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THE PRACTICAL BUSINESS OF TREATMENT—25

Needle Park: what can we learn from the Zürich experience?

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In this specially commissioned *Addiction* series experienced commentators will be giving their personal and frontline views as to how the practical business of helping people with substance problems is best handled.

Abstract

Needle Park in Zürich existed as an open air drug scene from 1986 until February 1992. Within this six year period the City Government, City Parliament, governmental and non-governmental organizations implemented a wide range of permissive and restrictive drug policies, from extensive harm reduction to closing the park. Police statistics and several studies suggest that tolerating an open air drug scene can have unforeseen and unfortunate consequences. Low drug prices, lack of law enforcement and lack of social control seem to attract drug users towards the open drug scene and the increase in problems appears to have been more rapid than the increase in the population of addicts.

Chronicle of the open drug scene

"Platzspitz"

Since the end of the 1970s an open-air drug scene has developed at different places in Zürich. Shortly after the drug scene had settled in one place, the police took action immediately to dissolve it. In 1985 the drug scene moved to the beautiful park of the Swiss National Museum, a triangular area of land behind the central station, bordered on two sides by rivers. This park, called "Platzspitz", became famous under the name "Needle Park". At the beginning only cannabis was traded; the heroin trade took place at another location in the City (Utoquai, Bellevue-Rondell).

However, during 1986 the heroin scene also moved into Needle Park. Faced by the threat of the AIDS problem, the City government changed its policy drastically in November 1987. Until then, this drug policy—at least theoretically—has been based upon three pillars, namely prevention, repression and therapy. In fact, there was practically no prevention programme and since treatment was provided on a voluntary basis not all problem drug users entered treatment. The new drug policy implemented, as a fourth element, an additional pillar, namely the so-called "Ueberlebenshilfe", meaning "assistance to make survival possible". Programmes which were orientated towards abstinence no longer had first priority.

In practice, this meant that within a few months Needle Park was filled with more than 20 governmental and non-governmental health care and social care facilities. These included free condom- and syringe-dispensing facilities,

medical help, resuscitation teams with oxygen equipment, mobile kitchens with free distribution of soup, bread, mineral water and tea, and showers and toilets. One of the effects of these measures was that more and more drug addicts migrated to Needle Park, some of them sleeping out in the park's circular, ornate bandstand.

In addition, Needle Park became increasingly a focus of attraction for non-Swiss drug users. The proportion of drug addicts who originated from the City of Zürich had never been more than 30%; this fell to 21% in 1992 and 10% in 1993 (Hornung *et al.*, 1990). Despite, or because of, the various forms of help and support being offered, drug addicts were found to be developing ever-increasing social and physical problems (Hornung *et al.* 1990, 1991, 1992). Moreover, the number of thefts increased between 1987 and 1988 by 58%, and the number of robberies by 25% (Hug, 1993).

The reaction of the City government in view of the increasing level of crime was an improvement of assistance programmes, and the introduction of low-threshold methadone programmes. It was expected that the generous dispensing of methadone in the neighbourhood of the Park would reduce the illegal drug market. Drug users would—theoretically—not take illegal drugs in addition to the methadone. The assistance programmes were based on the following philosophy: the more severely dependent the drug taker, and the worse their social and physical condition, the greater would be the problems facing them in giving up drugs and avoiding drug-related problems; therefore, everything possible was done to reduce the harm.

This policy appears to have led to unpredicted consequences. In March 1989 approximately 2150 free syringes were distributed per day in Needle Park. This number increased substantially during the following months. In July 1989, 6300 syringes were distributed daily, on average, while on certain days this number increased to over 8000. In July 1989 an incredibly high figure of 189 000 syringes and needles were distributed with no charge to the users. In September 1989 approximately 3.5 resuscitations were made per day on an emergency basis. One year later, in June 1990, the figure further increased to 234 000 syringes and the number of daily resuscitations increased to 6.2. One consequence of distribution of syringes without charge was that the drug users injected far more than before (Hornung *et al.*, 1990, 1991, 1992). This was not only the impression of the street-workers; it can also be concluded from two facts: the increase in distributed syringes, and the increase in resuscitations, were disproportionate to the increase in the population of addicts.

In September 1990 the *New York Times International* described the "park where the needle reigns and the law looks on" as follows: "Zürich's needle park is a place feverishly occupied 24 hours a day with the business of buying, selling and using drugs, a place with the bustle of the bazaar and the spirit and tattered splendour of a 1960s rock concert. Its icon is the needle, an object of constant fascination, endlessly being caressed, readied with drugs or pressed into veins".

On 2 December 1990 a vote by the population of the City of Zürich accepted a broad package of social assistance to drug users. They made CHF 26 million available (around US$ 20 million), but this experiment did not succeed. It was simply too easy to organize the illegal market. As a consequence, many foreigners were attracted to Zürich to make use of the supply offered by the government and the dealers. During the summer of 1991 crime and violence increased to an extent which was publicly unbearable. Needle Park had become a "no-go" area without law: people were shot, stabbed and thrown into the River Limmat; in the same period over the entire City of Zürich there was a total of 24 homicides (Stadtpolizei, 1993). Trade took place publicly and before the eyes of police officers; stolen goods were sold as if in a public market. Internationally organized dealer gangs divided the drug market among themselves: Turkish and Yugoslav dealers competed against each other, people from the Lebanon tried to gain new market shares by cutting prices. The use of weapons became almost commonplace. The described policy resulted in three effects: it kept dealers in business, police out and drug addicts "down".

The Needle Park population

Many studies (some systematic, others less so) have been made about the Needle Park population, most of which were based upon self-reported information collected by interviews. Many also contain selection bias. As a result, there are difficulties in knowing precisely how

valid and reliable the information is. Nevertheless, some interesting facts have emerged.

For example, these studies have provided evidence concerning use and misuse of methadone and the combined use of methadone and cocaine (Müller & Grob, 1992). Furthermore, they revealed that about 40% of methadone users had illegally acquired it on the black market: 50% of urine samples from methadone users were positive for opiates (Kurt & Olgiati, 1990). Compared to 1990 the consumption of cocaine had increased in 1991 by 22.3% (Müller & Grob, 1992). Compared with 1990 the number of drug users who visited Needle Park had increased in 1991 by 30% (Müller & Grob, 1992).

These remarks should not be misunderstood as an argument against a liberal drug policy. The example of Amsterdam has shown that preventing an open and concentrated drug scene can be the central element of a generally liberal drug policy. However, we can learn from the Zürich experiment that tolerating an open drug scene can have fateful consequences, especially when combined with extensive measures of harm reduction. It is not the policy of harm reduction that is questioned, but the policy of tolerating an open drug scene.

The end of Needle Park

During the summer of 1991 the nuisance to people living in the neighbourhood increased to such an extent that they were no longer able to tolerate it. Extremely problematic drug users and organized dealers terrorized a certain section of Zürich. Town citizens planned volunteer forces, and the City government began to realize that the problem of Needle Park would possibly call in question its re-election. Before it had come to a decision, on 16 October 1991 the district authorities instructed the City government to close Needle Park within a month.

From the beginning of November 1991 police control was substantially improved and the closure of the park was begun by building fences and gates. On 3 February 1992 the "Platzspitz" was completely closed. The park had to be restored, which cost millions, and to date it has still not been re-opened to the public.

Aftermath

At the time Needle Park first opened, and for some years, the government of the City of Zürich believed that the rationale for the project was justified and that the experiment was working. However, this view had to be revised, and the Needle Park experiment came to be seen as a serious failure.

One problem remained: where should the drug addicts be located? Immediately after the closure of Needle Park positive effects could be seen. Within Zürich, criminal activity related to the necessity to obtain money had decreased. Illegal drugs became more expensive and were no longer so easily obtainable (Eisner, 1993). One immediate consequence was a fall in the number of drug users who died in Zürich of drug-related causes: November 1991, 10 deaths; December 1991, 7 deaths; January 1992 (beginning of the intervention), 3 deaths; and February, 2 deaths (Krista, 1992, 1993).

However, the lack of co-operation between the municipal welfare authority, on one hand, and the City police, on the other, has served to negate many of the positive effects of closing Needle Park. After the park was closed, City as well as private social services organized 300 beds for drug users. It was the intention of the City government that only homeless drug addicts coming from the City of Zürich should be allowed to use these beds. However, social workers did not accept that and also allowed drug users from outside Zürich to use the beds. All drug addicts could also use the other services provided by the social welfare authority.

For these reasons Zürich remained attractive. Nor has the open air drug scene disappeared: it has moved to another place, and now (August 1993) has at least the same dimensions as Needle Park had. Only 10% of the drug addicts who are seen in the open drug scene of the City of Zürich originate from the City itself. The other 90% come from outside the City, from the canton of Zürich, from other cantons or even from abroad—many drug users migrate towards capital cities. However, it is likely that the open air drug scene of Needle Park (and its later manifestations) have served as a particular focus of attraction (Eisner, 1993). In its new place, the situation deteriorated to such an extent that the City government was forced to change its policy once again, and in September 1993 an old hospital was converted into a closed repatriation centre.

It seems to be impossible to eliminate this

disturbing and risky phenomenon with one surgical move, a phenomenon which grew over the years, developed autonomy and was even nurtured. Tolerating open air drug scenes and providing harm reduction raises complex issues. This suggests that there is a paradox here: on one hand, we sweep the problem out of sight and harms may be left untreated; on the other, we provide support systems which appear to encourage the problem we seek to remove.

In addition, there is no consensus among the general population: a difficult situation for a democracy which has to confront the drug problem. This is a climate in which radical "solutions" are needed—a dangerous climate for every democratic society.

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The Zürich experience is not an argument against harm reduction policy

SIR—No one doubts that Zürich's "Needle Park" has not been exactly heaven on earth. Policy makers as well as social workers and drug users in Switzerland today admit that the creation of large scale drug scenes should be avoided, if possible (Malatesta, Joye & Spreyermann, 1992). As Christian Huber rightly points out, the open air drug scene of "Platzspitz" in Zürich, until its closure in early 1992, had been a point of attraction for drug users coming from the whole of Switzerland and even from abroad. However, Huber's analysis of the *reasons* for Needle Park's attraction contains several important false inferences that we would like to rectify.

First, by comparing the increasing quantity of sterile injection equipment distributed in Needle Park with the increasing number of resuscitations made on an emergency basis during the same period, Huber suggests that there is a causal relationship between availability of injection equipment and overdoses. This suggestion is illogical. There is no empirical evidence that making sterile "works" available for IDUs causes a greater number of, and more "dangerous", injections. As a matter of fact, research on syringe and needle exchanges in Europe, the United States and Australia has shown that these measures reduce injection-related risk behaviour among IDUs (Hagan *et al.*, 1994). Those findings are also confirmed by similar research in the Swiss context (Cattaneo *et al.*, 1993).

Secondly, Huber claims harm reduction policy implemented by the Zürich City council since 1987 has been an element in making Zürich's Needle Park so attractive for drug users. We cannot agree with this. Again, research on harm reduction facilities in Europe, Australia and the US has established that these neither incite illicit drug use nor "recruit" new users (Hagan *et al.*, 1993; Des Jarlais, 1994). The same is true for Switzerland: harm reduction facilities are not responsible for the concentration of drug users in some places (Hausser *et al.*, 1990), and have not been shown to attract new users nor to be responsible for an increasing number of injections (Dubois-Arber *et al.*, 1994). Low prices and purity of drugs, rather than anything else, explain why injections, overdoses and the number of users increased in Zürich at the time of Needle Park.

Thirdly, Huber is wrong when taking the Zürich experience as a basis for general conclusions on drug policy and harm reduction in particular. The examples of other cities in Switzerland have shown that providing effective harm reduction and other services can go along with a relatively small and controllable drug scene which need not cause Needle Park's nuisances to their neighbourhood. The cities of Basel and Geneva, for instance, implement a liberal drug policy, addressing health and living conditions of users and the security of city residents at the same time (Malatesta, Kuebler & Joye, 1993). Such policy is possible in Basel and Geneva, since involved authorities such as police, justice and public health services collaborate and consult each other before making any important decisions—that has not been the practice of the Zürich authorities. There is a general consensus on drug issues among the population of both Geneva and Basel: in June 1994, the Basel drug policy was democratically approved in a city-wide referendum.

As for us, we do not really see any rational argument against a drug policy which, besides primary prevention and therapy, comprises medical and social support including harm reduction—for drug users who cannot or who yet do not want to give up their consumption. Huber's interpretations of the Zürich experience do not provide any contrary evidence.

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Harm reduction and the Zürich experience

SIR—There is no evidence for a relation between the increasing quantity of free syringes distributed to addicts and the increasing number of resuscitations; nor did I suggest that there was a causal relationship. In fact, it is more probable that the 24 hours a day presence of resuscitation teams increased the willingness of addicts to take risks. However, as there is no evidence to that point I did not mention it.

Hausser & Kübler also do not agree with my statement that the harm reduction policy implemented by the Zürich City council since November 1987 (not 1986) has been an element making Zürich's Needle Park so attractive for drug users. I do not agree with this statement either. In fact, I did not make it. What I actually wrote was: "However, we can learn from the Zürich experiment that tolerating an open drug scene can have fateful consequences, especially when combined with extensive measures of harm reduction. *It is not the policy of harm reduction that is questioned, but the policy of tolerating an open drug scene.*" There is a consensus in Zürich that the open drug scene—which today is worse than ever—can no longer be tolerated. The same applies to the third objection of Hausser & Kübler. I did *not* take the Zürich experience as a basis for general conclusions on drug policy and harm reduction. In fact I clearly pointed out that "these remarks should *not* be misunderstood as an argument against a liberal drug policy". Indeed, they really should not be misunderstood.

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Alcohol and drug misuse in prostitutes

SIR—Gossop *et al.* (1994) have recently expressed concern on the amount of alcohol use in prostitutes and it would have been of interest if they could have explored reasons why prostitutes crave inebriation.

A study of Liverpool prostitutes (Morrison *et al.*, 1994) showed that more than 24% (21/86) had drunk alcohol in the last month, with 10.5% (9/86) drinking more than 30 units a week. This group averaged over 200 units, drinking one litre bottles of sherry, vodka and whisky, and extra strength cans of lager being the most problematic drinks. Injecting polydrug misuse occurred in half of the prostitutes. Fifty-eight (67%) reported that they worked while under the influence of drugs or alcohol.

Prostitutes almost always declare that they use condoms during sex trade work when asked by research interviewers. It is questionable whether in reality they are able to negotiate with their clients, or able to use safer sex techniques when intoxicated with drugs or alcohol.

Outreach workers often encounter prostitutes in the street in a state of stupor, either drunk or in a semi-drug overdosed state. They either have to bring them to the drop-in clinic at the Maryland Centre for a place of safety or to the local Casualty Department for revival.

It is believed that the most common reason for alcohol or drug use in prostitutes is so that they can cope with the psychological traumas of their work (Plant *et al.*, 1989) and yet the phenomenon is infrequently seen in "high class" prostitutes or escorts.

The most inebriated prostitutes on the street appear to be the most successful at attracting clients. Women who appear entirely powerless and incapable of setting the boundaries of the sexual activity to take place will attract men who may wish to legitimize an act of sexual abuse by the payment of cash.

We feel that a distinction must be made between escort prostitution and street prostitution. A contract between a sex trade client and an escort prostitute may be one of equal partners and she will have the choice to decline the business if it is unacceptable to her. In street prostitutes, who are funding their dependence on alcohol or drugs, the power is with clients who have the money and set the agenda for the type of sex they want.

The classical approach to control street prostitution by the enforcement agencies is to arrest these women on the street. Most women had been arrested at least once for common prosti-

NEEDLE PARK

Murder Camp

THE LINDESMITH CENTER

Switzerland's Heroin Experiment

Nadelmann, Ethan A. "Switzerland's Heroin Experiment." National Review 10 Jul., 1995:46-47.

The Swiss government is selling heroin to hard-core drug users. But in doing so the government isn't offhandedly facilitating drug abuse: it's conducting a national scientific experiment to determine whether prescribing heroin, morphine, and injectable methadone will save Switzerland both money and misery by reducing crime, disease, and death.

The Swiss deal with drug users much as the U.S. and other countries do--prisons, drug-free residential treatment programs, oral methadone, etc.--but they also know that these approaches are not enough. They first tried establishing a "Needle Park" in Zurich, an open drug scene where people could use drugs without being arrested. Most Zurichers, including the police, initially regarded the congregation of illicit drug injectors in one place as preferable to scattering them throughout the city. But the scene grew unmanageable, and city officials closed it down in February 1992. A second attempt faced similar problems and was shut down in March 1995.

So Needle Park wasn't the solution, but the heroin-prescription program might be. In it, 340 addicts receive a legal supply of heroin each day from one of the nine prescribing programs in eight different cities. In addition, 11 receive morphine, and 33 receive injectable methadone. The programs accept only "hard-core" junkies--people who have been injecting for years and who have attempted and failed to quit. Participants are not allowed to take the drug home with them. They have to inject on site and pay 15 francs at approximately $13 per day for their dose.

The idea of prescribing heroin to junkies in hopes of reducing both their criminal activity and their risk of spreading AIDS and other diseases took off in 1991. Expert scientific and ethical advisory bodies were established to consider the range of issues. The International Narcotics Control Board--a United Nations organization that oversees international antidrug treaties--had to be convinced that the Swiss innovation was an experiment, which is permitted under the treaty, rather than an official shift in policy. In Basel, opponents of the initiative demanded a city-wide referendum--in which 65 per cent of the electorate approved a local heroin-prescription program. The argument that swayed most people was remarkably straightforward: only a controlled scientific experiment could determine whether prescribing heroin to addicts is feasible and beneficial.

The experiment started in January 1994. The various programs differ in some respects, although most provide supplemental doses of oral methadone, psychological counseling, and other assistance. Some are located in cities like Zurich, others in towns like Thun, which sits at the foot of the Bernese Alps. Some provide just one drug, while others offer a choice. Some allow clients to vary their dose each day, while others work with clients to establish a stable dosage level. One of the programs in Zurich is primarily for women. The other Zurich program permits addicts to take home heroin-injected cigarettes known as reefers, or "sugarettes," (since heroin is called "sugar" by Swiss junkies). It also

conducted a parallel experiment in which 12 clients were prescribed cocaine reefers for up to 12 weeks. The results were mixed, with many of the participants finding the reefers unsatisfying. However, since more than two-thirds of Swiss junkies use cocaine as well as heroin, the Swiss hope to refine the cocaine experiment in the future.

The national experiment is designed to answer a host of questions that also bubble up in debates over drug policy in the United States, but that our drug-war blinders force us to ignore. Can junkies stabilize their drug use if they are assured of a legal, safe, and stable source of heroin? Can they hold down a job even if they're injecting heroin two or three times a day.? Do they stop using illegal heroin and cut back on use of other illegal drugs? Do they commit fewer crimes? Are they healthier and less likely to contract the HIV virus? Are they less likely to overdose? Is it possible to overcome the "not in my back yard" objections that so often block methadone and other programs for addicts?

The answers to these questions are just beginning to come in. In late 1994, the Social Welfare Department in Zurich held a press conference to issue its preliminary findings: 1) Heroin prescription is feasible, and has produced no black market in diverted heroin. 2) The health of the addicts in the program has clearly improved. 3) Heroin prescription alone cannot solve the problems that led to the heroin addiction in the first place. 4) Heroin prescription is less a medical program than a social-psychological approach to a complex personal and social problem. 5) Heroin per se causes very few, if any, problems when it is used in a controlled fashion and administered in hygienic conditions. Program administrators also found little support for the widespread belief that addicts' cravings for heroin are insatiable. When offered practically unlimited amounts of heroin (up to 300 milligrams three times a day), addicts soon realized that the maximum doses provided less of a "flash" than lower doses, and cut back their dosage levels accordingly.

On the basis of these initial findings, the Swiss federal government approved an expansion of the experiment @ne that may offer an opportunity to address the bigger question that small-scale experiments and pilot projects cannot answer: Can the controlled prescription of heroin to addicts take the steam out of the illegal drug markets? Switzerland's prescription experiment fits in with the two-track strategy Switzerland and other Western European countries have been pursuing since the mid-1980s: tough police measures against drug dealers, and a 'harm reduction' approach toward users. The idea behind harm reduction is to stop pretending that a drug-free society is a realistic goal; focus first on curtailing the spread of AIDS-A disease that will have cost the U.S. $15.2 billion by the end of 1995, and the lives of over 125,000 Americans--and later on curtailing drug use.

The effort to make sterile syringes more available through needle-exchange programs and the sale of needles in pharmacies and vending machines epitomizes the harm-reduction philosophy. Swiss physicians and pharmacists-along with their professional associations-are outspoken in their support of these initiatives. Study after study, including one conducted for the U.S. Centers for Disease Control, show that increasing needle availability reduces the spread of AIDS, gets dirty syringes off the streets, and saves money.

The Swiss have also created legal Fixerrdume, or "injection rooms,' where addicts can shoot up in a regulated, sanitary environment. Swiss public-health officials regard this harm-reduction innovation as preferable to the two most likely alternatives: open injection of illicit drugs in public places, which is distasteful and unsettling to most

non-addicts; and the more discreet use of drugs in unsanctioned 'shooting galleries" that are frequently dirty, violent, controlled by drug dealers, and conducive to needle sharing. Five Fixerrdume are now open in Switzerland. Initial evaluations indicate that they are effective in reducing HIV transmission and the risk of overdose.

So what does the future hold? Last month, Switzerland's governing body, the Federal Council, voted to expand the number of prescription slots to 1,000: 800 for heroin, 100 each for morphine and injectable methadone. Interior minister Ruth Dreifuss, who initially was skeptical of the experiment, is now a strong supporter. She is backed by the ministers of justice, defense, and finance, who together constitute what has become known as "the drug delegation' of the Federal Council. The three leading political parties have combined to issue a joint report on drug policy that supports the heroin experiment and other harm- reduction initiatives. Outside Switzerland, the Dutch are about to embark on their own modest experiment with heroin prescription. The Australians, who recently conducted an extensive feasibility study, seem likely to start a heroin-prescription i program. In Germany, officials in Frankfurt, Hamburg, Karlsruhe, Stuttgart, and elsewhere are seeking permission from the central government to begin their own heroinprescription projects.

While these countries experiment with more sensible and humane approaches to drug policy, the United States clings to a war not only against drug dealers, but also against drug users. Most scientific researchers studying drug abuse acknowledge that the Swiss experiment makes sense socially, economically, and morally. The point of these innovations i isn't to coddle drug users. It's to reduce the human and economic costs of drug use--costs paid not only by users but also by non-users through increased health, justice, and law-enforcement expenditures.

But no distinguished researcher seems prepared to take on all the forces blocking a heroin-prescription experiment in the United States. Through our reticence, we are shutting our eyes to drug policy options that could reduce crime, death, and disease and ultimately save this country billions of dollars.

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* ZURICH -- As U.S. communities continue to experiment with programs to cut drug addiction and HIV infection spread by drug users, some have cited European experiments with the decriminalization of drug use. But before venturing further in this direction, policy makers should acquaint themselves with an elaborate new "scientific" program set in motion in 1992 in Switzerland, which has the highest per-capita rate of drug addiction and HIV infection in Europe.

Seven hundred of the 30,000 to 40,000 opiate addicts in Switzerland were targeted; nine cities participate. The experiment -- in which heroin, morphine and methadone are administered intravenously, orally and by smoking -- is scheduled to end in December 1996. Previously, the Swiss addicts were concentrated in central parts of major cities, such
* as "Needle Park" in Zurich. But the result was increased drug use, crime, violence and prostitution, which quickly became intolerable. So the addicts are now in government-sponsored centers and "shooting galleries."

In analyzing this "scientific" project, I met with its administrators and evaluators and visited the major heroin distribution center,
* Arbeitsgemeinschaft fur risikoarmen Umgang mit Drogen (ARUD), in Zurich, which currently treats 70 to 80 heroin addicts. Most have a criminal record, are unemployed and are on social welfare. Nearly half are HIV positive. A majority of the patients are multidrug users, and many use cocaine in addition to the heroin they're given at the center. Their outside drug use, however, does not prohibit their participation in the program. Urine analysis to monitor drug consumption is conducted once a month on a set day because "the treatment in our center is based on trust," said Andre Seidenberg, director of ARUD.

The center is easily accessible and anyone can enter. A half-dozen people sit in the waiting room smoking specially developed cigarettes containing 100 milligrams of heroin, which are distributed by the receptionist behind the window. She also provides syringes with heroin up to nine times a day and a maximum of 300 millligrams. Each addict is listed in a computer system that monitors his consumption. The injecting room, off the entrance, contains a large mirror used to provide the

addicts with a better view of their veins, so they can inject more efficiently, explained the director. Why feed heroin to the addicts? "Because the addicts prefer heroin [to methadone]," responded Dr. Seidenberg, "and we should give them what they want without conditions."

The design of the project calls for supervision of the injecting process, to make sure the addicts don't save the drugs to sell them later on the street, but I saw none. Although the addicts return the syringe after the injection, they could easily inject the heroin into a small container to be sold later. Moreover, in addition to the injectable heroin, they are given 26 heroin cigarettes to be used at home overnight. The heroin costs the addicts about $12.50 a day, covered by health insurance, the City Council, the canton (state) or the federal government. The design of the project also calls for support services -- especially psychiatric and medical treatment, job training, occupational therapy, etc. But none of these are available at the center.

In an emergency, the addict is sent either to a psychiatric hospital or to an emergency room. As for therapy: "There is no proof that there is long-term effect to therapy -- therapy doesn't make a difference," Dr. Seidenberg said. And as for work, "you go when you feel like it -- you really don't have to [work]," according to Ueli Locher, the deputy * director of the Department of Social Services of Zurich.

The Swiss experiment originated from a desire to reduce HIV infection among the population. Complementing this experiment are information programs and pamphlets supplied to teenagers, young adults and adults. This information equates homosexuality and drug addiction and describes both as "alternative lifestyles." Both sexual activity and drug use are described in detail with illustrations and the motto that "if you want to experiment -- do it well."

Currently, according to Mr. Locher, "cocaine is not given [to addicts] because of political reasons." But he and his comrades in drug liberalization hope that this will change and that all drugs will be available to those who need them. Drug supply by the government is supposed to reduce the number of addicts, but so far there is no indication that fewer people are taking illegal drugs in Switzerland. There are no signs that crime and violence have gone down. And the Swiss taxpayer is footing the bill for a growing number of AIDS patients, more welfare recipients, and a growing police force.

Ms. Ehrenfeld is the author of "Narco-Terrorism" (Basic Books). She is currently writing a book on the movement to legalize drugs.

(See related letter: "Letters to the Editor: Swiss Program Rescues `Hopeless' Addicts" -- WSJ Sept. 27, 1995)

I0607 * End of document.

Source: Wall Street Journal, September 6, 1995

Lessons From Needle Park

DOCUMENT 14 OF 16
WP9415147251
OP/ED
* Lessons From Needle Park
Arnold S. Trebach
908 Words
6077 Characters
03/17/92
The Washington Post
FINAL
a17
OP-ED

There was a typographical error in Tuesday's op-ed piece by Arnold S. Trebach. The affected sentence should have read: "Switching drug strategies to any form of descriminilization or legalization should not mean having no laws or restrictions. (Published 3/21/92)

Like The Post, I too have long been skeptical of the Swiss
* experiment in Platzspitz, also known as "Needle Park." However, it was wrong for The Post to take the recent closing of the park as evidence that all drug-policy reform proposals - in particular,
* clean needle exchange and legalization - are equally ill-conceived {editorial, Feb. 29}.

* Needle Park evolved as a compromise between addicts who congregated at Platzspitz and local officials. The Swiss attempted
* to "ghettoize" the drug problem in Zurich by isolating drug users at a location away from the main parts of the city. Within the confines
* of the park, a drug free-for-all flourished. Outside Needle Park, possession, sale and use of drugs were still illegal.

This localized decriminalization plan served the city's interest in reducing the number of drug dealers and users on the streets. It also made it possible to focus addict-outreach programs in one central locale. But many aspects of the plan were not managed effectively. For instance, the plan did not deal with how addicts would get their drugs or who could come into the park. The result: Drug users and dealers of all ages and nationalities were free to join the chaos at Platzspitz.

Things could have been done differently to stem the major problems before they happened. Switching drug strategies to any form of discrimination or legalizing should not mean having no laws or
* restrictions. Indifference to age limits for entry to Needle Park was clearly one of the worst mistakes made by the Swiss. Failure to

* ensure that park users were residents of Zurich also created huge problems.

Planners could have removed the financial incentive for drug dealers to frequent the park in search of customers. The Swiss might have employed a system similar to the one I have seen work in Liverpool, England, where clean needles are given out to all, and some doctors provide medicinal drugs to their addict patients. This
* strategy curtails the spread of AIDS through needle sharing, eliminates the drug dealer from the equation and ensures that a minimum number of nonaddicts will begin using drugs.

* But these criticisms of Needle Park are secondary to its major flaw. Because of the Swiss desire to isolate drug users from the rest of society, planners opted to allow public drug use in the park. While there are advantages to bringing the drug problem above ground in order to deal with it, the Swiss went too far. The spectacle of strung-out addicts lying on benches and on the grass oblivious to the world is clearly unfit for a public place.

Still, to construe this scene as an example of what drug
* legalization or even needle exchange programs would bring to the United States is disingenuous at best and maliciously deceptive at worst. No responsible advocate of drug policy reform I know - and I know many such people worldwide - supports allowing the public use of drugs as part of the transition to a new policy. Indeed, many of the proposed legalization and decriminalization plans I have seen call for harsh sanctions against those who use drugs in public or work or drive while intoxicated. Most plans would discourage the rise of "drug pubs" similar to alcohol bars.

While reformers would not emulate most aspects of the Swiss experiment, we would not choose to make denial of the realities of drug use, addiction and AIDS a national policy either. Outreach
* programs such as sterile needle exchanges, which played a role at
* Needle Park, bring addicts into contact with health care workers and help prevent the spread of AIDS. They should be part of our drug policy.

* The Bush administration refuses to consider needle exchange
* programs because it fears creating an American Needle Park.
* Administration officials need only look at the needle exchange programs in New Haven; Tacoma, Wash.; San Francisco and other U.S. cities to see that such programs can be run effectively without increasing drug use and without allowing public use. In addition to the Liverpool program, I have also seen firsthand the successful
* needle exchange programs in Amsterdam. In contradiction to The Post
* editorial, Dutch policy never duplicated the Needle Park scene by
* allowing public drug use. In fact their needle exchanges are operated out of nondescript buildings.

* Unlike those who would like to use the closing of Needle Park

Source: Washington Post, March 17, 1992

to rebuke proposals for conscientious drug policy change, I believe we can learn from the mistakes of the Swiss. We can hardly feel vindicated by their failure, as deaths from drug-trade homicides and AIDS are at much higher levels in the United States. We need to find ways to respond to these problems. The lesson of Platzspitz is simply that frustration with total prohibition can breed bad models of drug-policy reform.

* The addicts of Zurich are still there. American addicts are wandering our streets. They all need our help, and we need to find ways to bring them in. As long as we continue defining them as despised outlaws, they will keep living outside the law. One thing is certain: As the Swiss are again faced with the prospect of drug dealers and addicts wandering the streets of their cities, they will not be looking to the United States for guidance on what to do about the problem.

The writer is a professor of criminal justice at American University and president of the Drug Policy Foundation, an independent think tank on drug policy alternatives.

I0607 * End of document.

Source: Washington Post, March 17, 1992

Zero Tolerance for Addiction

DOCUMENT 27 OF 30
WP9415147364
OP/ED
LETTERS TO THE EDITOR
Zero Tolerance for Addiction
212 Words
1524 Characters
03/30/92
The Washington Post
FINAL
a16
LETTER

I was disappointed in the analysis offered by Arnold Trebach * in his "Lessons From Needle Park."

We have learned some profound lessons from the Swiss experiment. Addicts need our help, not further misery. Addiction requires serious treatment efforts, not the means to maintain the grip of chronic drug use. Similarly, needle-exchange programs send the wrong message. The message is that drug use is tolerable within limits (which it is not), that addiction can be handled (which it cannot) and that our society can tolerate addiction (which we cannot and should not).

Academics like Mr. Trebach see the drug war as counterproductive and look for ways to minimize the nation's * progress. But if the Swiss "needle park" instance proves anything, it is that needle-exchange programs fail the people who need our help most.

In 1991 there were almost 2 million fewer drug users than in 1988, thanks in part to the president's strong stance against illegal drug use. We need to maintain this steadfast commitment. Our objective is to get drug users into effective treatment programs while deterring new drug use. Anything less would be inhumane and unfair, both for addicts and for the nation as a whole.

BOB MARTINEZ
Director
Office of National Drug Control Policy
Executive Office of the President
Washington

I0607 * End of document.

Second Thoughts in Switzerland

DOCUMENT 30 OF 30
WP9415152580
EDITORIAL
Second Thoughts in Switzerland
461 Words
3128 Characters
02/29/92
The Washington Post
FINAL
a22
EDITORIAL
(Copyright 1992)

AN EXPERIMENT prompted by good intentions has failed in Switzerland. In response to the rising rate of both heroin addiction and AIDS in that country, city authorities in Zurich decided in 1989 to create a refuge for addicts in a park near the main railroad station. Because of this central location, the area, known as
* Platzspitz, was easily accessible to addicts, and because it is on a peninsula of land it was easily avoided by the general public.

The idea was to gather the addicts in a convenient place to keep them out of the increasingly frightened residential neighborhoods, while also making medical care, free syringes and condoms available at a place of congregation. But in order to draw drug users, a moratorium on arrests for possession and use was declared, and small sales were ignored.

In theory, it was a thoughtful, well-meaning plan. In practice it was a disaster. A few hundred addicts came in the beginning, but as the word spread, tens of thousands congregated, many from other countries in Europe. By last year, drug dealers from as far away as the Middle East had moved in.

International coverage of conditions in the park, including some stories in this paper, presented a picture of young people shooting up, hallucinating, acting wild or staring, stoned, into space. Television images were powerful. In Zurich, citizens were quickly disillusioned. There were increases in theft and violence in the area and almost continuous medical emergencies. Last year, there were 81 drug-related deaths in the park.

* Swiss officials closed Platzspitz in February, and though they fear the dispersal of addicts throughout the city, they could no longer tolerate either the flood of outsiders or the chaotic conditions in the park. The incidence of AIDS in Switzerland is still high, though authorities claim that the rate of increase among intravenous drug users in Zurich has been slowed. Is there more addiction? That is not yet known. Statistical comparisons are hard

to make because of the influx of addicts from other cities in Europe. But even some of the park's users have said that the absence of barriers to use and the easy availability of drugs in a public place attracted youngsters.

There must be a better way to reach addicts and to deal with AIDS in that population. That effort must continue. But an important lesson can be learned from the Zurich experience and from a similar experiment in Amsterdam, where drug use in public was tolerated. Notwithstanding the crime and related social problems associated with the drug culture, addiction itself is a terrible condition - degrading, dehumanizing and dangerous. One glimpse of
* the faces in the crowds at Platzspitz should convince even the most fer-vent reformer that legalization is the wrong way to go.

I0601 * End of documents in list. Press ENTER or enter another command.

Source: Washington Post, February 29, 1992

DOCUMENT 4 OF 33
WP9415143160
OP/ED
LETTERS TO THE EDITOR
Needle Exchanges and the Spread of AIDS
289 Words
2082 Characters
04/22/92
The Washington Post
FINAL
a20
LETTER

In two recent articles {"New Needles for Old," Close to Home, April 12, and "Needle Trades Win Favor," front page, April 13}, advocates of clean needle exchange programs allege that such initiatives will decrease the spread of AIDS among IV drug abusers. This assertion labors under several flaws.

First, many studies that proponents of needle exchange rely upon to bolster their case are methodologically flawed. In a major effort in Amsterdam, an oft-cited example of the success of needle exchange programs, researchers failed to collect data from more than 50 percent of the study population. This fact undermines the ability of analysts to assess the impact of their program. Similar studies have lacked appropriate control groups, which also weakens their value.

Second, other research projects have shown that needle exchange programs may increase the spread of AIDS. For example, data from a study in Manchester, England, revealed that IV drug users who regularly exchanged needles were more likely to share needles than those who did not.

Third, there is the legitimate concern that needle exchange programs may keep IV drug users out of rehabilitation programs. In other words, if IV drug users face less difficulty in perpetuating their addictions, they simultaneously have less incentive to seek treatment.

Needle exchange programs may only serve to keep addicted those who would otherwise opt for treatment. Adopting needle exchange programs, therefore, might result in our doing a disservice to people we are trying to help.

Finally, at least one needle exchange effort has been an abysmal failure. Recently, in Switzerland, government officials were * forced to close "needle park." In that park, where needle exchange

was allowed, used needles lined the streets and posed a public health threat to all.
ANDREW SHORR
Potomac

I0607 * End of document.

DOCUMENT 14 OF 33
LATM9400355728
PART-A; Advance Desk
* Police Losing Patience Over Zurich's `Needle Park'
Drugs: Proponents say experimental distribution of sterile syringes and needles to combat the spread of diseases is working. Critics say it encourages consumption.
MITYA NEW
REUTERS
726 Words
5020 Characters
11/04/90
Los Angeles Times
Bulldog
5
Wire

Late every afternoon, drug dealers and users throng around a converted public toilet in Platzspitzpark, an experimental open drug market by the scenic Limmat River.

They cook up mixtures of heroin, cocaine and methadone, shooting them into arms, legs, ankles and necks.

* It is rush hour in "Needle Park," and some addicts are already slumped to the ground in a stupor.
* For drug users, Platzspitz, a narrow wooded peninsula jutting into the Limmat, is utopia.

But police are starting to lose patience over the park.

They say it is becoming increasingly dangerous and are threatening to withdraw their cooperation with a city policy that permits the open drug scene, provided it is small-scale.
* Platzspitz is also the scene of a city project to distribute sterile syringes and needles to combat the spread of AIDS-acquired immune deficiency syndrome-among drug users.

"It is much better here since they started the service," said a swaying, 21-year-old Yugoslav male prostitute who had just taken his daily cocaine injection.

Critics of the Zurich Intervention Pilot Project (ZIPP), which distributes more than 8,000 syringes and needles a day, as well as about 200 condoms, say the park encourages drug consumption and attracts addicts from all over Europe.

Tales of addicts mugging people by threatening them with possibly AIDS-infected needles are part of city lore. The tabloid newspaper Blick refers to the park as "Zurich's Drug Hell."

Police have complained that the city policy means that they are powerless to maintain order in the park. In October, police representatives confronted the city government by calling a news conference and saying the policy should be abandoned.

"The policy of the City Council disturbs us. We can't have a free hand down there," the head of the Police Officers' Assn. said.

"The climate is getting harder and harder down there," another police spokesman said. "The users and the dealers are getting tougher and officers have been attacked and threatened with needles."

Police say they seize on average 2.2 pounds of heroin or cocaine a week at the park and are confiscating an increasing number of guns and knives.

Those running the intervention program support the city government in saying the project is the only way to deal effectively with drug addiction and its inherent problem of AIDS.

"We have to live with the drug problem; nobody in the world has been able to eradicate it," said Peter Grob, a founder of ZIPP.

City Councilman Robert Neukomm said, "The drug problem cannot be solved by tougher police measures, although we certainly need a * police presence at Platzspitz. It's better to have the drug scene * concentrated at Platzspitz where we can see it than hidden in the alleys of Zurich."

Grob, under attack for promoting a permissive drug culture, answered: "What we do here is break the link between drug addiction and the transmission of AIDS."

Through a window in the converted public toilet, doctors and medical students hand out one sterilized syringe and needle for every used one discarded into a large, blood-spattered vat.

Sterile wipes, creams for damaged veins and, on request, fresh water are also available.

"I prefer to give them clean water than have them go to the Limmat River," said Regula Haeseli, a ZIPP nurse, as she turned to help a woman who burst into the room bleeding from a broken needle embedded in her arm.

Grob said the project, which is funded by an annual $1.1-million grant from the city, the canton and the federal government, is the cheapest AIDS prevention program available. AIDS, which is transmitted through blood and other bodily fluids, strips the body

of its defense against disease.

According to official statistics, by the end of August 12,198 people in Switzerland were AIDS carriers and 1,462 were suffering the full disease.

* Of the 2,000 to 2,500 people who visit Platzspitz every day, about one in four are "socially integrated" people with regular jobs, Grob said.
* About 500 are hard-core cases who virtually live at Platzspitz, he added.

"The addicts are not dangerous," Grob said.

A party of schoolchildren walked by and stared at a junkie who collapsed. He began to shake uncontrollably.

A ZIPP doctor came running, donned surgical gloves and revived him with oxygen.

"This happens almost every day because of the cocktails they mix," Grob said. "Luckily we catch most of them before it's too late."

I0607 * End of document.

DOCUMENT 18 OF 33
LATM8500229935
1; Advance Desk
Assist Drug Users in Heart of Zurich
Swiss Try Radical Approach in Fighting AIDS
KEVIN LIFFEY
Reuters
884 Words
5750 Characters
10/01/89
Los Angeles Times
Bulldog
5
Wire

These days even the newcomer to Switzerland's most opulent city knows where to get a fix and shoot up in peace.

Since the start of the year Zurich has set aside a zone where small-time drug dealing and taking are unofficially tolerated and monitored by medical services.

Switzerland has the highest rate of acquired immune deficiency syndrome in Europe, and Zurich, the country's biggest drug-center, had to find a radical way to stop drug users from spreading the

disease.

However, a wave of drug-related crime-culminating in a grisly murder-threatens to intrude on a population that would rather be left to high finance and art-dealing.

Zurich's junkies gather every day around a disused iron
* bandstand on the Platzspitz-a spit of parkland bounded by two rivers but only 200 yards from the city's shopping and banking quarter-to peddle, cook fixes and inject.

Syringes Exchanged

In a converted public toilet, volunteers exchange fresh syringes for used ones, dispense sterile wipes and condoms and chat to the endless line of addicts at the window.

Swapping syringes helps cut needle-sharing, one of the sure-fire ways to transmit AIDS. Authorities estimate Zurich has up to 800 carriers.

The volunteers distribute 6,000 needles a day.

As a result, for most citizens the once-beloved park has become
* a no man's land, its name transformed into "Platzspritz" or "Needle
* Park." The tabloid Blick now refers to it as "Zurich's Drug Hell."

While the city and federal governments approved funds for syringes and medical care for the addicts, police say this undermines the law.

Futility of Punishment

Drug taking and dealing are strictly illegal, although a federal commission has acknowledged the futility of punishment and called for both to be legalized if the quantities are small.

"We do not tolerate dealing . . . . The clear task of the police is to enforce the law. That goes from hashish to hard drugs," Arthur Grob, second-in-command of Zurich's drug police, told Reuters. "But the open drugs scene has political support through
* the help given on the Platzspitz."

The city police say the park attracts drug tourism from all over Switzerland and Europe, with an inevitable rise in crime.

* "The Platzspitz is a magnet for people from all over . . . . There's been an increase in all crime from pickpocketing to burglary and robbery, much of it directly linked to drugs," Grob said.

Lack of Resources

He accepts there is little point in arresting small-time addicts. But many users sell to finance their habit, and police say they would arrest and charge all dealers if it weren't for the lack of resources.

They would like the park cleared and the addicts dispersed. Every two weeks or so they raid the park, sealing off the area and checking the identity of everyone there. But they detain only suspected criminals on a wanted list.

The contradiction between the strategies of police and the city council is evident. "It's politically very hard to carry out a raid when soup is just being dished out," Grob said.

The volunteers have protested against the police raids.

"The drugs are injected too quickly out of fear. The incidence of respiratory and heart stoppages is mounting," one action group said in a protest letter.

Breakthrough in Treatment

The volunteers, who staff a bus where the junkies can socialize, argue the park is a breakthrough in treating addicts as human beings.

* However, Platzspitz doctor Claude Bossy admits: "Yes, there are fights, rapes, murders. The drug Mafia are never far away."

The dividing line between life and death is thin on the

* Platzspitz.

During a Reuter interview with Bossy an addict ran into the van to say another addict had overdosed and fallen unconscious.

When the doctors reached the woman with an oxygen mask, she was shuddering violently, slumped on a bench, her eyes glazed. But repeated coaxing and mentions of her name penetrated the stupor and brought a hint of a nod.

She was lucky and did not need resuscitating, as one or two addicts do every day.

Difficulty of Treatment

Bossy explained the difficulty of treating overdoses when addicts have AIDS and suffer from a range of disorders that their immune systems cannot fend off.

Business at the bandstand had not stopped.

At messy tables some addicts offer a service to others-new syringes, a spoon and a flame for dissolving the small brown cubes of heroin in water and gauze pads to filter the impure drug solution.

They keep the gauzes. Their fee is the residue that, after ten or so filtrations, is enough for a fix.

Just across the park, visitors to the stately neo-Gothic National Museum have a good view of the proceedings as they sip tea in its courtyard.

Putting Problem Out of Sight

Grob sees the desire to put the drug problem out of sight as one

* factor behind the establishment of the Platzspitz.

"Everyone says, help them, yes. But not in my neighborhood."

Bossy adds: "The politicians weren't unhappy to have them all somewhere where they aren't so conspicuous."

But both admit bringing the "scene" into the open might make it easier for the first-time user to start taking drugs.

An evaluation now in progress will show if costs to the city of

7094 Characters
05/29/89
The Washington Post
FINAL
a18
NEWS FOREIGN

The youth strode swiftly into the tree-shaded Platzpromenade park just behind Zurich's graceful National Museum, his dirty-blond curls bouncing with his gait. He had the furrowed brow of someone on an important mission.

Five minutes later, after a visit to the open-air drug market around the bandstand and a quick stop at the nearby health station for a free syringe, he was sitting on the grass shooting heroin into his arm as calmly and openly as if he were taking a drink of soda.

Mission accomplished, the brow unfurrowed.

All around him-under trees, on benches, beside statues; alone, in couples or in little groups-scores of other youths were shooting up with similar abandon and, for many, desperation. It was another * day in Zurich's Needle Park, a free-fire zone for drug addicts instituted by city fathers in an experimental effort to control the spread of AIDS.

Switzerland, the home of Heidi and discreet bankers, is also home to the highest per capita AIDS rate in Europe, just ahead of France and Denmark. With 7.6 victims per 100,000 inhabitants, Switzerland has not come close to the U.S. level-31.4 victims per 100,000-but officials here have found that the infection rate is rising particularly fast among intravenous drug users.

A report last month from the Federal Public Health Office estimated that half the drug addicts in Switzerland have acquired the virus. The fear now is that this percentage could surge higher through the sharing of needles by drug users forced to hide their habit.

Zurich, with strong local authority in the Swiss confederal system, has responded by putting Platzpromenade temporarily outside the laws that make selling or using drugs an offense. Youths have understood they can come to the park, buy drugs in single-dose amounts and shoot up without fear of arrest. With the addicts thus concentrated, city health authorities have set up a first-aid station and a free dispensary for new syringes and skin sterilization pads in what used to be the park lavatory.

Police have orders to back away. Although they continue to fight the wholesale drug market, they have begun tolerating the small-time drug users who display powder for sale around a wrought-iron platform where in happier days a band used to oom-pah for strolling families.

Officers dressed in civilian clothes have been assigned to

prevent robberies or violence. But they stand aside as dealers sell plastic sachets of heroin or cocaine and junkies cook their solutions and slide needles into their veins.

The distraught Zurich police chief, Hans Frick, has told reporters he does not intend to seek another term in his elected office. In an interview with a French magazine, he said that neither he nor his men are happy with the city and cantonal authorities who decided on the drug enclave early this year in what appears to be an extension of recommendations from the Federal Public Health Office.

"Parallel to prevention of AIDS, it is important to preserve or reestablish understanding and solidarity toward affected people," the office said in its report. "Otherwise these people will go underground and will no longer be disposed to receive the information they have urgent need of and to accept the advice it is possible to provide them. . . . If satisfactory solutions are not found, particularly so that drug addicts have access to sterile syringes and condoms, these links in the chain of the infection's propagation will not be interrupted."

Platzpromenade has provided a solution in part because of its geography. The park, although it is near Zurich's main railway station and only a short walk from the renowned banking district, is naturally removed from the rest of the city, lying at the tip of a small peninsula formed by the confluence of the Limmat and Sihl rivers.

The park also has acquired a history as a refuge for the alternative cultures that grew out of the 1960s. At one point it was declared a "liberated zone." Graffiti spray-painted on a little snack stand at the entrance advocate "Revolution" in one line and "Resignation" in the other.

As if obeying the second injunction, a girl sat alone near the entrance, rubbing her nose and looking straight ahead. Beside her on the park bench lay a swath of white powder.

A couple moved behind her onto a stretch of grass bathed in sunlight. The girl knelt and began searching for something on the ground, making slow movements with her hands. The boy stood watching her, gently swaying. They found nothing.

Another youth, light-skinned and red-haired and tall enough to be a basketball player, marched back and forth with his hand outstretched, palm upward in search of something only he seemed to understand. A young man sporting a neatly trimmed beard and well-ironed clothes ran softly groaning toward several friends who had just made a purchase.

On a grassy patch just opposite the museum, a girl stripped off her sweater and, standing topless in the sun, began whirling her arm around in a windmill pattern while her companion knelt to heat up a dose. The couple, absorbed in anticipation, was in easy sight of

visitors pausing for a kaffee on the museum's back terrace.

Back under the trees, a slight haze of dust rose from the shuffle of hundreds of feet around the bandstand as potential customers moved from dealer to dealer looking for a dose at the best price. Out of the crowd came a slim blond girl in a miniskirt walking on long, delicate legs to a drinking fountain, where she rinsed off a syringe and headed back to the bandstand.

At the other end of the park, in the shadow of the high-rise Hotel Zurich, another girl walked up to a man and said something in German. When he responded in French that he did not understand, she switched to that language.

"Oh, you speak French?" she asked, her speech slurred and her blue eyes watery. She swayed precariously as she continued, "Do you want a man, I mean a woman? No? Okay. Good-bye."

As the sun fell and thunderclouds piled up over the city, an ambulance arrived. It rolled slowly down a gravel path to the health station. A youth was lifted inside, apparently unconscious, and a white-clad medic bent over him.

The ambulance moved away just as slowly as it had come. As it passed, two youths crossed through the dust cloud stirred in its wake, looking hungrily at the packets of white powder in their hands and seeming not to notice the receding vehicle.

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