

ZÜRICH

ZÜRICH DELEGATION

- Mrs LIEBERHERR, City Councillor
Head of the Social Welfare Department
- Mr NEUKOMM, City Councillor
Police Executive
- Ms KÖPPEL, lic. jur.
Police Department
- Mr HOTZENKÖCHERLE, lic. jur.
Head of Security Police
- Mr WASER,
Head of Drugs Commissariate V
(Drugs)
- Mr LOCHER
Division for Drugs/Help for the
Homeless/ Addiction
- Mr HOHL, lic. jur.
First Central Secretary, Social Welfare
Department



**EMILIE LIEBERHERR, City Councillor
Head of the Social Welfare Department
ZÜRICH**

Madam Chair,
Ladies and gentlemen,

First let me thank Ms Nimsch for having taken the initiative of calling this conference.

It seems to me extremely important for Europe's major cities to co-ordinate, particularly with reference to Europe as a whole. We are very pleased to have come to Frankfurt, and are very interested in the contributions made. Our hope is that our work here will not only have information value, but that we will be able to collaborate in terms of the programmes we put through.

Zürich has a big drugs problem. That is of course common knowledge. Particularly since it's come out into public view - at the Platzspitz - pictures of the Platzspitz have made the rounds on TV screens and in the printed media all over the world.

How did this situation come about?

Up to 1987 our drug policy in Zürich - insofar as we had a drug policy at all - was a repressive one. As from 1987 we had this collection of drug addicts and drug dealers on the Platzspitz, which is a park directly behind Zürich Main Station. Then in 1987 we introduced a new drug policy. The Social Welfare Department, which is responsible for drug questions in Zürich, submitted a new drug policy to the City Council, having realised that the repressive policy had not achieved any success. I must put a lot of emphasis on this, because some people have claimed the contrary. In 1987 the general situation of the addicts was worsening sharply. We had a very large number of Aids victims and our main aim was to counter their desolate condition - that was the humanitarian requirement; to counter Aids - that was the medical requirement; and to counter the social isolation of the addicts - that is a call to society to show solidarity.

Our assistance programme is based on the idea that every drug addict should be given help - help to survive - even if he is not yet ready or able to stop using drugs.

Our programmes consist of various elements, e.g. assistance and counselling, but for me, from the very beginning, there were three points of social-welfare policy that were and still are indispensable. Apart from direct assistance to drug users, which is provided by the Health Department, a special department in Zürich, in the form of substitutes, outreach work and access points, there are the three basic areas, namely accommodation, work and leisure time. I'll be coming to these later.

In 1987, that is about 18 months ago, I personally presented a so-called Strategy Paper in Zürich. The basic theme was assistance to drug addicts, but it went further. Apart from assistance in the form of direct counselling and direct material support, including the areas of work and accommodation, I dealt with the call for the decriminalisation of drug addicts; and with the call for the prescription of heroin under medical supervision in the worst cases of addiction to be taken into consideration.

The Paper provoked a great deal of discussion in Switzerland. I am sure that it was right to get the debate started. I believe that everyone in Switzerland is now aware of what dependence on drugs means - for the individual and for society.

Let me quickly add - for I was widely misunderstood in Switzerland - what I understand by legalisation. I was, for example, accused of wanting to make all drugs freely available. Not true, of course. By the legalisation I called for in my Strategy Paper I mean the legalisation of "soft" drugs, so as to create two separate markets. We have a combined drug market in Zürich, i.e. mixed soft and hard drugs.

Apart from this legalisation - which is not unrestricted provision but access, precisely defined in law, to soft drugs - I personally only called for a very tightly specified prescription of hard drugs under medical supervision, in the form of a pilot project.

Incidentally, I am now in good company. Since that time important bodies in Switzerland, important parties, commissions and certain cities have expressed support for part of my call.

I would also point out that the then City Council, the executive authority in Zürich, consisting of nine members, accepted my paper. At the time, admittedly, they specifically excluded the prescription of hard drugs under medical supervision.

In summer 1990 the great debate was resumed in the City Council (we had elections in the spring and so a differently constituted council) and my proposals have now been accepted, so that as from summer 1990 we have new principles for our drug policy in Zürich. These principles are set out in the conference reader, and my colleague, Mr Hohl, will deal with them in detail a little later.

These principles of drug policy cover all fields of assistance and social-welfare assistance. They make it possible for us to develop our work further with regard to the prescription of heroin. There is also a paragraph on police action.

We have substantially expanded our facilities for social welfare assistance during the last two years, and our work has been accompanied by scientific research. Now, in a few

weeks, on 2 December, we'll be having a referendum in Zürich, in which the people of Zürich can vote on two proposals by the Social Welfare Department. This is the first time that voters in Switzerland have been asked to go to the polls on questions of drug policy.

One proposal covers the whole range of social-welfare measures planned by the Social Welfare Department: counselling, day-care schemes, emergency bedding, living-in outreach work, work schemes, special aid for the most severely addicted, etc. It's a very large package, and it will cost 26 million Swiss francs per year.

Yesterday the question was asked: can one really vote in a referendum on specific principles of drug policy? No, of course not: the vote is on credits for the funds that are to be used for specific drug-policy measures.

That is the first proposal, which does not stir up so much emotion. The second proposal, however, has released an enormous flood of emotion. It puts the question whether the City of Zürich shall be allowed to set up so-called "fixer rooms", i.e. injection facilities.

The proposal provides for three facilities with staggered opening times and 24-hour access. However, I must make it clear that this too is a provisional proposal costing 4 1/2 million francs, which would allow us to do the pilot project for two years. The basis of the proposal is a parliamentary initiative from the City Council, which was passed on to the Executive by a large majority. This kind of initiative makes a formal proposal obligatory. Not all initiatives are binding in this way, but this one is and we were obliged to execute it.

The initiative was for one "fixer room", but our experiences in other cities have shown that a city of this size would be totally overstrained with only one such facility. We propose three of them, and that is what has been taken exception to, and what has so sharply divided supporters from opponents. There is a great deal of interest in what happens on 2 December.

To conclude, let me say a few words on the subject of prevention. We have had a Drug Education Office in the Social Welfare Department of the City of Zürich for nearly ten years. The Office is well equipped with information material and with aid programmes for the schools, etc. However, in my opinion we can't do much to influence the demand side by information campaigns alone. In the end we need to make it a matter of social welfare, with amenities for pupils and young people, again covering the fields of accommodation, work, leisure and education and training.

In the end we can only tackle the whole problem if we offer services - not just in drug-using circles: that is aid to people who are already caught up in the problem - but assistance, services and perspectives, so that young people develop other interests.



**BRUNO HOHL, First Central Secretary
Social Welfare Department
ZÜRICH**

To give you an idea of what Zürich amounts to, let me start with a few statistics:

The Canton of Zürich has a population of about 1.1 million. The city of Zürich proper has about 350,000 inhabitants, and the whole conurbation not quite 1 million.

46% of the male and 29% of the female population of Switzerland are smokers. An estimated 360,000 Swiss people make daily use of pain killers, tranquillisers and sleeping tablets. Scientists state that there is a sizable potential for addiction. People addicted to tobacco, alcohol and medicaments usually find it very difficult to shed the habit.

We estimate that there are about 20,000 people in Switzerland who use so-called illegal drugs; approximately 4,500 in the Canton of Zürich. We have distributed a statistical table to you; our estimate is that of these 4,500 addicts living in the Canton of Zürich, about 29% must be classified as "severely addicted".

The current debate on drugs is to a large extent concerned only with this minority group. But there is no doubt that the general misuse of legal and illegal drugs is putting more and more strain on our society. Switzerland is just as much affected by this trend as the other states in our western culture. There is - and we are probably in agreement on this point - no simple solution to the problems that have resulted.

A very great variety of forces - cultural, social and economic - can combine with personal and existential needs to create a situation in which addiction flourishes.

Addiction always has something to do with weaknesses and forms of sensitivity. We must take serious account of these because, taken together with addiction, they provide seismographic indications of the state of our society.

The City Council, as you have heard from Ms Lieberherr, is very firmly committed to a policy which is orientated to human dignity, to the right to personal intactness and personal evolution that does not limit the freedom of others, to solidarity with the disadvantaged, respect for the environment, and acceptance of ethical and cultural values.

In order to hold back the demand for illegal and other addictive drugs, there is no question but that educational/preventive measures are the best starting point. They are of

central importance in the campaign against drug addiction as a phenomenon that damages society. Young people in particular can thus be turned away from the use of addictive substances and from the descent into dependence.

It is necessary therefore to influence them and their surroundings so as to develop the required resistance to offers of legal and illegal drugs. It is specially important to offer help early enough and on an adequate scale.

Well before any addictive behaviour can develop, it is essential to promote among young people the attitudes, capacity for experience and ability to act on their own judgment that will motivate them to seek constructive ways round personal problems and a way of life that makes sense without drugs. Family, friends, neighbours, schools, youth work outside the schools, landlords, churches, authorities - all have a task to perform here.

Leaflets, press advertising, posters and films are ways of improving and enhancing the information flow. A concrete example worthy of special mention is the Drug Education Office that was referred to earlier. It is run jointly by the Schools and the Social Welfare Departments, and it does very valuable work. A certain preventive effect is also achieved by, for example, the youth meeting points, community amenities, park areas, leisure organisations, sport facilities, parent education and the voluntary youth aid services already mentioned.

In spite of years of scientific research there are no simple and finally convincing answers to the question of what causes drug dependence. In most cases dependence seems to result from a highly complex combination of a great variety of personal and social factors, such as individual personality, social surroundings, cultural and economic conditions, the availability and effect of drugs. Fear and a sense of hopelessness help to turn people who are in flight from distressing realities that they feel helplessly exposed to in the direction of drugs. We see that drug consumption basically operates in accordance with the processes of our consumer society: there's no material need that can't be satisfied. That is why, in our work in the field, we see again and again that if you take away from an addict one of his supports - the addiction - you haven't achieved anything decisive unless you've also given him a new perspective for life.

The life of an addict, who is dependent on the merciless operations of the drug market, is appallingly grim. They lapse into criminality, illness and social destitution. Without work, a home and correct nourishment they are on the road to physical collapse.

Even if local government authorities can do nothing to change the Swiss Narcotics Act, we can nevertheless resort to other principles of society and other statutory regulations, and to our common sense and ethical sense; and then seek a way of keeping addicts in society.

Under the Swiss Narcotics Act the purchase, possession, holding and consumption of heroin, cocaine, etc. are subject to

criminal prosecution. The great danger of these drugs is the speed with which they produce addiction. However, prosecution of consumption - this is a point that has been made repeatedly today - has so far failed to stop the growth of drug taking.

On the contrary: the effect of illegality is to ensure that consumption takes place in conditions that are dangerous to health. Impure drugs, unprofessional handling of syringes, stress and the breakdown of personal relations are the result. As you have heard, Zürich City Council therefore believes that the Swiss Narcotics Act should be amended to make the consumption, possession and holding of drugs for the individual's needs no longer liable to prosecution.

The main focus of the work of the police and the courts should be the prosecution of traffickers, i.e. non-addicted dealers. Organised crime must be combated more vigorously. The same direction is indicated by a statement issued by the Swiss Confederation on the basis of a report on drugs. It showed that 15 of the 26 cantons in Switzerland want to see all drug users given immunity from prosecution. Two cantons - one of them, strangely enough, is Zürich - want to see immunity restricted to the consumption of cannabis products.

As far as the political parties are concerned, a majority of the FDP (the Liberals) and the Social Democrats has spoken out in favour of immunity for drug consumption. The Greens take the same view, and it has also found the support of the Swiss Bishops' Conference and the Swiss Evangelical Church League.

As you have heard from Ms Lieberherr, the City Council, since 1987 supported by the City Parliament, is endeavouring, with various low-profile programmes, to fulfill the social and medical principles that were approved in mid-1990.

An important factor in the alarming deterioration of the health and living conditions of the addicts is the emergence of the infectious disease Aids. It is due to this situation and the general wretchedness of the addicts that in the work of immediate and direct assistance to users increasing priority is being given to survival measures and less to the search for abstinence.

The aim is to make it possible for addicts to survive their addiction phase under humane conditions. The call for social integration and the release from drugs becomes absurd if it means that the user's health and social wellbeing, as well as his chance of survival, are callously neglected.

In the last two years the City of Zürich has set up a total of six day-care schemes. We call them "Contact and Approach Points". Our objective is to open up 11 such facilities. We offer emergency beds for the night, and so far we've got 100 of the 200 beds we're aiming at. Zürich also has undemanding work projects for addicted persons, and we can already offer

a total of 150 positions. The sick room for the homeless has two functions: it provides First Aid, and it furnishes medical care for people who live on the streets.

I would also like to mention the subsidising of the soup kitchen which tries to make sure that the street-dwellers are properly fed. Then there is the "Zipp Aids" project, which, so I've heard, is to be introduced in Frankfurt too. Our Zipp Aids project is responsible for the issue of syringes on the Platzspitz (which you all know or at least have heard of). The figure at the moment is 8000 per year.

The cardinal aim is to prevent any further spread of the Aids infection. Our studies demonstrate that the curve, which had always moved upwards, has already started to level off.

Thus Zürich has, in the last two or three years, built up a social and medical aid system that operates according to the principle of decentralisation and is accessible 24 hours a day.

We have had various of the individual projects scrutinised by scientific personnel, and have gained the impression that we have made a start along the right road. Our experience is that large facilities, e.g. for more than 30 persons, attain a degree of anonymity which virtually excludes any detriment to the establishment of a trust-relationship between users and attendants.

If signals come from the users that they are ready and willing to try to shed the habit, the team looking after them must be able to react competently and effectively.

The purpose of decentralising the locations of our aid facilities is to take account of the variety of origins of the drug users. A further idea in this planning was the hope that the value of the various aid services would be recognised the more quickly for being localised.

One final point.

After the paper read by Ms Lieberherr to the Association of Community Presidents of Zürich Canton last autumn, a working party was formed which recommended the formulation of a scheme for the decentralisation of drug assistance on the territory of Zürich Canton.

The Head of the canton's Department of Health and Social Welfare supports this recommendation and is prepared to make available the necessary funds.

A study has also been submitted to the canton authorities for their consideration. We hope and indeed assume that during the course of next year the local government authorities on the territory of Zürich Canton will make an intensive start with the establishment of social and medical services for drug users. This will not remove the burden from the city of Zürich, but it will at least relieve some of it.

The aim of this initiative is to induce the local and regional authorities to take action themselves, with their

own projects for their own drug users, in the areas of prevention and assistance for drug users and the homeless, so as to take some of the pressure off the City of Zürich. The project has been co-ordinated with the Zürich City authorities.



ROBERT NEUKOMM, City Councillor
Police Executive
ZÜRICH

May I, from the police point of view, supplement what Ms Lieberherr and Mr Hohl have said? I should emphasise the word "supplement". It is, I think, one of the most important points about tackling the drug problem that those responsible for social welfare, public health and public safety should work together and deal with the problem jointly and step by step.

I was planning to start by setting out the reasons why Zürich is at the centre of illegal trade in drugs. I find I can dispense with this. Mr Gemmer has told us why Frankfurt takes such a position, and more or less the same factors apply to Zürich. We are in the same situation, so are, I am sure, other European cities, and that is of course one of the reasons why we have come together for this conference.

So I would like to move on straight away to the current situation in Zürich, as the police see it, and for that we ought to hear from a policeman. May I introduce to you Mr Waser, who is Head of Crime Commisariate 5, which is the Zürich Drug Squad.

**BERNHARD WASER, Head of Crime Commissariate V
(Drugs)
ZÜRICH**

As Mr Neukomm, to whom I am politically accountable, has told you, it is my task to give you a brief explanation of the drug situation in Zürich:

When we talk about drug activity in Zürich, the central point of reference is nearly always the Platzspitz. I have had the pleasure of meeting many of you in Zürich. But very few of you here today can know exactly how it was that Platzspitz came to be what it is today, and so I would like to go back a few years.

Hashish appeared on the Swiss market, and therefore in Zürich too, at the end of the 60s. It was followed by heroin in the early 70s, and we had the first two deaths from overdoses of heroin in 1972.

Drug misuse continued, with important milestones coming in the years 1980 and 1982, when Zürich attracted international attention because of youth unrest in the city. At the centre of the unrest was the so-called AJZ, or Autonomous Youth Centre, which came to be called, then and later, a mini "Hafenstrasse Hamburg". This AJZ operated, illegally, a small "fixer room", where a considerable number of young people gave each other injections and where some of them got their first fix and so became addicted.

The real extent of drug misuse became visible and apparent when in 1982 the City Council had the AJZ buildings, which were very close to the Platzspitz, demolished, and drug activity, which at the time involved 50 to 80 people, instead established itself up at the shore, next to the Seebrücke.

As a result the Council instructed the police to drive away drug activity from the Seebrücke, and the press correctly reported that the police were using dispersal tactics. These tactics, which involve intensive police checks and controls, resulted in the activity shifting from one side to the other. The police continued dispersal operations, and drug activity settled down in a small park. At every point where the drug users congregated there came immediate complaints from the public, the commercial sector, political circles, etc. So the operations had to be continued.

From the park the drug users moved back to Bellevue Platz and then down to the old city centre at Hirschenplatz, where there were immediate and massive protests, because the whole problem was now inescapably obvious: the drug addicts were in the doorways.

Then suddenly, as a result of police operations, the drug users moved onto the Platzspitz. Once they had established themselves

in the park they were no longer in direct public view. So people in Zürich were pleased that drug activity had finally found a location for itself.

As a comment on police operations up to that time I can say that for the most part their actions were repressive. To move down a gear was then a logical step, and a number of considerations made it seem pointless to risk driving drug activity into the neighbouring residential areas by continuing dispersal tactics.

This allowed the park (Needle Park!) to acquire a wide reputation, well outside Zürich. If you wanted drugs in Zürich, you knew where to go.

Let me make a brief comment on our Narcotics Act. In my opinion the Narcotics Act is rather better than its press reputation. Consumption is, under the Act, a misdemeanour, and Section B6 states that the judge has discretion, in cases of first or small-scale consumption, to decide whether to terminate proceedings, to issue a warning, or to impose a penalty (fine or imprisonment). As far as Zürich is concerned, I would say that the Act is being well applied.

Trafficking, however, is classified as an offence. A distinction is made between dealing in small quantities, where the judicial response is a fine or imprisonment, and large quantities, where the penalty is imprisonment.

The rulings of the Swiss Federal Court of Justice have defined the precise point at which we have a serious offence: from a specified quantity upwards trafficking becomes a major offence under the law.

Basic facts about the Platzspitz:

- There are drug addicts on the Platzspitz 24 hours a day.
- Depending on weather and time of day, there may be 100 to 700 or 800 addicts and dealers on the Platzspitz.
- Drug consumption in large quantities.
- Preponderance of so-called "ant trading": quantities of 1-10 grammes
- Acquisitive crime is a major problem in the park.
- 1985-1987: predominance of heroin on the Platzspitz.
- As from mid-1987, increasing consumption of cocaine.
- Currently there are at least as many, if not more, users of cocaine compared with heroin.
- Many polytoxicomanes (polydrug users).
- In spring 1990 so-called "free base" made its appearance: cocaine is converted by a very simple chemical process into a free cocaine base and smoked in a water pipe.

This new drug, free base, is a serious problem for us, because in Zürich soft and hard drug dealing and consumption are practically neighbours, and we fear that people from the soft, or hashish section, could increasingly move over to the hard, or heroin/cocaine, area via free base.

Police tactics for the Platzspitz are as follows:

- Daily patrols, both by the CID and by ordinary officers.
- Checks are made on individuals. Our objectives are perfectly clear. We have our priorities, and the first one for my Commissariate, which has a staff of about 50, is organised drug trafficking. Medium-level trafficking, which is carried on in the immediate vicinity of the Platzspitz, and in which quantities of as much as 100 to 300 or 400 grammes change hands and are then taken into the park in smaller portions, is regarded as a second priority. We are subject to the legal principle of necessary prosecution, and so we cannot disregard drug consumption, but it is not one of our top priorities.
- If you go through the park in the afternoon you will have no difficulty at all seeing 30 or 40 or even more people giving themselves an injection in full public view. It is typical of Zürich, and probably only of Zürich, that drugs are consumed on the spot, unlike in Frankfurt, where the dealing goes on in public but relatively little is consumed there and then.
- Police search work is mainly directed here at known dealers and at people who are wanted in connection with acquisitive crimes.
- The very severely addicted are a big problem for us, and there are times when we feel completely helpless. It is precisely this group that we feel should not be our responsibility.
- Cleaning up of the park under police protection.
- A main problem for Zürich is the magnetic attraction of the city to drug users and dealers, who come from far beyond the international frontiers. Of the 204,000 persons on whom registered police checks were made last year, about 23.7% were from Zürich city; nearly 22% from the canton; and a significantly larger proportion from the rest of Switzerland. Foreigners account for a hefty 11%, most of them from southern Germany and the Vorarlberg, but some also from Holland and the states of central and northern Europe.

A look at the trend over the last few years shows that the proportion for Zürich city was over 31% in 1986, so it has declined in the last few years. By contrast, the proportion from the rest of Switzerland has increased from about 25 to over 30%, and there has been a very sharp increase in the number of foreigners, from 3.5% in 1986 to over 10% last year. And we are expecting a further rise in 1990.

The more drug activity you have, the greater the acquisitive crime is likely to be. The characteristic offences in the acquisitive field are robbery and theft by snatching. The statistics covering the last four years are as follows. In 1986 there were 381 recorded cases of robbery; last year 593.

The 1986 figure for theft by snatching was 322; last year it was over 600.

So the rate has nearly doubled in the last four years.

There's another statistic I can give you for the first eight months of this year. The statistic was worked out as follows: having recorded the total number of registered offences of a certain type, we established how many had been solved by the police, and in these cases we were able to determine how many had been committed by drug addicts for acquisitive reasons.

471 cases of theft by snatching were registered in the first eight months. 75 were solved in the same period, and 60 of them were committed by drug addicts.

348 cases of robbery were registered Jan-Aug 1990. 86 were solved. 44 were committed for acquisitive reasons, which means a proportion of about 50%.

The city of Zürich has a high crime rate, and crimes are also committed on the Platzspitz itself. The major offences committed there last year were:

3 people were killed, there was one attempted murder, there were also cases of robbery and theft.

This trend is continuing in 1990 as well. There was another killing at the beginning of the year. Stabbings and shootings are reported in the press almost every week.

There is probably a specific reason why the level of acquisitive crime is high. Prices are relatively high, compared with Frankfurt, for example. The upper limit for heroin is about 600 francs, the average being between 300 and 500. Cocaine is rather cheaper, at an average of 180-250 francs.

A brief survey of the trends for drug-related deaths:

Last year there were 41 drug-related deaths in Zürich, which was a new record. In Zürich Canton the figure was 70 - which is also high - and the figure for Switzerland as a whole was 248.

In the current year it is very probable that the curve for the city of Zürich will move slightly down.

That concludes my report. Thank you very much for giving me your attention.

DISCUSSION



Dr Bossong
Hamburg:

You said that in Switzerland you have the principle of necessary prosecution. You also said that on the Platzspitz your job is not to confiscate drugs or start proceedings against consumers but to secure the arrest of people for whom a warrant has already been issued - and the arrest of dealers. How do you reconcile the two - or have I simply misunderstood?

Mr Waser
Zürich:

You didn't misunderstand: that really is the situation. When we carry out a large-scale check, it's an illusion to think that we can then confiscate the drugs. By the time the individual addicts are checked by the police, they can get rid of the drugs. The same applies to the dealers, and any firearms they may be carrying. Because of the high level of acquisitive and general crime, there are a large number of wanted persons to check on, in the park. We also have to pick up a lot of adolescents - who may have got out of an institution, or may just be having a look round the park - and return them to their parents or the competent authorities.

Dr Bossong
Hamburg:

I can imagine that they simply throw the heroin away, for example. It's not really the heroin you're looking for; you more or less leave it with them. You don't make an intensive search for it. The situation in Hamburg is that more and more people are saying: Actually you've got to tolerate the fact that users consume their drugs right there, in certain places. Our police say: We can't do that, we've got to go in there again and again, whether it's in the city area or more distant areas, and then we've got to make a check on the drug users and confiscate the drugs. Is it correct that you do not take away their drugs?

Mr Waser
Zürich:

Yes we do, the drugs are of course confiscated in every conceivable quantity. As part of the checks, or rather raids, that we made last year, and which are not being done at the moment, we finished off the action by searching the park with police dogs. But for the most part the people just throw the drugs into the river.

**Mr Voigt
Frankfurt:**

Mr Waser, do you want to maintain the status quo as it is there at the moment, and as we found it to be last spring, or are the police and the City now doing more to reduce the number of addicts in the park? Perhaps I should direct the question to your colleagues.

**Mr Neukomm
Zürich:**

I'd be pleased to answer the question. The situation in Zürich that we described to you is the way things still are, more or less, warts and all.

One of the main problems about the Platzspitz is that it is known all the way from Hamburg to Palermo. This means that it attracts people not only on the supply side but also on the demand side. The amount of drug activity that we have in Zürich on the Platzspitz is a lot bigger than it should be if you look at the size of the Zürich conurbation. The fact that it is concentrated in the city centre is, I think, due to the nature of city centres.

The strategy is - together with the Social Welfare Department and the Health Department - to get away from the Platzspitz. The price that we pay for having open drug activity is the loss of security as experienced by the general public. You can see that very clearly from the statistics that Mr Waser presented. The crime rate and the presence of drug addicts and dealers produce a great deal of insecurity in the area immediately round the Platzspitz. There are people living there. I don't know what it's like in Frankfurt round the drug area, but in Zürich people live there.

Our idea is to try to move away from large-scale public drug activity to undercover small-scale activity, still in the city, and amounting to a smaller overall total than what goes on at the Platzspitz.

The precondition for the implementation of such a plan is the social package that we are voting on on 2 December. That will form the basis as far as health and social welfare are concerned. The police operations to ensure that the plan is put into practice will certainly involve tougher action by the police on the Platzspitz. That will be unavoidable.

**Margarethe Nimsch
Frankfurt:**

May I add a question here?

What do the Zürich police feel about the creation of "fixer rooms" and the controlled issue of heroin?

Mr Neukomm
Zürich:

As a City Councillor, like Ms Lieberherr, I am in favour. I believe that it is the logical consequence, once you realise that the drug problem cannot be solved by repressive measures alone, i.e. by police action. It is the logical consequence of the idea that social-welfare structures and also facilities must be created so that drugs can be consumed under decent and hygienic conditions. The controlled issue of drugs to users is also important, because that is the only way - let me put it cautiously - to free us, perhaps, from part of the acquisitive crime. Fixer rooms do not solve the problems connected with obtaining drugs, only the way they are consumed.

Dr. Ruben
Liverpool:

I wonder if I could have some clarification on precisely what health measures you have currently instituted. Are health people going into the park at present in some kind of an outreach capacity? Which would be very much like the Liverpool model of sending outreach people to where the users are.

Ms Lieberherr
Zürich:

You are asking about the health measures that are carried out on the Platzspitz.

First let me say something in general about our assistance measures. Mr Neukomm has told us that our great problem of the Platzspitz can only be solved by joint action. All our facilities at the moment have 6 contact and access points, some of which are day-care schemes. All the other services are decentrally located, the idea being to move away from the Platzspitz. The package to be voted on could enable us to set up another 5 day-care schemes, all of which would be established in other residential areas. In Zürich there is practically no area that is not residential, which is I suppose another peculiarity of the city. We want the users to get used to moving away from the Platzspitz when they need help; perhaps the physical movement could be a step away from dependence. Of course we know that it will take a very great deal of persuasion, support and assistance really to get them away. However, that's the aim, and that could be the way to depopulate the Platzspitz.

20% of the people on the Platzspitz have been registered by the police, as Mr Waser said, and 30% are from the rest of Zürich canton. The facilities that we call contact and access points were first set up in buses, because we didn't get permission anywhere else.

We also set up a bus for female prostitutes, right in the red light district. I'm only saying this to make it clear how difficult the work was at first.

If we can set up these additional facilities, away from the central area, then we can establish firm contacts with more people and get them away from the Platzspitz. Even with the facilities we've got already, we can say that 50% of the people using them are from Zürich city.

So we've got a large proportion of people from Zürich city who make use of our services. Politically, that's a very important point.

It's also the reason why it's essential for the other local authorities to take action.

Now, what are the health measures that we've instituted? Mr Hohl mentioned the sick room for the homeless. It is not on the Platzspitz but in a decentral location. The Zip-Aids project, which provides people with clean syringes, is a joint project involving the University of Zürich, a pilot project by the University of Zürich and the Health Department, and it is located directly on the Platzspitz.

The Stop Aids project was set up at a place where people could be tempted not to use clean syringes. The medical car, which is a City of Zürich mobile health unit, proceeds to the Platzspitz when medical help is needed there. During the day there are always doctors there, and usually till late at night. Next to the Zipp-Aids cabin there is a small mobile health unit where people can be revived. It's no accident that the drug-related deaths curve has started to level out. The reason is that we carry out many thousands of resuscitations every year. So we have fewer drug deaths in spite of the increase in drug consumption.

The Social Welfare Department has also arranged for a green bus to be set up more or less permanently on the Platzspitz, even though that contradicts the basic thrust of our social welfare work, which is to decentralise, set up day-care facilities outside the centre, etc. Here too the City Parliament 18 months ago required aid facilities to be set up on the Platzspitz. I told my staff: O.K., we'll set up a green bus, but we'll have to word its function differently. So a low-profile service, an approach point, was put in place in the green bus, right on the Platzspitz. The other buses don't have such a low profile. The bus is working well: people are coming to it. What I always say is: as long as people in distress are prepared to talk to people who want to help them, then the first step towards these people has been taken.

**Margarethe Nimsch
Frankfurt:**

When we visited you in Zürich we rather envied you this institution on the Platzspitz, which, as you told us, is to a large extent accepted by the public. But now you say you want to decentralise the drug scene. That seems to me right in principle, but how do you assess the level of acceptance and toleration of the people of Zürich for this policy?

Emilie Lieberherr
Zürich:

We'll always have problems, whatever we do. But I'd like to try and make a basic point.

We don't say: We're shifting the drug activity, we're decentralising it, creating little drug nests in all the residential areas.

No, we're decentralising the drug services. To what extent our drug measures are decentralising the drug scene as well is a question we can only answer at the moment by saying that right now there are no separate little drug scenes related to the services offered. The so-called fixer rooms are the really contentious issue, and what I'm told at every public debate is that we're trying to decentralise dealing by means of the fixer rooms, and then people are told they've got the drug dealing in front of their very doors. I'm sure it's very important for us to work closely with the police on this point. You're right to say that people are apprehensive.

They're afraid of what could happen with syringes, when children are playing in the squares. They're afraid of being mugged. It makes our work enormously difficult that the level of acceptance is really pretty low, and one of the important tasks that we politicians have is to make people more sensitive to these problems, and embolden them to accept certain developments in our society - and our aid services to addicts.

Ms Nimsch, you asked about people's attitudes to the Platzspitz.

Of course there are many people in Zürich who are very pleased that they don't live anywhere near the Platzspitz. As Mr Neukomm said, there are people who do live there, right round the park. Others, who live elsewhere, say: Oh how lucky we are, that everything's so concentrated in one foul heap, we're shot of it. Not much solidarity there, is there?

It's a long time since the park was a place of recreation for the public. It's always been a park with a rather shady aspect (forgive the pun) in various ways. Which is a pity, because it's really a lovely spot. It's my view that what is taking place on the Platzspitz has far too large dimensions for us to simply ignore its problems.

Let me say, as Head of the Social Welfare Department: we must offer social-welfare assistance. But we don't have to offer it there, and then tell ourselves that we haven't got the business in front of our eyes. This is a problem that we can't not have in front of our eyes. We've got to have a single, all-embracing approach. The whole population must be required to share responsibility. There are not only access points, there are also emergency bedding units. That's a really big problem for us, it's what gets people out onto the barricades.

We had that kind of experience a short time ago with one of those units, in a district where the inhabitants resisted its being opened. Even after long discussions with the police, the City President and with various of the spokesmen for the district, it was still extremely difficult. The concentration

of drug activity on the Platzspitz is not good, and we've got to try and get the public to accept what the problems are, and the necessity to decentralise our work. It is very important for us to have the help of the police in this. We must develop strategies - we have already developed strategies - to protect the general public where they need it. We must never forget the hardship of the drug addicts.

It's important for us to get away from this central position we have, that we're seen as the drug centre of the whole of Switzerland, the whole drug catchment area. You have heard from Mr Neukomm how many people come to Zürich from other countries, which is why it's so important that we do not only distribute duties in Zürich Canton but all over Switzerland. In Berne the day after tomorrow there will be a meeting of Swiss city leaders, and the subject of the meeting is drug policy and drug aid.

I'll be taking part in a podium discussion at that meeting. The aim will be to approach the problem as an overall Swiss concern, and as a problem that does not stop at the frontiers.

Dr Hofmeister-Wagner
Frankfurt:

I'd like to get back to the so-called fixer rooms. It seems to me that one logical consequence of having these facilities is that I say: I have a contact point where I issue clean syringes, and then accept that the user goes outside and gives himself the injection in some house doorway.

Another logical consequence seems to be: we arrange the injecting in a closed room where we can at least make sure that it is done in a medically correct way.

The problem that I then have as a doctor is: I stand in such a room, right next to the user for example, and I don't know what exactly he's injecting himself with. What do you do about this problem? What exactly is the doctor supposed to do?

In our legal system in Germany, the situation can't, theoretically, arise, at the moment. The degree of drug purity in Frankfurt is only about 10%, so the dilutions and additives would be the main problem. So my question is: precisely how far do you go in your injecting rooms?

If somebody's been on the needle for, say, 14 years, it can be extremely difficult to find a vein - not just for a doctor but perhaps especially for a doctor.

How far would you go with the assistance to users in these rooms? Would the doctor actually help to give the injection? It seems to me to be a logical development, and a problem that must arise from this kind of care.

Mr Schneider
Frankfurt:

My question goes in the same direction, but refers once again to the Platzspitz. Does this public drug area offer the City of Zürich's Health Department any advantages? Is it planned to continue to tolerate the Platzspitz within certain limits, or is the idea to break it up completely, in the form in which it is used at the moment?

Mr Waser
Zürich:

I'll do my best to answer these questions. Basically what I'd prefer is there to be no need for a Platzspitz at all.

Of course we're a long way from that situation. As far as I can see, the realities will probably oblige us to tolerate open drug activity in Zürich in future years. Having it out in the open does, I think, have decisive advantages. You can actually see these people, their medical condition, their needs. But we've got to recognise the particularity of the Zürich situation. I'm always being bombarded with questions as to why we tolerate the situation. The questions tend to come from cities where there is either still relatively decent living space for the socially disadvantaged, or where there are still quarters and districts where there is a certain tolerance of people suffering social hardship; I have found that in Europe these areas tend to be near the railway stations. I could put it this way, that little niches are created for people existing on the verges of society. We don't have anything like this in Zürich any more. The property prices paid in the area round Zürich Station are the highest in Europe, and that's also where the Platzspitz is, at an autobahn junction, right in the middle of one of the densest railway networks in the world. It's completely clear to me that those who profit from this unique location will do all they can to ensure that there is no change. So both our medical and our social strategy is that we only do what is really essential for the survival of drug users, e.g. take steps to prevent a further spread of Aids, in that particular area. Everything else, that's more in the direction of social welfare and help in kicking the habit, we want to decentralise, i.e. get it away from the Platzspitz. Our interviews with the drug users themselves have shown that they really appreciate the sense of distance from the Platzspitz, because they then don't feel under stress all the time. In an atmosphere like that a basis of trust can be built up between our personnel and the users, which may enable them to take the first steps away from drug dependence.

Our experience at the contact and access points shows very clearly that when we work relatively close to the users we can achieve astonishing results, that is the actual outreach workers trying to help people to end their dependence.

I'm not a medical man myself, and unfortunately the Zürich Health Department is not represented here. I can try to answer

by telling you what our policy on this matter is, and what I know of what actually happens or will happen in the fixing rooms. Of course we will not go so far as to allow injections to be carried out by our personnel, whether they have medical training or not.

I think it must be our aim, not least because of basic philosophical principles, to help people to help themselves, and to get drug users to act responsibly. But I also think there will be support and assistance of some kind or other; that is the way things will go. What is already happening now is that consumers are getting more critical about the purity of their drugs and about the dealers, e.g. they try to find out where impure mixes are likely to come from. A certain residual risk must, in the end, remain with the users.

This is not a step I wish to take. But I think that simple humanity requires us, wherever support and assistance can be given, really to provide it.

Dr. Newcombe
Liverpool:

Can I ask one more question about the planned fixing-rooms. Would you just tolerate injecting the drugs or would all kinds of drugs be tolerated there? If not, how could it be justified and monitored or controlled?

Stadtrat Neukomm
Zürich:

Basically these fixing rooms are drug-consumption rooms. I can tell you that I would have preferred the term "consumption room", but "fixing room" has become common parlance, and unless we are going to engage in fraudulent labelling we must just accept things as they are.

The Platzspitz, as you've heard from Mr Waser, has for years been in effect a more or less tolerated public and open-air fixing room, and at the moment we are confronted with people who, for the most part - and that is the situation that is specific to Zürich - inject intravenously.

I totally agree with you that we should do everything that could contribute to a diminution of this form of consumption. Fixing rooms are a contribution in the form of assistance for survival. In a sense we are only reacting, not acting. Our reaction obliges us to orientate ourselves primarily to the people we are faced with on the Platzspitz, and those are mainly people who give themselves intravenous injections.

I can easily imagine that information campaigns and a form of intensive counselling, including in the facilities them-

selves, could result in a different form of drug-taking being used. But Mr Waser has told you what the price situation is in Zürich. I would say that a Zürich fixer just cannot afford to consume his drugs in any other way.

Mr Waser
Zürich:

Could I perhaps just add a sentence?

If we compare the various drug users, then the fixers (i.e. IDUs) have the greatest need for a facility where they can take their drugs under reasonably hygienic conditions. Somebody who only smokes can do it outside. So we find that the demand for different forms of consumption is much lower among the other drug users than among the IDUs.

Councillor Neukomm
Zürich:

In this connection I'd like to mention the subject HIV prevention. For us it is central and primary, and in fact the reason for our efforts to move in this direction in the first place.

The position is perfectly clear. We take a step forward, but it is not the final conclusion to be drawn. You have been told by the police that they are trying to restructure the situation on the Platzspitz, and that will mean that consumption will continue to be possible there, in circumstances where there is no increased health risk. That is to say, HIV prevention has top priority for the fixing rooms too.

Kurt Lange
Hamburg:

A question for Mr Waser:

Where are the dealers from whom the junkies get the drugs that they consume on the Platzspitz? Are they in the immediate vicinity? And what ethnic groups do they belong to?

Mr Waser
Zürich:

The position is similar to that in Frankfurt in that Turkish nationals have enjoyed massive dominance of the drug trade for several years now.

Up to 1985-1986 they were right up there in the front line. But at about that time there was a very large-scale investigation on a big Turkish dealer network, and the result is that the Turks have retreated to the second or third dealer level.

So we find that whenever there's a big investigation, Turks are certain to be involved sooner or later. As far as open

drug activity is concerned, the situation is as I said before: the drugs reach the immediate vicinity of the Platzspitz in quantities of several hundred grammes, are then handed over to dealers who are usually addicts themselves, and then put on the market in small quantities.

We shouldn't suppose that there are only one or two organisations controlling the Zürich market. There are many groups: Turks, Yugoslavs, Italians, and of course there are Swiss involved too. There is also a very large number of individuals who scent that big profits are in the air, buy a large quantity in Amsterdam or Milan, and then come to Zürich to make a killing. We have repeatedly found that there are Germans among them, i.e. nationals of other countries, who come to Zürich only to sell their drugs and then disappear.

Kurt Lange
Hamburg:

A short follow-up question:
What you've said means that the ethnically distinct drug dealers in the area of the Platzspitz are not visible in more than negligible numbers.

In Hamburg we have the problem that an open drug scene was coming into existence, where dealers and consumers did their business together and the dealers were just as visible as the consumers. Is that what you've got as well?

Mr Waser
Zürich:

In a certain sense yes, because as a rule every consumer of hard drugs is himself a small dealer. Otherwise he can't afford to buy the drugs in the first place, unless his/her source of funds is crime or prostitution.

Our police have found that the Platzspitz forms a kind of barrier to medium-level dealers. They go as far as the vicinity and no further, preferring to transfer the drugs there, usually to small-dealer addicts.

Mr Buscher
Hamburg:

I have a question about your pilot project involving the controlled issue of heroin to addicts:
The only justification I have heard so far is that you expect it to result in a reduction of acquisitive crime.
Do you see any other forms of justification, e.g. medical reasons? The fact is, surely, that you have a very broad substitution programme with methadone, and so the question arises: why, when you have the possibility of offering substitutes, is the controlled issue of heroin still necessary?

City Councillor Lieberherr
Zürich:

There are of course people who cannot be motivated to switch over to methadone, but who could be motivated to take part in a heroin-issue programme, which would be accompanied by social support measures.

It is also a form of social assistance for people who are severely addicted to be able to obtain their drugs under reasonably humane conditions.

I do not go so far as to say - I don't dare to say - that one can make a substantial impact on the market by issuing hard drugs. But a pilot project might make it possible to determine whether one is having even a small effect on the really big drug mafia. It's clear enough that the drug market means enormous business.

Anyone who tries to disrupt that business is a nuisance, and possibly the work is made more difficult. I believe that we should start the process of finding out whether, by issuing drugs to the severely addicted under medical supervision, a new and significant factor, an economic one, can be introduced into the equation.

