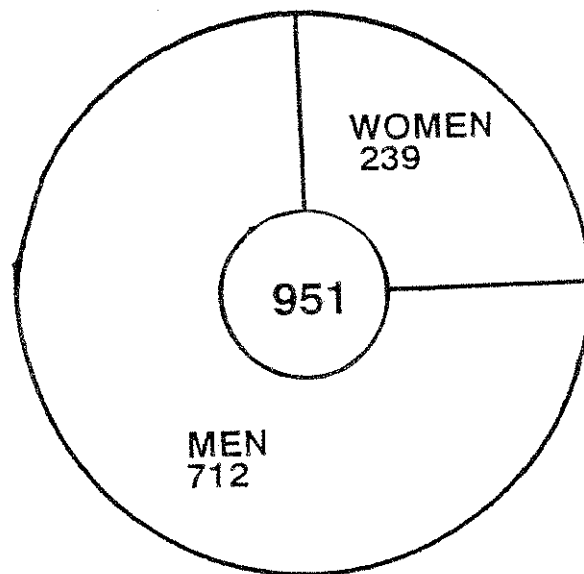
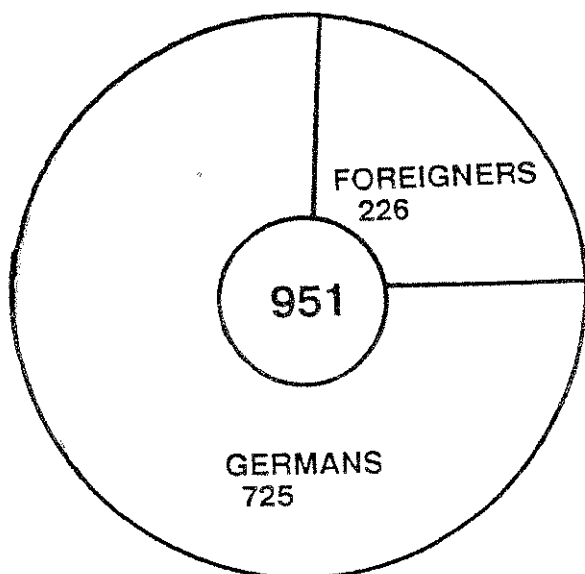
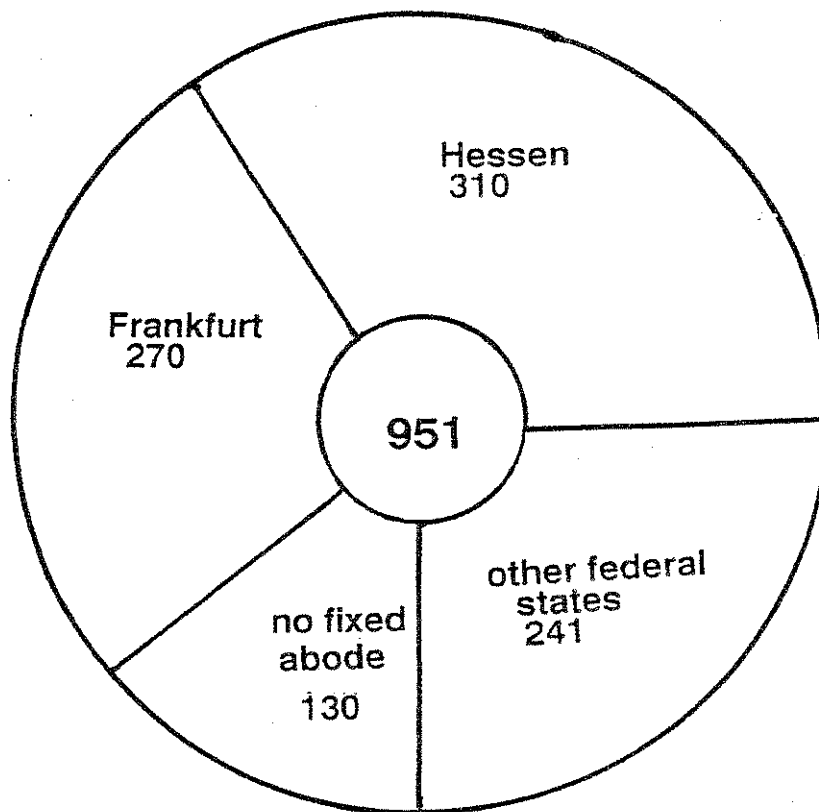
# PUBLIC DRUGSCENE



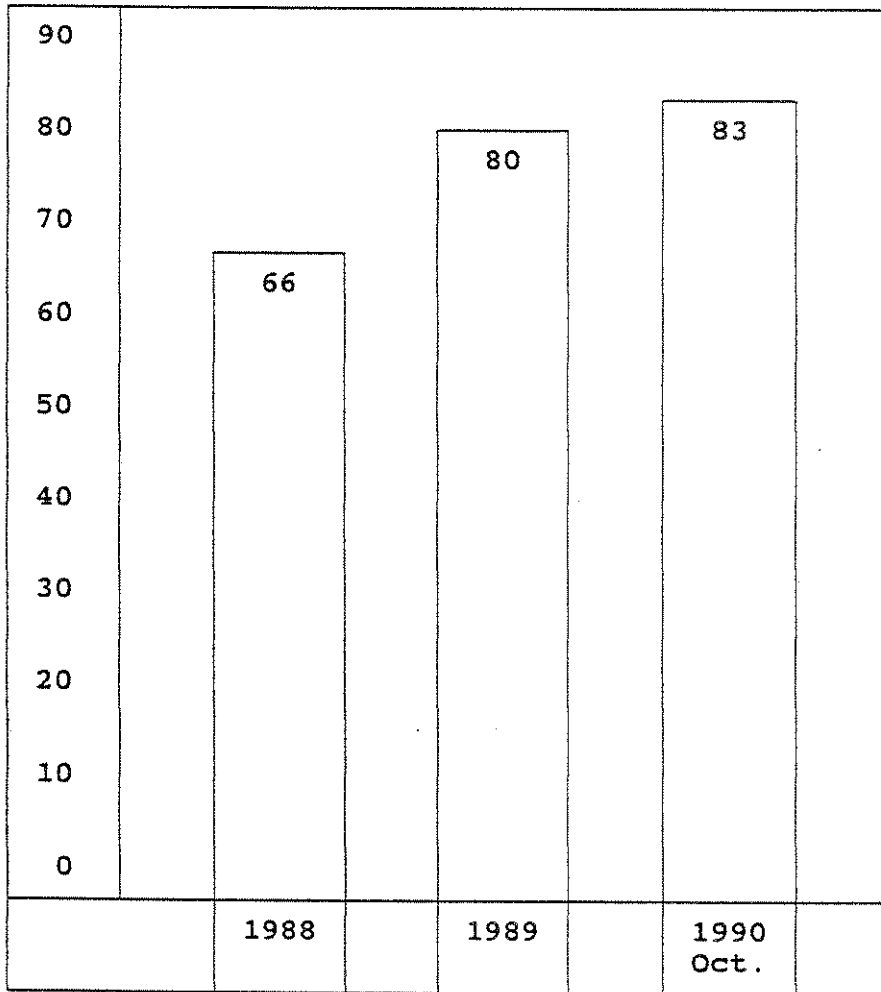
THE NUMBER OF DRUG USERS OBTAINING THEIR SUPPLIES ON THE FRANKFURT DRUG MARKET IS ESTIMATED TO BE BETWEEN 6000 and 8000

# DRUG USERS

First noticed between August 1989 and October 1990

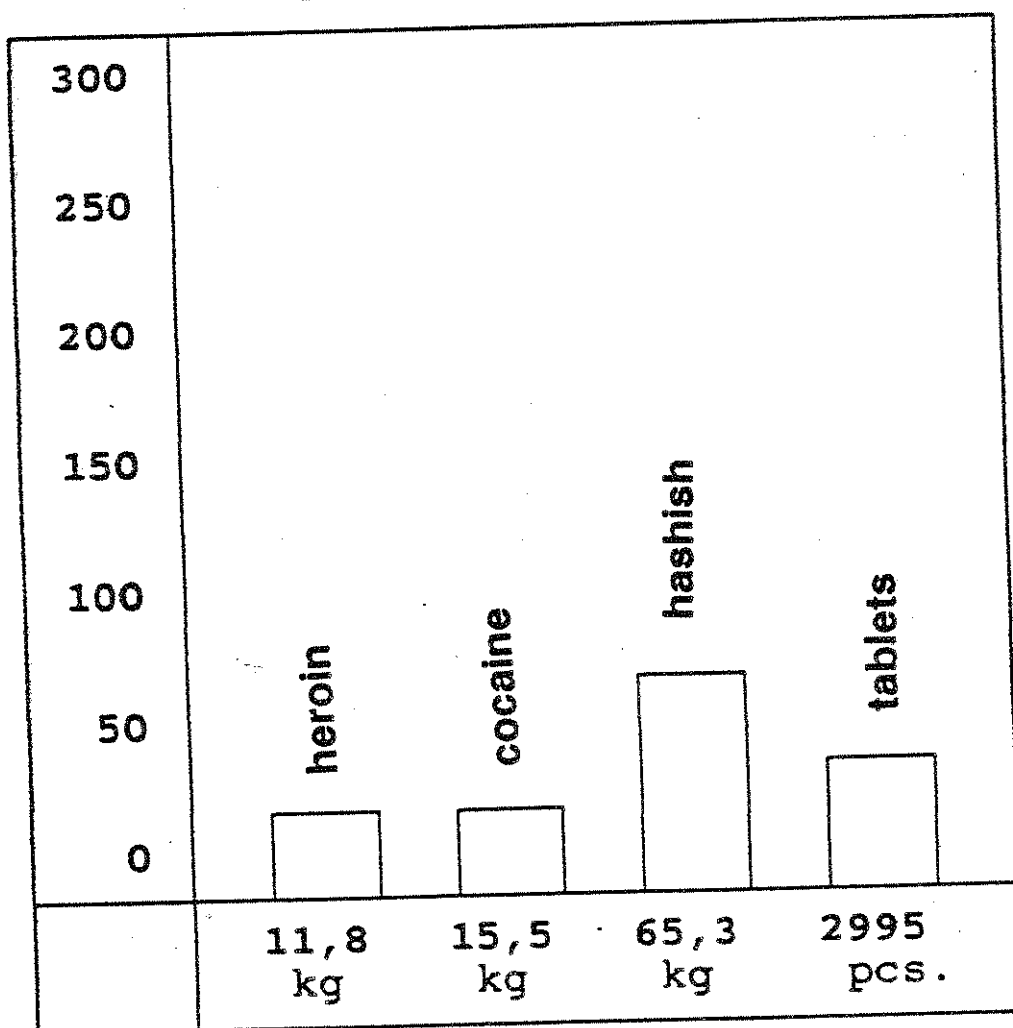


# DRUG DEATHS IN FRANKFURT AM MAIN

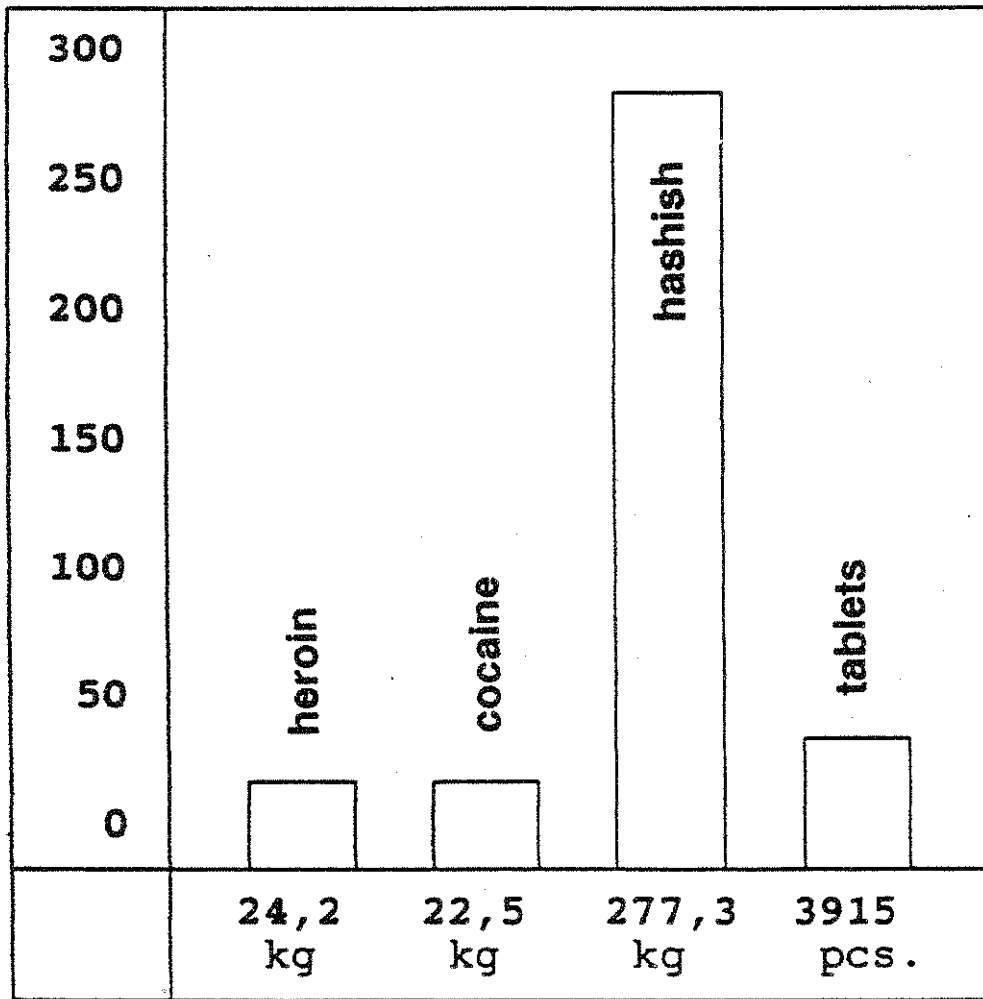


# CONFISCATION OF DRUGS POLICE

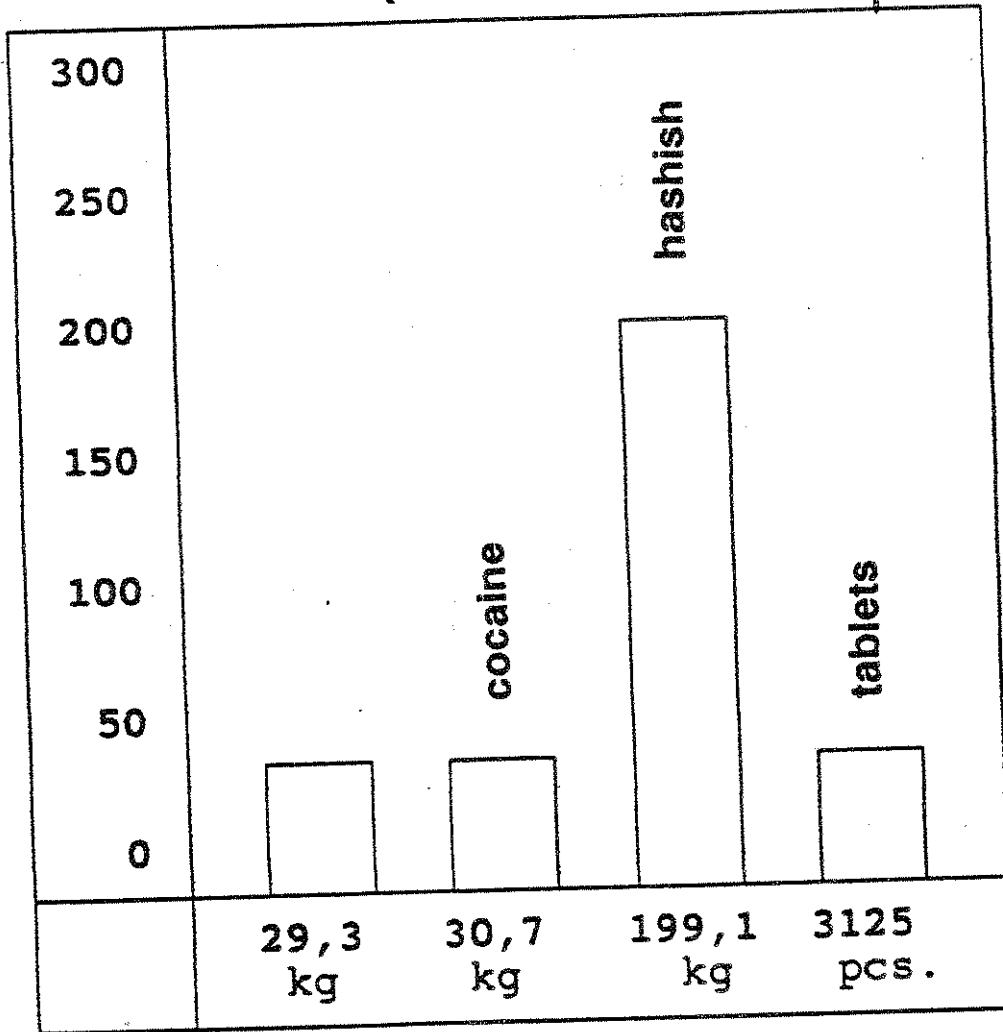
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1989

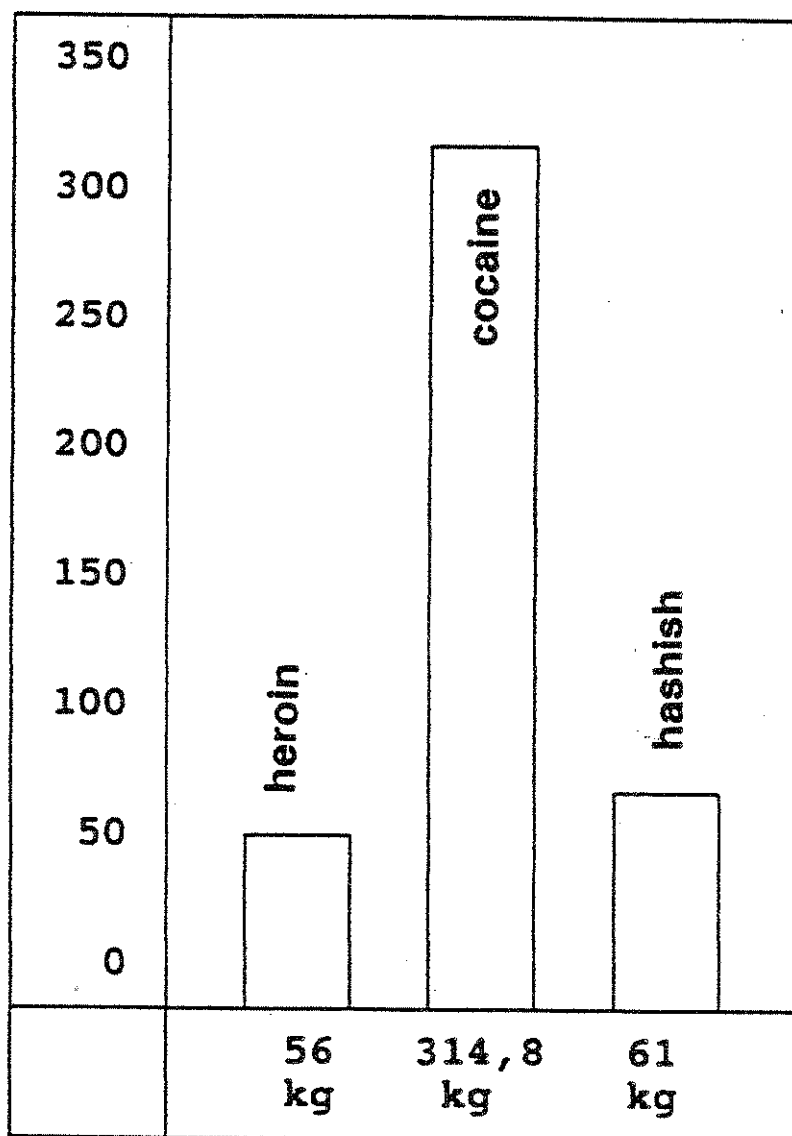


# 1990 (Oct.)

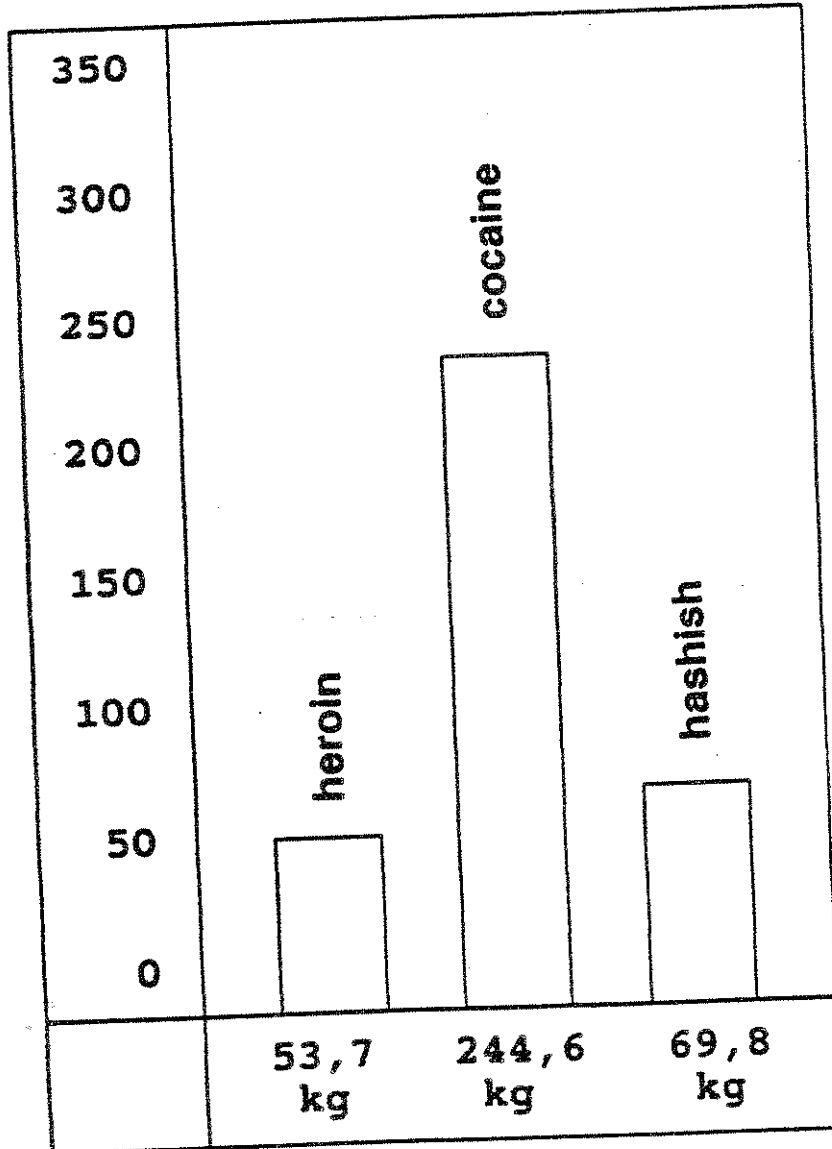


# CUSTOMS (Airport)

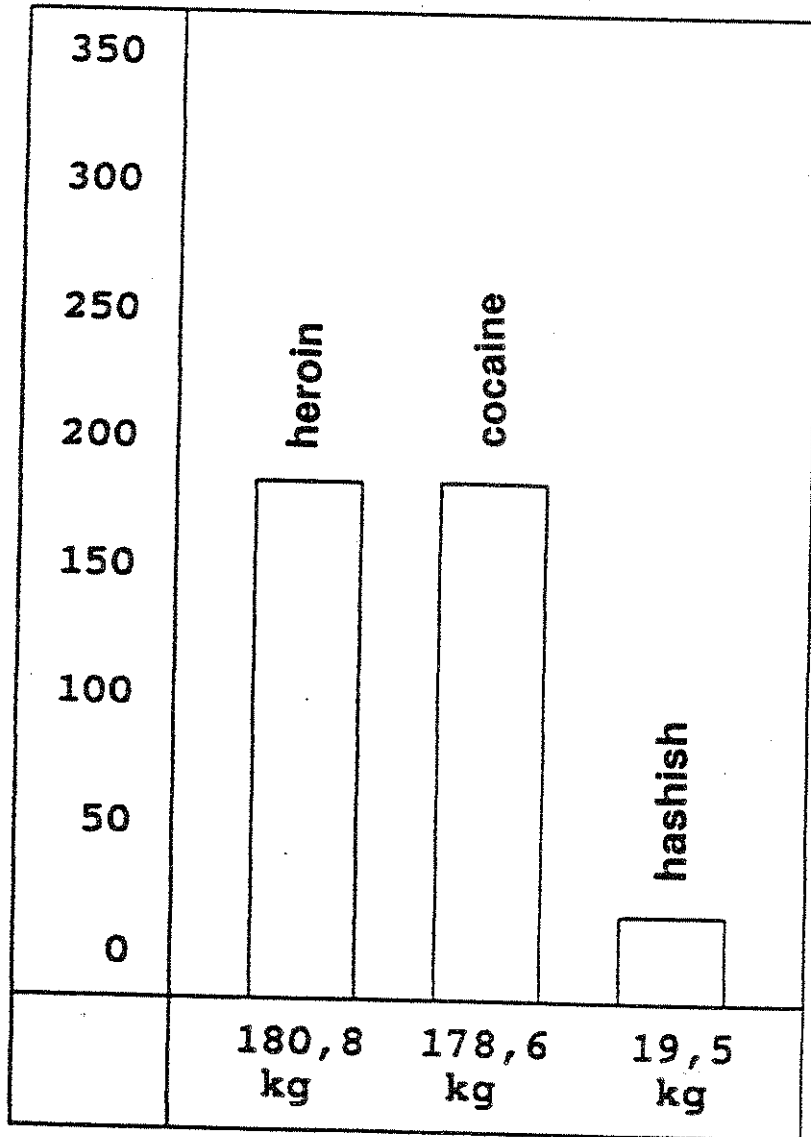
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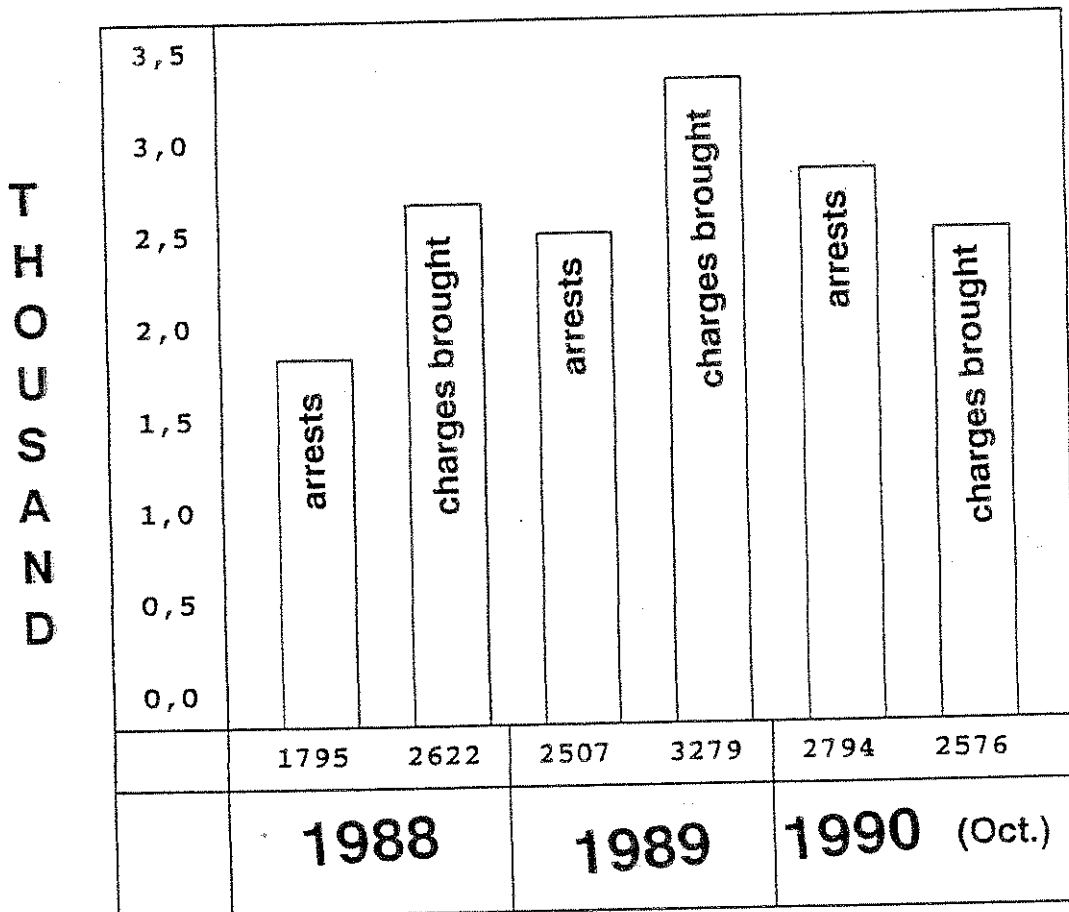


# 1990 (Sept.)



# POLICE HEADQUARTERS FRANKFURT AM MAIN

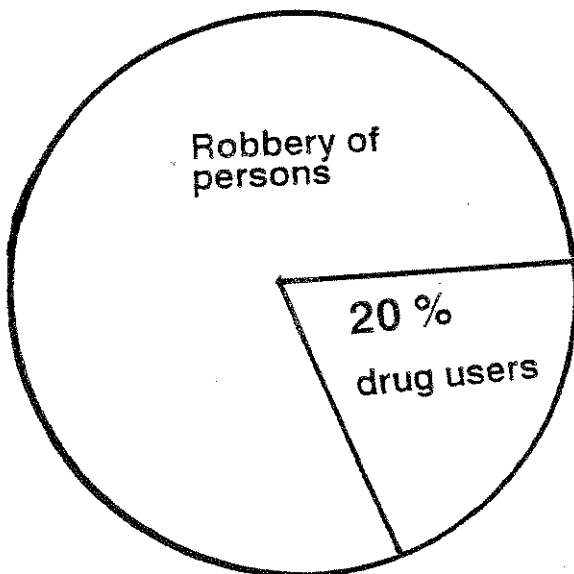
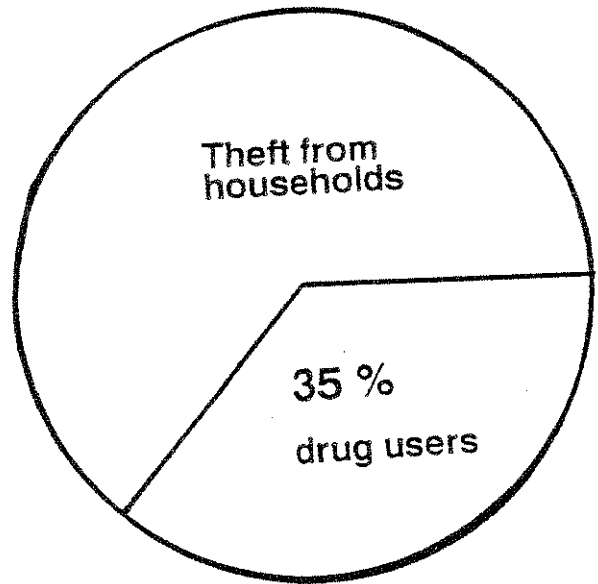
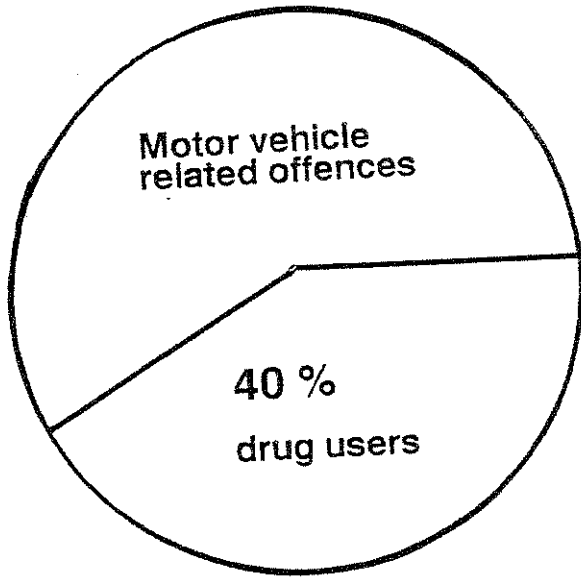
## Level of police activity countering drug-related offences



# FINANCING OF DRUG NEEDS



# ACQUISITIVE CRIME







# DISCUSSION

Kurt Lange  
Hamburg:

It is clear that large quantities of cocaine have been confiscated at the Frankfurt Airport. On the other hand you stated that not much is known about the consumers, the scale of their consumption, etc. How would you comment on a possible reaction to this, namely that it is possible to slow down the trend a little with regard to cocaine dealing - in contrast to heroin dealing, where we have a large amount of small-scale dealing? Because otherwise we should really know more about the small-scale dealing and the consumers involved in it.

Dr. Gemmer  
Frankfurt:

For a long time there has been the impression that cocaine is the drug for the upper drug-taking classes, so that it would not be spread on such a large scale as heroin. But now, on the basis of the little knowledge we have, we must say that the use of the two drugs is indeed comparable to some extent and that we would regard it as adventurous to make any legal distinction between the two. May I request a comment from Mr Voigt, the CID Chief Inspector responsible, who is participating here today and can perhaps give us some details.

Mr Voigt  
Frankfurt:

I can only confirm that we are still pretty much in the dark about the consumer market for cocaine. But the quantities confiscated and the knowledge we have of the quantities getting onto the drug market suggest that the market is indeed very big and that it exists outside the public drug taking field that we know about. We are increasingly finding that our drug users are also taking cocaine, but most of it is reaching consumers with whom we have no contact and no means of taking action. Some of it is sold privately and some in discotheques without any obvious dealer organisation, so that we haven't got clear starting points for action.

Kurt Lange  
Hamburg:

Did I understand correctly that there is a bigger quantity of cocaine confiscated at the Airport than of heroin? Surely that is something to be proud of, so that you can say: at that point we are removing a certain proportion from the market and curtailing its growth?

**Herr Voigt  
Frankfurt:**

It is correct that the quantity of cocaine confiscated is clearly greater than that of heroin. Particularly this year. There are probably two reasons. One is that intensified anti-drug activity in America has caused the South American supply side to look at the European market for expansion possibilities, and Frankfurt is still the main gateway, as the smuggling is mostly done by small couriers coming in via the Frankfurt Airport. On the other hand the couriers work in a relatively uniform way, which has enabled Airport Customs to develop an excellent detection system, and this accounts for the good confiscation results. So you are right to the extent that the percentage proportion of illegal drugs coming onto the market shows a larger figure for cocaine confiscations than for heroin. So we can possibly assume that the estimate figure for undetected cocaine is not quite as high.

**Derek O'Connell  
Liverpool:**

There may well have been some misunderstanding in the translation of the papers that were sent to us in England. I certainly have not come here to debate the legalization or the decriminalization of any forms of drugs. I have come over here to basically explain our strategies which are all to do with enforcement and the successes that we have made in that field. What I would like to ask is the strategies that the police undertake in dealing with the harm reduction side of the demand issue. We have heard a great deal of the supply-side which I think is an inforcement that takes place right throughout the whole world. Could you just explain to me please the strategies that your force undertakes in working with the council agencies, health agencies in trying to really combat the demand side, the individual abuse and to turning him or her away from the criminality of drug misuse?

**Dr. Gemmer  
Frankfurt:**

I have the impression that my police counterparts are trying to put me in a difficult spot. The job of the police is very difficult anyway. But what you mean is, in Germany, not really the task of the police. In that field we keep right in the background because we feel that the demand side is the concern basically of health and social welfare policy. In our country we have good reasons for not pushing the police into the foreground wherever shortcomings are detected. Our idea is to be the "ultima ratio", the last resort, and we use our capacity chiefly against the trafficking. Keeping the demand side on a tolerable level is a matter for the city authorities, and we cooperate closely with them here. It amounts to a division of labour, and admittedly we act differently here from our methods for other crime prevention - e.g. in the field of larceny and burglary - and leave this side to the health and social welfare agencies.

**Dr Bossong**  
**Hamburg:**

In this connection may I ask once again: how do the police in Frankfurt deal with drug dealing and consumption in public?

**Dr Gemmer**  
**Frankfurt:**

I tried to explain that our activities are basically directed against dealing. The grey area that gives us difficulties and in fact overtakes us is this area of public drug dealing and consumption, because we do not always have the means of distinguishing between dealers and consumers. On a superficial level we cope, on the basis of the rules for the prosecution of criminal offences. We search, we confiscate, we take into custody, we hand over to the judges and the health authorities, but it is precisely at this point that we feel a stark inadequacy, because we are really dealing with sick people, and the police are neither equipped nor intended for that. We're not at all sure it's right when we pick up drug users in a police check, for example for taking part in small-scale dealing, and it turns out they're in a withdrawal phase or in fact really ill. And then maybe we even take them into custody, because we're substituting for those who are really responsible and indeed for a round-the-clock accommodation system, which Frankfurt must be unique in Germany in having. I believe in Hamburg you have the means of accommodating them temporarily. We have very limited scope for getting them into hospitals. Most of the time they're given a kind of sobering-up treatment. Putting them in front of a magistrate doesn't help much either. So we get this revolving-door effect, which we've been complaining about for years. Let me tell you confidentially that this is a job we, the police, cannot cope with. And our view is that it's not really primarily our job at all.

**Margarethe Nimsch**  
**Frankfurt:**

I'd like to get back to the subject of decriminalisation. In my opening remarks I offered the proposal that the acquisition and possession of small quantities - approximately one day's dose - should no longer be an offence. This would necessitate an amendment to our Opiates Act. The objection - and Dr Gemmer has just said it again - is that it will then no longer be possible to distinguish between own needs and small-scale dealing. Now you've just made it clear once again how grim the work of the police is, with reference to drug abuse in public, and what a strain this work is for police officers, who can see that they're really dealing with sick people. You also mentioned a statistic on arrests showing that only one third of total convictions result from acquisition and possession. These are the two criteria at present for illegality. Now if we compare the distribution of types of offence and then include nation-wide statistics, which show that most of the cases opened do not end with a conviction but are simply

put in a closed file, well I would have thought that my proposal would have the support of the police and the courts, both on grounds of everyday experience and in order to provide soem relief for drug users; so that they can avail themselves of the help that is offered. So my question to you, Dr Gemmer, is: why do you think that the acquisition and possession of a daily ration must continue to be a punishable offence which obliges the police to intervene so that they can ensure the operation of their police strategies?

**Dr Gemmer**  
**Frankfurt**

The main reason for our view that drug handling must remain a punishable offence is certainly the magnetic effect of legalisation, which we must fear as a practical certainty. In other words, the numbers would go up enormously. If we make the permissible level that low, then we can't make it dependent on weight, or on the concentration of the drug or on the time. The proceedings of the courts and the police are dependent on having reliable and clearcut lines. To introduce a dividing line that is even more blurred and unclear is of no use to us, in our view. I'd be interested to know what arguments the Hamburg police use to justify their policy. To base things on the claim that what we've done so far has had no real effect and that one should therefore try out a new theory, well in our experience that's a dubious argument. For example, what chance would we have to take any action at all on the very widespread small-scale dealing by black Africans? Because everyone who carried a small quantity on him would of course claim that it was for his own use. In other words, small-scale dealing would bypass the powers of the police and continue to supply the market. The quantities traded in these cases would lead to the application of the principle "the benefit of the doubt to the accused" and the termination of any court case, which would leave us effectively helpless in this area. Nor would legalisation in this field result in any diminution of acquisitive crime. Prices would no doubt settle at a different level, but there would, in our view, be no change in the level of street crime, with its grim consequences for the general public. One other thing. What I've said is of course prophecy, purely hypothetical considerations. None of us has tried it out yet.

**Mr Voigt**  
**Frankfurt:**

Perhaps I could just add something here. Ms Nimsch, you mentioned the statistics for arrests - one third resulting from drug handling in public - those are arrests that lead to appearances before a magistrate, and practically all of them are on the charge of suspected trafficking, that is, not cases where we took action because of possession for own needs. In this field we've had over 5000 arrests which resulted in charges being brought for possession of heroin or other drugs.

The 850 arrests, i.e. one third of the total, were almost exclusively arrests on suspicion of trafficking. In his paper Dr Gemmer told us about the dealer networks, e.g. the way the Yugoslavs control the middle and small-scale dealing in the station area. These distributor rings have made resale by consumers a fixed part of the strategy. Consumers get their heroin there in full or half packs and then sell it to other users. With this kind of link between organised trafficking and users we see the danger of expansion to an uncontrollable extent, if we change over to legalisation in one specific segment. Where exactly is the limit supposed to be? Even with 2 1/2 grammes you can speak of own needs, and then to identify dealer rings becomes more and more difficult.

**Mr Vogel**  
**Frankfurt:**

Dr Gemmer, I'd like to add a supplementary question to what Ms Nimsch has already asked. Would you extend the affirmation of the present legal situation concerning consumption and small-scale trade to include the question of necessary prosecution as against legal expediency, or would you say that - as is for example the case in Amsterdam - the possibility of applying legal expediency gives the police a better opportunity to decide for themselves at what point they should take preventive or crime enforcement action?

**Dr Gemmer**  
**Frankfurt:**

In police circles we are very sceptical indeed about proposals to import the option of legal expediency into our legal system. If we are to decide on the selection criteria ourselves, that means that the risk and the responsibility are transferred from the courts to the police. We can see practically no chance of it at the level where the rules of criminal prosecution depend on the principle of necessary enforcement, i.e. the statutory obligation to enforce the law. It is possible at a lower level, the level of minor offences. In practice we would then have to shift drug dealing to the category of minor offences. At the moment I see no chance of applying the principle of legal expediency. There is also firm resistance among the police to transferring the responsibility downwards. On the other hand I've got to admit that the actual handling of the problem - which overstretches us at many points - has given you, and members of the force as well, the impression that we do in practice apply the principle of expediency. Basically there's only a subtle difference, whether we turn a blind eye, or have enough evidence or not, or disregard many cases of small-scale illegality, or in fact take action. Which means that we've here touched on a very sensitive area of police action or non-action.

**Kurt Lange**  
**Hamburg:**

The basic question of what legalisation - partial legalisation - could possibly bring about, in the direction of severely damaging the workings of the illegal market, is a completely different question. It would certainly be possible to make life easier for users by releasing them from the threat of criminal prosecution, i.e. by extending the application of legal expediency, and here we are in complete accord with the police, who however would object to its being laid down in the law that possession to meet one's own needs, however proved, would no longer be a criminal offence.

In our view, that too would lead to problems. However, the risk of extended legal expediency is certainly one that we should take, and it has also found a majority in the German Upper House.

**Dr Gemmer**  
**Frankfurt:**

What you say is certainly worth considering, as far as the police are concerned. It would also be a way of relieving us of a mass of work that is really administrative detail. But please don't shift the burden of legal expediency onto the police. The decisions on that, in our legal system, have got to be taken by the public prosecutors.

**Dr Bossong**  
**Hamburg:**

I've still got one question. The discussion as to whether possession of small quantities should be exempt from prosecution really turns on the problem: how do we catch the big fish and how do we handle the little ones? Must we for example interrogate the little ones in order to get at the big ones? Is it possible to imagine a police strategy of getting at the big dealers in some other way, and so not even needing the little users?

**Dr Gemmer**  
**Frankfurt:**

I've tried to set out in just a few words that our work has many different levels and forms. On one hand there's a clear aim, using a very large number of personnel, a relatively large amount of technology, and effective cooperation, including on the international level, to rid ourselves of the method of immediate arrests of drug couriers at the Airport. We use observation techniques for what is happening outside Germany, we get excellent support from the Customs - in fact international customs cooperation is in some cases better, more direct and effective, than that of the police - we follow up leads and we've achieved a reasonable amount of success. But we believe that because drug dealing is so widespread, particularly the small-scale stuff, and because of the very great dangers to those potentially at risk, we've

got to act on the demand side as well. We've got to keep an eye on the small-scale dealing because the range of activity there is so broad and so it's got to be included in the overall strategy.

Consequently in Frankfurt we believe that we've got to take very decided action on the small-scale trafficking.

Furthermore, in a large city there's a very sensitive border area to acquisitive crime. Many of the users are, if I may put it with brutal plainness, customers of ours. Burglary, personal robbery, aggressive begging, which in most cases amounts to a form of larceny, other street crimes, offences related to motor cars: these are the acts which give us an unequivocal occasion for taking action. The dividing line that you can work out in theory just doesn't exist in practice.

For example, when we search a drug user we're always liable to find stolen property - and that's not a rare event. The wallet we find on him isn't his own. Then there are about 150 cases of robbery on the streets here in Frankfurt every month. That's not many, but for the individual victim it's a very painful experience, and it has damaging implications for the sense of security in a city like ours. For many reasons, therefore, the police must not disregard the drug-taking scene.

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