

**HAMBURG**



## HAMBURG DELEGATION

- DR HORST BOSSONG,  
Drugs Commissioner
- MR LANGE,  
Rehabilitation Department
- MR NAUJOKS,  
elected SPD Councillor



**DR HORST BOSSONG, Drugs Commissioner  
HAMBURG**

---

1. General Survey

Hamburg is a business metropolis, and now also a drugs metropolis, a central terminal for the dealing and transit of narcotics. It is also a nucleus for the manufacture and export of base materials for the production and/or refining of drugs.

Hamburg now has an estimated 7,000 people who regularly consume hard drugs. The central role is taken by heroin; cocaine is on the increase; crack has so far played a negligible part.

At present heroin can be obtained extremely cheaply on the open market. In consequence, as the police have noted, a large number of people come to Hamburg from other cities and regions in Germany in order to get their drugs. This year we have registered 105 drug-related deaths so far; the 1989 total was 88.

The Hamburg State CID estimates that the annual amount spent - and therefore raised - by drug users on the consumption of drugs is over DM 100 million. It would be cheaper - if we use a calculation basis supplied by the German Health Ministry - to supply all addicts with their drugs by a system of controlled dispensing.

About 10-15% of Hamburg's drug addicts are HIV infected. After the introduction of methadone substitution and the opening of the Hamburg Drug Clinic this year there are now 100 drug users taking methadone substitution treatment, including social welfare and psychological care.

There has been a clear increase in the number of consumers of hard drugs in recent years. The 1989 figure was 3493; by the end of June 1990 it had already climbed to 3885. What Dr Gemmer of Frankfurt said this morning applies here too: the increase in the number of users registered by the police also reflects an expansion in the work done by the drug agencies and authorities. The proportion of foreigners among those registered for the first time is about one quarter.

2. Possible solutions to the drug crisis

Pursuing a responsible and rational drug policy is like walking a tightrope. On one hand it rejects the illusion that it is possible to achieve a drug-free society - whatever the amount of money and aid facilities; on the other it does not succumb to the temptation to get rid of all problems by means of radical solutions such as "Legalise - now!"; and it does not indulge in

simplistic comparisons such as "It's better here, and worse there" - although of course it does constantly make use of the experiences of other cities and countries.

An acceptable drug policy must pursue its own course and adjust to the regional situation and the practicalities (which always means the financial limits). It pursues a course which neither rejects established structures nor accepts them uncritically and perpetuates them, but launches innovations that are tailored to demand and continually adapts to changing requirements and conditions.

A rational drug policy must have two main objectives: the safeguarding of the individual under the law, and damage limitation. For this it must establish the structural foundations.

2. The safeguarding of the social and legal situation of the drug addict is a central component of a policy that aims at bringing normality to the drug problem. In my opinion it is the most sensible way of getting out of the present drug crisis. For nearly twenty years we pursued a drug policy which was largely characterised by a state monopoly of competence (and therefore also financing); with this statism was linked an entrepreneurial and moralistic approach (the keyword was abstinence) by the associations and addict-support organisations. Treatment objectives and methods were standardised by the state and implemented along corporate lines; support systems were created outside the established health care system; guaranteed individual rights - e.g. to treatment and health protection - were replaced by institutions given regulation financing and therefore to a large extent incompatible with the real, existential requirements of drug users. Thus the policy was high-profile, small-range and had limited effect.

Today we know that not all drug consumption but certainly all drug addiction must be treated like illness. Consequently a rational drug policy must aim at entrenching the treatment of drug addiction within the health-care system and at removing it as far as possible from the attentions of the law enforcement authorities. Hamburg health policy has sought to follow this course in recent years. This has been anything but easy, since, in the end, it is also a question of competences, responsibilities and money. And of course there is always likely to be the accusation that the real purpose is to cut costs.

In a recently approved "State Drugs Programme" the Hamburg Government made it very clear that the funds created through the new financing arrangements are to be used for the qualification and further training of the personnel working in the drug-assistance agencies, and for the improvement of standards in the support system overall. Taken as a whole, Hamburg will spend some DM 22 million on drug support and prevention in 1991. Furthermore it is a central objective to safeguard

the individual rights of drug addicts and those at risk from drugs as against the various institutions, specifically those responsible for health insurance, pension insurance and social welfare. This means a decisive improvement for the individual drug addict; it also means a potential improvement in the quality and quantity of the support system. It is true that we have not yet completed the integration of the support system in the health-care system, particularly in the outpatient and follow-up treatment area; also that we still have supply-side difficulties. Nevertheless, Hamburg now has a flexible and wide-ranging support system consisting of inpatient long-term therapy, inpatient therapy specifically for women, inpatient short-term therapy (still being set up), outpatient drug-free therapy and drug substitution including social and psychological treatment. We also have inpatient relapse prophylaxis (the so-called live-in groups), outpatient follow-up treatment, and outpatient whole-day care (day-care schemes).

3. Treatment and direct counselling as a preliminary to treatment are no longer sufficient on their own. It has become clear that low-profile survival aid and the provision of basic needs (food, hygiene, etc.) should not be directly linked to motivation therapy. Thus damage-limitation and health-protection measures are now gaining an independent status and relevance. Damage limitation, however, is concerned not only with drug addicts but with those at risk and the indirectly affected general public.

In Hamburg in the last few years we have set up syringe exchange schemes, including the institutionalised use of chemists, and low-profile contact and counselling centres; and we have further extended the low-profile support system for women by instituting special consulting hours for women and by outreach social work in the prostitution field. The next step is to create a statutory basis for the setting up of so-called fixing rooms in which drug users can consume drugs (i.e. inject opiates) under hygienic conditions. I would like to point out that a clear majority is emerging in Hamburg Parliament and Government for expansion and greater autonomy for the low-profile programme for women, and for a counter to the problems of the St George area by the creation of a further drop-in facility. However, drug policy must also make sure that existing measures do in fact meet users' requirements. Where syringe exchange and wash and shower facilities are available, vigorous efforts must be made to ensure that they are actually used by those who need them.

This brings us to a problem of evaluation, which is concerned with guaranteeing drug addicts the means of survival even if they are not (yet) prepared to undergo abstinence treatment with a view to ending their addiction. This will require a substantial change in the statutory and legal situation of the addicts. In spite of the legislative processes initiated by the Federal Council (Upper House) this year, there is still a lot to be done; for the details see the Conference Reader, which includes the "State Drugs Programme". What is necessary is a wide-ranging decriminalisation, or penal immunity, for drug addicts, the establishment of fixing rooms,

the disjunction of treatment and criminal law, the sanctioning of medically supervised drug dispensing for those who cannot be reached by other means, including methadone, and finally a simpler system for the dispensing of substitutes, i.e. changes to the Narcotics Regulations. It is also necessary to apply increased intellectual and moral pressure to the prosecutors and judges, so that fewer addicts than in the past land up in prison, which is about the worst place for them. Finally, it is indispensable that there are increased efforts to educate the public about addiction. Anyone who thinks that drug policy can be divorced from public acceptance runs the risk of mobilising so much public resistance that even after a change in the law it will not be possible to improve the conditions of existence of the addicts in practice. To improve their legal position it is essential to end the discrimination against them by the general public. It is necessary to break new ground in drug policy, but this cannot be done without a great deal of patience and a continuous campaign to re-educate the public.

Damage limitation is also, on the other hand, aimed at those at risk. Carefully worked out legal strategies, and intensive and continuous information campaigns must expend the maximum effort to ensure that the smallest possible number of young people take up drug use. With its State Drugs Programme the Hamburg Government has approved new strategies and the means for their systematic expansion. The idea is to counteract in advance, and it's no good limiting it to authoritarian demands for abstinence or to simple factual information, let alone deterrence by dramatisation. Prevention in our sense must be an integral part of an overall health strategy, according to the Government's resolution.

Damage limitation for the general public must, in the end, aim at minimising the impact on society of drug-related crime, at curtailing the supply of drugs, and at keeping the financial consequences of the drug problem within limits. There are three requirements: increased enforcement measures concentrated on organised and criminal trafficking; legislative changes; and the provision of appropriate support for users. They belong inseparably together. Anyone who thinks that success is possible with only one of them is deceiving himself, or others, or both.

4. A responsible drug policy must also evolve long-term political perspectives for the effective handling of the drug problem. Legislation has a central role in this respect. Let me conclude by outlining a long-term scenario.

The first German Drugs Act, the Opium Act of 1920, aimed principally at regulating and controlling the drug traffic, that is, the trade, import, export, acquisition and possession of opiates. There was no question, at the time, of preventing and treating addiction, i.e. enforcing drug abstinence by process of law. That only came in later legislation (1930, 1972, 1981). If we were to succeed in returning the present Opiates Act to its original concept - a law which regulated traffic in drugs instead of trying to prohibit it absolutely (which obviously doesn't work anyway) - I believe that we



would get as near as we ever will to the ideal of optimum damage limitation for all sides (drug addicts, potential drug users and the public). We would not make drugs freely available and open a sort of drugs supermarket, but make them available to those who, as addicts, need them, and at the same time maintain control over their dispensing: place, person and quantity.

Alongside this the users would, as I have indicated, retain their individual and guaranteed right to support and treatment. On the whole this seem to me the most sensible way out of the drug crisis.



# DISCUSSION



Margarethe Nimsch  
Frankfurt:

Is there already a draft for an Act which would regulate opiates law and not be encumbered with other functions and purposes?

Dr Bossong  
Hamburg:

I don't think one can speak about a regulatory Act in that sense. The point is rather that new laws must be scrutinised and tested according to the following criteria: to what extent do they contribute to reducing opiates law overall, and to what extent do they create new possibilities of action, which are aimed at prevention and and which, in my opinion, cannot be enforced through the criminal law?

Mr Lange  
Hamburg:

Let me try and elucidate. Our Act is called "Act governing the Use of Opiates". But its contents and the not explicitly stated objectives have both diluted the whole business and made it difficult to administer. The sort of consequence we get is that people say: Methadone treatment by doctors - even if it is internationally accepted - is just not possible because the law doesn't allow it. Or we get really simple interpretations, like saying that racemic Polamidon is not used, but L-Polamidon instead, and then people say, that's not right either, because it's on the list of substances that cannot be prescribed. And then we see that the real point of the law is no longer being understood.

For my own part I'd like to deal with another point, because Dr Bossong said that we are also concerned with damage limitation for third parties. The point has come up repeatedly in the discussion today: What do we do when we have an "open drug scene", points of public drug activity where users meet in large numbers, e.g. on the Platzspitz or in Amsterdam, and where the police have been forced to take action?

Last year the Hamburg Government commissioned a working party to look at the international scene and, on the basis of their interviews, to draw up a plan of action. At the time there was no "open drug scene" in Hamburg. We knew that users were meeting at certain places to buy drugs, but there was no large-scale congregation of them. This year that has now indeed developed. Now our policy from the beginning was to suppress such concentrations of users. i.e. to prevent such activity taking solid form. One way is to decentralise the support measures, including treatment with methadone. What makes the drug scene different in Hamburg is that it is not only where the users meet but also, and primarily, a concentration of foreign dealers and drug addicts. Typically, this happens in the area round the railway station, because that is also a red light district, though not an official one.

Hamburg has always interpreted the law generously as regards prostitution, applying the principle of legal expediency (Is it expedient to enforce in this particular case?). So we find that users gather in that area. The dealers coming in this year have been adolescent Kurds, also Gambians and Germans, most of whom are also addicted. In the area there are also hotels used for prostitution which, for lack of business, are often used as accommodation for the homeless, including Germans, and for refugees, or asylum-seekers. So we can see there is a heavy concentration of many different kinds of problem group.

The Drug Squad found that in 1989 65% of the persons held on suspicion of drug dealing and smuggling were asylum-seekers. The figure for the first half of 1990 was 62%. And this is not restricted to one city district. The non-German drug suspects come mostly from Turkey - mainly Kurds - and Gambia. The situation was intolerable because it was concentrated in one relatively small area. Particularly in summer there is a sharp increase in the number of users there. The result is that the area can scarcely be used for anything else, and appears to be in the hands of the addicts and the increasingly offensive dealers. A citizens' action group decided to draw attention to drug deaths by placing crosses on a monument in the square. A month later, as if totally naive, the Gambians took up position there and started asking people, including passers-by who were obviously not users, whether they needed anything. Which, of course, infuriated the residents even more. And then there's the way the area attracts users from outside Hamburg, the surrounding region.

Action was therefore taken in September to reduce this attraction effect by deterrence. The method was simple police presence combined with checks on identity and residence etc. Even in cases of irregularity, the Drug Squad decided not to press charges. There have also been a number of full-scale raids, which were welcomed by residents, but only had the effect of dispersal. Drug activity then took place at other points too, which made it more visible, because more members of the public were confronted with it. Nevertheless, such police action has been continued, and residents are very pleased about it. We have now established a Commission specially to deal with the problem of the "open drug scene".

The other problem is the supply side, which is in evidence at a different point, not far away. The Hamburg Government had a commission investigate the possibilities for having asylum-seeker who are involved in drug-related crime deported more quickly, i.e. speeding up the enforcement procedures. The aim is to reduce to a minimum the length of time spent in Hamburg by asylum-seekers involved in trafficking, not consuming. In future all foreigners seeking asylum are to be informed by a memorandum that their application for asylum will be dealt with more quickly if there are drug-related charges pending against them; the aim being immediate deportation. The Government hopes that this will act as a deterrent.

Another channel for action is the law on associations, as we have discovered that a great deal of trafficking is connected

with cultural associations, which are a good thing in themselves but can be misused by dealer rings. On association premises the staff must check on whether drug dealing and consumption are taking place. If so, it should now be possible under association law to close down the association.

I am sure that we have slightly improved the situation in one particular place. But of course we have not solved the basic problem, which is that it can concentrate at other points. Dealing and consumption are continuing unabated.

**Ernst Buning**  
**Amsterdam:**

I'm a little bit worried about what is done about the supply-side. This morning we heard a lot about people from Yugoslavia, South America, Italy - anywhere else but Germany. Now I hear the last speaker mentioning refugees from other countries. Part of that is reality - also in Holland - so there is no need to deny it. On the other hand we also have to look at the whole hierarchy of drug dealing. Nobody is going to fool me, that the Germans and the Dutch and the Swiss are not making a lot of money on the trading of drugs. Whenever people talk about doing something on the supply-side, I have not heard anybody talk about the black money circuit, the row of banks and what should be done in this respect. I think that it is too easy to shift all the attention to the people who are actually doing the tiny little footwork. I just want to express that worry. I don't know if other people share this or if it is a typical thing that a Dutch person would come up with.

**Guus van der Upwich**  
**Bremen:**

I'd like to support my Dutch colleague a little there. It's like the other side of the picture. I think that a support system can only function if we are not afraid to operate the repressive side as well. There must be a balance, and we find in Bremen too that this balance is often disturbed. It's the same with the question of foreigners. It's my opinion too - and in Germany I'm a foreigner as well - that foreigners should have the rights of guests, and when they infringe these they should not be allowed to stay. On the other hand the host country should think about the conditions under which these refugees are obliged to live, and about how to make these conditions such that these people are not so tempted to go into crime. If the system does not allow them, officially, to work, well, what do we expect them to do? I think the problem goes far beyond the problem of professional drug trafficking.

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

I'm sure you are right. We've got to improve the social conditions of the asylum-seekers to the point where they are not obliged for material reasons to go into drug dealing. On the

basis of what the Hamburg police said I would assume that a lot of them are not making vast profits but are only earning more than they can get from the Social Welfare office. The problem seems to me to raise a very delicate issue, which is: how are we going to handle foreigners on principle? Here in Germany I can see a slight danger that the drug problem could be used to bring about all sorts of restrictions on civil rights, including the rights of foreigners, through the deployment of the always plausible argument: We've got to fight against the illegal trade in drugs. On the other hand I can't see that with all we've done so far we have really made any effective inroads on drug trafficking. And I often hear people say how amazing it is that the many laws which we weren't able to enforce in the fight against terrorism - e.g. screen-search tactics - are now being enforced against drug trafficking. My problem is that the drugs debate may possibly help us to offer the addicts more support, but at the same time the concentration on organised crime may impair many civil rights, and that affects us all. One reason is that we have done too little work discussing whether we could not decisively reduce drug trafficking by controlled dispensing, thus getting drug users more and more out of the illegal trade.

**Mr Frerichs  
Frankfurt:**

I think the problem is being turned around a bit here. We've been talking about the treatment of foreigners and asylum-seekers, people who are not allowed to work, have social problems and therefore earn their money with drugs. I don't know whether things are different in Hamburg, but in Frankfurt many foreigners only apply for asylum when they're caught. The black Africans, for example, are the ones here at the moment, and they're making a lot of money out of drugs, but they could easily and quickly be replaced by other groups. These people are not genuine refugees; nor are the Yugoslavs involved in drug trafficking here. So if we try to reduce the debate to the problems of asylum-seekers who are not allowed to work, then we are going in for problem minimization on a grand scale.

Drug trafficking is only one small segment of the phenomenon of organised crime in Germany. If we now need changes in the law, so that we can alter the tactical potential for police action, then those changes do not become dispensable through the fact of our having got the drug problem under control, for, as I said, the drug problem is just one part of the whole. If we curb drug dealing, organised dealers will immediately switch over to other fields of activity. We've got to try to check organised crime without diminishing civil freedom. But the possibility of acting on organised crime must still be there, otherwise we'll just be chasing after it in vain - as we've done for a decade now - and the police will never get it under control.



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

It seems to me that two important points have been raised at the end of this discussion. The first concerns the foreigners. If we develop into one Europe, then foreigners will be people from outside Europe. That is certainly a problem that we will have to address ourselves to in the future. It also raises the question of immigration policy. The second point is the problem of organised crime, which, from the viewpoint of drug-support agencies and local politics, really does seem to be a problem for the police. The arguments of the police are not always those that we may want to hear, but I do see that we've got to pay attention to them. On the other hand I think that you, the police, have got a bit more work to do there. Large-scale, international, organised crime - only the police can deal with that and be responsible for it. The fact that this work again and again has an impact on local authorities and politics is something that I sometimes find difficult to grasp, but I accept that it is so.

**Mr Frerichs**  
**Frankfurt:**

You are of course entirely correct: that is a problem for the police. The arguments used by local authorities concerned with the drug problem are basically an attempt to reduce the scope of the statutory arrangements that the police are seeking to achieve. The argument is that civil freedoms are at risk and that drug-related crime is a vehicle for increased powers for the police. The local authorities are therefore definitely concerned in the matter.

\*\*\*\*\*

