

LEIPZIG



LEIPZIG DELEGATION

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DEMOGRAPHIC DATA OF THE CITY OF LEIPZIG

1. Demographic Data

The current population of the city of Leipzig is about 530,000. The main demographic features are a relatively high average age of the population and a decline in the total figure. There has also been a steady migration out of the city, reaching a peak in 1989 with the loss of 15,000 inhabitants, nearly all of them young adults. Of special significance for children and adolescents are the extremely high rate of employment of women of employable age, collective upbringing of small children (80% of infants in creches; 95% of preschool children in kindergartens), and institutionalised supervision of primary school children in the afternoons.

250,000 are in employment; 16,000 of these were registered as unemployed in October 1990.

2. Legal Framework

The present period is characterised by the introduction of West German law. Exact legal definitions can only be expected after the establishment of the new state governments.

3. Data on the Drug Problem

The city's Health Department has operated since 1985 on the basis of a complex care and monitoring system for the alcoholically ill. The system provided for the Enterprise Health Scheme to place on file all persons at risk through alcohol and for these to be referred to the newly created "addiction dispensaries" in the city's polyclinics (one dispensary in each of the city's 7 districts). In the last few years 8,000 people were registered as alcoholic, and 4,000 of them started treatment.

4. Addiction Aid Facilities

- Early detection of alcohol dependence in the enterprises by medical officers doing routine examinations; information from inside the enterprise; facilities for self-registration; medical officer as liaison officer in addiction cases (this last has practically ceased to function).
- 7 (-8) alcohol counselling and treatment centres.
- Clinic for alcohol and drug addicts, with 60 beds.
- Church facilities for aid to the addicted.
- Treatment of the addicted in 3 general psychiatric clinics and in the clinic for long-term therapy and rehabilitation.

(addicts committed by the courts).

- Abstinence clubs, at present associated with the outpatient counselling and treatment centres for the addicted.

5./6. The Financing of Addiction Aid Services

The addiction aid facilities (outpatient and inpatient) were integrated in the budgets of the polyclinics and not accounted for separately. Independent institutions, working with the alcoholically ill on a recognised basis, were not admitted.

7. Drug Substitutes

Not required.

8./9./10. Prevention Services, Education of the Public, Policy Principles

The Council for Health Education was responsible for the formulation of the city's prevention strategies and the coordination of public information campaigns. The guidelines were determined by a doctor specialising in addictive illnesses, who was co-opted for the purpose, and a working party representing various subdepartments in the city's Health and Social Welfare Departments, nominated by the City Council's committee for the care of those addicted to alcohol.

There was no official policy to combat alcoholism because its existence was officially denied, and services were therefore directed towards public information. This meant that there was far too little research and counselling on the causes.

There were nevertheless a number of services aimed at providing the public with information on alcohol misuse and its consequences, and on the problem of smoking.

- School doctors and welfare workers conducted information evenings for parents and for pupils in the middle and senior forms.
- A wide range of lectures was offered at the Pupils' Academy, the Parents' Academy, the Urania and the Culture League.
- A large number of training courses were carried out for the Councils for Social Security in the City's Enterprises, and for parties and organisations, e.g. for the instructors in the German Red Cross.
- The core of the prevention services was the Enterprise Health Scheme, which made it possible to exert influence on employees in the state-run enterprises through lectures by doctors, training of master-workers, and the provision of poster and circulated information material. Medical officers in the enterprises were required to prove that they had given at least two lectures per year.

- The city of Leipzig's "Phone the Doctor" service was a weekly information service on addiction problems, with contributions provided by the Addiction Clinic.
- In order to fill the gaps in the information made available by the German Hygiene Museum in this field, the Leipzig Addiction Clinic presented a film, three talks with slides, and an exhibition.

11. Drug Taking in Public

Does not happen in Leipzig.

12. Police Strategies

This area is going through a phase of re-orientation at the moment. New ideas are being worked on and organised, and there are no binding rules yet.

13./14. Overall Local Authority Strategy

To counter the growing dangers of alcohol and drug addiction Leipzig is developing a system of complex interaction involving the creation of structures, or institutions, that will actively combat those dangers. It is a system of organised cooperation, a so-called prevention system, which is divided into primary, secondary and tertiary prevention levels.

The prevention system is to have two main pillars. One pillar is the regional health authority, which brings together the public agencies concerned. The other unites the private-sector components, the self-help groups and the independent institutions. An important role is played by the Society against Alcohol and Drug Dangers, which was founded on 4 October 1990.

In the Department of Health, Youth and Social Welfare a division is being set up for the prevention of addiction and drug misuse; it will have a co-ordinating function.

The "Prevention System" project makes it possible to involve broad sections of the public in prevention work. Suitable and qualified persons will be able to play an active role (teachers, lawyers, customs officers, the police, doctors specialising in various fields, parent groups, successful abstinent, self-help groups, sociologists, etc.). Public health policy will be able to exert an influence through follow-up measures.

To implement this project, detailed policy documents will be drawn covering organisational cooperation within the regional health authority. A contribution to this will be the findings and the theoretical framework resulting from the operation of the Leipzig monitoring and care system for the alcoholically ill, which was the basis for services to the addicted after 1984.

As we see things at the moment, the most important tasks are:

- The transfer of the addiction dispensaries from the polyclinics to the health authority, which is now being created.
- The merging of the already existing and the rapidly being created institutions in the regional authority.
- The organisation of instruction courses for all fields concerned with illegal drugs.
- The organisation of a many-faceted public information campaign, so as to supply the information needs of various target groups and interested organisations.

DISCUSSION



Margarethe Nimsch
Frankfurt:

There's a question I'd like to ask the representatives of the Leipzig CID. Dr Göbel said there aren't any Leipzig drug addicts or dealers yet. Are there any people from outside who could be or become addicts and dealers?

Mr Issleib
Leipzig:

My name is Issleib. I belong to the Leipzig CID. I can only confirm that from the view point of the CID. We haven't yet got an established drug scene in Leipzig, and so neither the health service nor the CID know of any addicts. Nevertheless there are signs that a drug scene could establish itself in Leipzig in the near future. It has already been mentioned that Leipzig has very good and favourable transport connections - by rail, road and air. It has a central position where the states, in fact the whole region, of Eastern Europe could meet. Although we don't have it yet, there are signs that red light districts could form. We've had applications from people in the western states of Germany who have scouted out the possibilities and want to set up that sort of house. Well, this is a matter for the Public Order Department and the police. We'll make our position clear and try to develop our own strategy from the very beginning. The reports that we've heard from the various delegations here have been very useful for us. We're going to analyse all this information very carefully as part of the basis for evolving our own strategy and trying to avoid the mistakes that have been reported by other cities.

Mr Kabelitz
Leipzig:

I'd just like to add that Leipzig has an integrated working party for combating drugs in the district CID. There are just two or three points I'd like to make in order to clarify our situation. In January 1990 two enthusiasts on the CID staff volunteered to concern themselves, at least theoretically, with these problems, and above to seek contacts with all the parties involved. At that time we only had one institution that already had points of contact with drugs. That was the customs house, which was finding evidence of hard drugs in international operations. The customs officers were the only people who could gain any experience with drugs, e.g. what the stuff actually looks like, and how to recognise and analyse it. That situation made it possible for us to institute proceedings in six different cases in Leipzig. The offenders were people from western Germany, with, as it happened, soft drugs. So that's the concrete situation. What worries us a bit are the facts we've heard here about problems that could be on their way to us, e.g. the influx of foreigners

and the problem of shifting asylum-seekers about, as has been suggested by certain politicians. I think that the general situation in Leipzig could prove fertile soil for a drug scene. The first, cautious reports indicate that soft drugs are on the increase. The statements we've heard here at first seemed fantastic to us. In Leipzig we have to work with the most primitive equipment. At times we can't even establish which drug it is. We haven't really got a public prosecutor who can take over and run the proceedings for us, and so we're dependent on the experience and support of our colleagues in western Germany. They give us a great deal of help and support, and the discussions here have been of exceptional value to us, because the main point has been to supplement and enhance theoretical knowledge with practical and concrete information. Our job now is to develop our own strategy. I don't think we can adopt anything in its entirety.

Margarethe Nimsch
Frankfurt:

There are two points I'd like to make. The prostitutes we've got here are as a rule not addicted. What we've got here is acquisitive crime, that is, women who are addicted to drugs and have no way of raising the money and so turn to prostitution. Otherwise it is not correct to speak about drugs and prostitution in the same breath. The prostitutes know that their profession depends on their not being addicted. That's the reality here in western Germany.

The other point is the asylum-seekers. It was said yesterday that there's a connection. In Frankfurt we know that there are foreigners involved in the trade in hard drugs and that when they're caught they apply for asylum. But that does not mean that asylum-seekers in general, in Frankfurt or in Hesse, have anything to do with drugs. I think this is a very important point. Both problems are always very difficult and I think that to jumble them together is harmful to any effort that we want to make to develop a good and effective policy in all fields.

Kurt Lange
Hamburg:

Have there been any opinion surveys among young people to discover the level of interest in drugs?

Mr. Kabelitz
Leipzig:

Leipzig's research institute, a youth research institute, has gone into the subject and found out that curiosity would be enough to make one in three pupils willing to try out a soft drug. But they always add that they wouldn't dare to touch hard drugs. That they want to avoid.
