

The *Platzspitz* Junkie Hell Still Haunts Me

André Seidenberg, physician and Swiss drug policy pioneer, remembers.

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Cemetery Sentiments

Drugs, trouble-making, bad grades. At the close of 1968, Sidi was expelled from school. Now, the party could begin in earnest. He made music and lived in a filthy shared apartment, pretentiously calling itself a commune. Sidi dubbed himself *Fitzlibutzli*, a local dialect version after the blood-splattered, feathery Aztec sun god *Huitzilopochtli*. He deemed himself an expert on drugs. After all, he had spent time in the venerable halls of the Central Library of Zurich reading several books on the subject, not to mention the original *Malleus Maleficarum* recipes.

Sidi was surrounded by the first local heroin junkies. Almost all of them are dead now. To keep from sliding completely off the planet, Sidi completed high school on the side in self-study. And since he had always had a foible for the brain, if for no other reason than how it dealt with drugs, at some point he began to study medicine.

While cramming for his state's exam, Sidi's apartment was open to anyone and everyone. Üse was Evi's boyfriend and Evi, who was also crashing at Sidi's, was a friend of Sidi's youngest sister. One evening, Sidi was sitting in front of the TV, watching the evening news. In the flickering blue shadows, Üse was laying on the mattress next to him. Sidi suddenly noticed that not only had Üse stopped talking, he had also stopped breathing. Sidi switched on the lights. Üse was rather blue in the face. Sidi applied CPR according to every rule in the book, the whole, horrid time thinking of the tabloid headlines, *Junkie Dead, Doctor Sat and Watched*. Well, that didn't happen. While Üse lay in the hospital, Sidi tore into him until he completely regained consciousness. The asshole thought he could pump as much dope into himself as he wanted, Sidi was there to save him. According to the grapevine, Üse died of AIDS ten years later. Shortly after that fateful evening, Sidi successfully completed his medical studies.

Sidi, that's me. I was a doctor for forty years, practicing in Zurich, Switzerland. Nearly half of the city's heroin junkies visited my practice at least once. That must have been about three and a half thousand junkies. Some of them came again and again over the years. Many of them called me, surprisingly enough, Sidi.

History in the Fading

Why bother rehashing the *Platzspitz* story and drug policy today? It was 25 years ago last February that the drug scene was successfully evicted from *Platzspitz* city park, hard by the Zurich train station and internationally nick-named *Needle Park*. My friend and colleague Peter Grob opined, "That's history in the fading!" And I can't just sit back and let that happen. Today's fears and dangers could easily play second fiddle to the threat drugs and AIDS posed to our society. Back then, each year in Switzerland alone, twice as many people died of drugs and AIDS as have died from terror attacks in all of Europe

since 2010. Not only was the peril proportionally much more ominous, society's fears were not virtually fueled. The horrors and death were on our streets, right in front of our eyes. Not long ago, Switzerland found itself at a crossroads, and chose to take the path of careful consideration instead of taking the one to ostracization, incarceration and destruction of fellow human beings. The success of Swiss drug policy is a success exemplifying liberal, humane Switzerland. I believe this is still important now, for Switzerland and elsewhere. Any society refusing to integrate its marginalized members is a looming danger to itself. Take the heroin epidemic in the USA's Rust Belt. And hardly anyone is aware of the catastrophe in many regions of the former Soviet Union. Then there's Iran, where a goodly percentage of the population is drug-dependent, suffering from tuberculosis, AIDS and hepatitis.

On February 5, 1992, police cordoned off and closed *Platzspitz* Park. For years, neglected, destitute Misérables on the brink of death were supplied with stuff, as were the regular joes and well-groomed staffers from the nearby international finance district directly behind the train station. More than 2,000 addicts were supplied with heroin and cocaine, and another thousand with cannabis and other drugs – daily. Just about anything illegal could be bought at *Platzspitz*. There, people dealt, shot up, whored and, not seldom died. How did things get so out of hand, and how could my city cope with it?

Nowadays, when an aged Sidi takes his dog for a walk in *Platzspitz* Park, he sees the ghosts of back then. He is overcome with oppressive solemnity, with cemetery sentiments. He sees the most desperate figures laying on the carousel in deepest winter, day and night at sub-zero temperatures, mummified in thick blankets, which did nothing to hide the stench of their decaying bodies. Dealing and doping till death do them part. They sent the doctors packing, knowing they were beyond medical help. This morning, my dog pisses on the bronze elk's legs. In those days, the elk's left eye oozed blood-red paint, as if some anonymous painter felt the need for this metaphorical mark of the *Platzspitz* horrors.

Peter Grob distributed his *ZIPP-AIDS* needles in the public toilet house. I remember – jostling crowds in front of the hand-in counter, addicts brandishing used, HIV-infected needles, scabby-faced dealers slinking about hissing, “Coke, sugar, you naaaaaame it, I's got it.” I can still hear the faded voices of the drug bazaar, the wind in the trees, the rustling footfalls in autumn leaves and I swear I can still smell the shit and putrefying garbage scattered on the ground. I gaze over at the stone bench by the *Singer's Memorial*. The same guy sat there all the time, his pants around his ankles, boring the needle here and there, searching for a living blood-vessel in his inner thigh. *Filterlifixers* (junkies extracting heroin from cigarette filters) with shopping carts shuffled over from the train station. Their sales counter a stolen construction plank laid over the cart, they set up shop, their wares injection utensils – spoons to hold the brown sugar, (contaminated street H, mixed with ascorbate or lemon juice), as it bubbled over a candle's flame; belts, water, the odd disinfectant, but most of all, new and used cigarette filters. The reward for the *filterlifixers'* efforts was residual heroin in filters. You could get a fairish shot from ten or twenty filters. Without exception, *filterlifixers* also got HIV and hepatitis C.

Five Years Drug Bazaar

At the end of the sixties, for the first time, all of two full-time police officers were assigned exclusively to drug-related crime. 25 years later, there were hundreds in the city, fighting the war on drugs. Drugs were the major reason for incarceration in Switzerland. As of 1967, drug users were banished from every nook and cranny of the city. Dozens of

restaurants, bars and clubs were closed, *Schwarzer Ring*, *Odeon*, *Blow-up*, to name just a few. Armed police cleared squares and parks all over the city, patrolling them for days or weeks to safeguard against relapse. *Riviera*, *Bellevue*, *Seepromenade* and *Hirschenplatz* were repeatedly subjected to this senseless rally through Zurich. The addicted, small-time dealers stayed addicted, simply shifting their businesses to wherever the police currently were not. New and increasingly younger customers were recruited, expanding the market with snow-ball effect logic. Finally, the police resigned to the inevitable and turned a blind eye to the drug bazaar at *Platzspitz* for five long years.

In the mid-eighties, HIV and AIDS fatalities were no longer limited to the marginalized. No one knew much about the new disease. Who is infected how and how easily? How often, how quickly does HIV kill its victims? It soon became clear that promiscuity and injecting drugs were the main driving forces behind the epidemic. 80 to 90 percent of shooters seeking medical help were infected with the AIDS virus. Switzerland had more HIV-infected citizens than anywhere else in Western Europe.

Fear and anxiety were logical consequences, but they often escalated into panic. This free society of autonomous individuals became afflicted with suspicion and hate. Regulars at the local bar, but also members of Parliament cried out for brand-marking the infected with tattoos, for even isolating them in concentration camps. Homosexuals, having finally attained a measure of societal acceptance at the beginning of the eighties, were horrified at the thought of being lumped together with junkies. Fortunately, rationality won out over rabidity.

However, only those agreeing to abstinence were given help. Those unwilling to kick the habit were denied guidance and medical care. Cold turkey, without any form of sedative or soothing support, was literally torture – agonizing pain throughout the body, uncontrollable shivering, diarrhea, terror. These symptoms only fade after several days, and not seldom never completely. Heroin addicts on turkey in fluttering hospital gowns revealing buttocks, pushed their IV poles with one hand, a cigarette in the other, and raced downtown to find a fix to deliver them from hell. Neither police, nor threats, not even the prospect of death can permanently hold sway over a heroin addict's yearning for stuff.

In 1983 and 84, I was an emergency doctor in Zurich. In the *Sihl* riverbed, junkies lived in micky-rigged huts of cardboard and tin. One had festering wounds on his fingers and legs. Was it a cocaine-induced necrosis or epidemic typhus from rat bites? Treating addicts was always a professional adventure. Back then, hardly anyone knew anything substantial about it. And then there was the brand-new HIV and AIDS, to boot. In 1984, my friend and physician Andreas Roose and I began voluntarily touring the city's shelters, where HIV contaminated needles were making the rounds like hash joints. Don't Bogart that joint, my friend. Pass it over to me! The risk to public health was obvious. Shelter workers and the private youth aid organization ZAGJP (Zurich Consortium for Youth Problems) spread the word on the dangers, distributing sterile syringes and needles.

Emilie Lieberherr, the Social Democratic Councilwoman and director of Zurich's Social Services, who suspected trouble from leftist intrigues, wanted to forbid the distribution of clean injection utensils in her institutions. We countered that we had prescribed the distribution for medical reasons. Lieberherr then appealed to the cantonal physician, Professor Gonzague Kistler, and mischief took the ball and ran with it. Zurich media was

full of the Needle Exchange Conflict, which escalated to such a point that, for a time, my professional existence was at risk.

Soon, a lucky coincidence turned the tables. Late one night, long after the city had rolled up the sidewalks, the emergency doctor was called to Hotel Trümpy, where he found a beleaguered Emilie Lieberherr. The medic and hotel owner helped the tall, stately councilwoman to the elevator. She peered down at her rescuer and said, "Aren't you that brazen young doctor, who is opposing my directives?" This gave the brazen young doctor – me – the opportunity to have a nice long chat with our magistrate. Lieberherr insisted on getting the big picture and allowed me to win her over. She subsequently, and passionately, led the campaign for a mitigating drug policy, gaining the city council majority.

In the needle exchange conflict, cantonal physician Kistler and health director Peter Wiederkehr threatened to revoke the licenses of recusant practitioners. In an inflammatory letter, Kistler told me it was imperative to protect "the upper echelon." In a self-incriminating campaign, more than 300 licensed practitioners signed a document declaring they would continue to provide addicts with clean needles and syringes. They were supported by the Zurich cantonal medical association, as prohibiting the action lacked even the ghost of legal or rational footing. The so-called needle exchange prohibition was the act of an imperious cantonal physician, who had no authority over licensed doctors anyway. Kistler, however, looked no further than the social psychiatric chairholder Professor Ambros Uchtenhagen, whose unshakeable opinion was that abstinence is the only true treatment option.

Threats to Life and Limb

In July 1986, I placed the following announcement in the Zurich *Tagblatt*, "*Dear Mr. Policeman, I urgently request you to refrain from collecting fresh syringes from junkies. Taking sterile syringes is against the law and may possibly lead to arrest or fines, as it has been proven that doing such poses a threat not only to the junkie's life and limb, but also, by propagating viruses, to public health.*"

The police had no right to confiscate injection utensils from drug users. The police rescinded the directive and the so-called needle exchange prohibition faded into obscurity. Health authorities, however, remained obstinate, as they considered any mitigating activity a barrier to and contradiction of abstinence, the ultimate therapy goal. It could only be due to sheer ignorance and ideological short-sightedness that led Uchtenhagen, in the name of health authorities, to issue a regulation allowing only registered injecting drug users to receive a fresh needle and syringe once a week (!), and only then when they had an official, stamped ration coupon.

At *Platzspitz*, ZAGJP, the Association of Independent Physicians (VUA) and the Red Cross launched a needle and syringe distribution campaign from a bus. The police tolerated the action. Since the onset of the eighties, immunologist Peter Grob had been inoculating members of the drug milieu against hepatitis and carrying out epidemiological field studies with blood test. Supported by the city of Zurich, he could now install a permanent needle exchange, ZIPP-AIDS (Zurich Intervention Pilot Project against AIDS), in the public toilet on *Platzspitz*. Approximately ten thousand sterile injection utensils were handed out daily, in exchange for used, HIV and hepatitis-contaminated syringes and needles, which were then properly disposed of. ZIPP-AIDS also offered anonymous HIV blood testing.

The shelters were over-flowing. I also organized emergency aid in Pastor Ernst Sieber's trailers and containers. Later, in 1988, his relief organization, *Stiftung Sozialwerke Pfarrer Sieber*, built the *Sune-Egge* on the *Konradstrasse*, an emergency treatment center for drug addicts. Although Sieber's primary focus was spiritual guidance, he also saw the necessity of minimalizing damage where possible.

At Emilie Lieberherr's behest, the Zurich city council invited the Basel Criminal Court president Peter Albrecht and myself to a drug policy hearing. Which measures could best reduce damages to both individuals and society on a whole? Suggestions included needle exchange, controlled consumption spaces, methadone and, taking things a step further, heroin consumption under a doctor's supervision. The minimal impact repression had on reducing the magnitude of drug consumption was firmly acknowledged, as was the need for the police force and judicial system to maintain law and order. City Council accepted some of the ideas, publishing *ten drug policy program points*.

Since 1986, the health department had been running the KfO (*Krankenzimmer für Obdachlose/infirmaries for the homeless*) on the *Kanonengasse*. The city opened a whole series of contact & drop-in centers for local injecting drug users. Until recently, the city health services had revamped a dozen cigarette machines to dispense injection utensils.

A Funeral a Week

Zurich and the Swiss gradually understood that though drug consumption is undesired, it cannot be completely eradicated. The transition from drug abstinence dogma to a damage reduction policy needed time to take hold. Initially, there was little evidence that not only the junkies profited, but also that society on a whole was less burdened. Needle exchange reduced the risk of AIDS, but, at first, everything just got worse.

As of 1985, my practice was located in Zurich-Altstetten. My partner Christian La Roche and I treated about 200 AIDS patients in our joint practice. Almost every week we found ourselves at a funeral. Back then, HIV-positive was a death sentence. No one knew how long the grace period would last until the AIDS showed its ugly face.

Enrique spent his days sitting on the waiting room sofa. He had nowhere else to go. His flesh wasted away to the bone, his eyes in deep caverns with long giraffe's lashes, blinking in slow motion and his smile as delicate as a whisper, Enrique was as beautiful as Death himself. Occasionally he'd take a sip through a straw before dragging himself to the toilet again. Torturous diarrhea put an end to him a few days later.

Marie, single mother of a delicate little girl, had AIDS. Triggered by her immune deficiency Marie suffered from the Cytomegalies virus, threatening her with blindness and suffocation. Twice a day, Marie had to inject ganciclovir into a rubber depot implanted under her skin. Her sweet little girl, dolled up in her chiffon skirt, led her half-blind, feverish and trembling mother through the stuffy, hot apartment. Marie soon died of pneumonia.

Gundula was an office worker. She also had an implanted catheter depot under the skin of her collar bone, into which she not only injected medication, she also injected cocaine and sugar cocktails. Gundula had an ivy-entwined tattoo on her mound of Venus reading, For You: In Life and Death. Gundula was HIV-positive. She worked up to the very end, in the office during the day and at night, pumped and flying on cocaine, with johns. She died of a bacterial valvular suppuration.

Long-finger, ah yes, Long-finger was in truth a pianist. He came to my practice much later, but we knew each other from our wild youth, living together in Zurich's noble district *Enge*. Ten pianists and one cellist shared the villa. The pianists lived in spacious salons, each with their own piano. I was the cellist; the nursery was enough for me. Of course, Long-finger had a different name back then. He was the youngest among us and lived with an elfin, older pianist. She had long hair and was already 21, sharing her bed and piano with him. She didn't notice when he began to shoot up, and when she did, she wanted to throw him out on his ear. But then she began to shoot up, too. Long-finger soon applied his sensitive fingers to thievery, breaking into drugstores. It took the police twelve years to finally catch him. Long-finger was not HIV infected. He shot only the best, always using clean needles. Realizing, after his long prison term, that it was street H or nothing, he came to me for methadone treatment. I recognized him immediately but was surprised to hear he was a junkie and had been since our commune days. Long-finger came at the right time. Finally, I could treat someone with methadone. The cantonal physician was forced per legal decision to approve the treatment. With methadone, Long-finger's life was spared. His beautiful pianist did not. She vanished into hell on the road to drug-heaven. Years later, after she was long dead, I was shocked to learn that the elfin pianist was none other than my patient Gundula. I would never have recognized her. I remember Annaliese, her twins and her son Pino. I remember Marco, Mona, Bodo, E.T., Jösi, Lisa. Hundreds of stories that need to be told.

Deadly Promises

For a long time, there was no effective medical treatment against AIDS. But what was truly unbearable was the torture heroin addicts suffered at the hands of the state. Even though methadone, as heroin ersatz, was a viable option for immediate medical help. It wasn't a cure-all but would at least provide relief and reduce damages. Despite admitting in his early 1980s WHO assessment that methadone was an effective treatment for opioid addicts, Ambros Uchtenhagen considered the methadone program a threat to his ultimate goal of permanent abstinence. All the way up to 1987, even terminally ill addicts had to wait more than three months before being granted methadone treatment. For many, this came too late. They were already dead.

Even now, in my older, supposedly milder days, I cannot hide my rage at the cluelessness and obstinate ignorance of the former health officials, who were paid out of the tax-payers' pocket. Yes, that was me, the obscure doctor who won every dirty legal conflict with the cantonal physician and the health authorities. They were powerless to revoke my license and were obliged to grant me authorization for methadone treatment. Soon, I was a common media figure, taking pleasure in exposing my opponents before the public. I remained a cheeky high school dropout, while they were the almighty powers that be with their empty promises. But their promises weren't just empty, in some cases they were deadly.

At the end of the eighties, many doctors had one or two patients in methadone treatment. In our shared practice in the *Altstetterstrasse*, Christian La Roche and I had up to fifty methadone patients, in addition to our other patients. Due to the enormous number of heroin addicts, city practices were overwhelmed. Thus, we founded an association for low-risk drug use (*Arbeitsgemeinschaft für risikoarmen Umgang mit Drogen – Arud*) and, in 1992, opened the first low-threshold methadone dispensary. We ignored the high-handed cantonal regulation that required proof of a failed withdrawal

attempt before approving methadone treatment for a limited time and solely as an emergency measure aiding withdrawal.

The drug scene simply refused to disappear, even after *Platzspitz* was shut down in February 1992. With truncheon, shields and tear gas, armed police herded droves of addicts through downtown Zurich, even over the genteel *Bahnhofstrasse*. There, at the defunct *Letten* train station and under the *Kornhaus* Bridge, the police left them to their devices, doing their best to contain the drug scene within the *Letten* area – in vain. District 5 was rapidly becoming a slum. Residential areas and schools degenerated, a hair's breadth away from dysfunctional. Families with children moved away.

Finally, integration structures

From the *Kornhaus* Bridge, Albanian and Nigerian drug mafia thugs directed their dealers and customers, who were milling below between defunct railroad tracks in a morass of syringe packages, needles and excrement, searching for a vein in the pale light of streetlamps. Access to emergency medical care and social work suffered a relapse. In the repatriation barracks there was only enough room to hold two dozen foreign drug users. Under the direction of Judge Barbara Ludwig, the same two or three hundred junkies were repeatedly deported back to the wealthy Zurich suburbs or Aargau Canton from whence they came.

It took three more ghastly years before the *Letten* district could be cleared and the public drug scene in Zurich finally closed on February 14, 1995. This time it would be for good. In the interim between shutting down *Platzspitz* and clearing the *Letten* area, enough infrastructure for integrating addicts into our society had been installed.

The *Arud*, low-threshold methadone dispensary model proved effective and was soon copied throughout Switzerland. Rich, conservative agglomeration communities were now able and obligated to tend to their own addicted children, taking pressure off the city's care system. Over the years, blanket medical and social care for drug addicts had been installed. Today, the majority of opioid addicts receive methadone treatment, leading completely, or nearly completely normal lives. Very few of them have stopped taking drugs.

25 years ago, a thousand people died each year of drug-related causes in Switzerland. Four hundred of them died of heroin overdoses, the rest primarily of AIDS, hepatitis and purulent infections. Of people in their thirties and forties, drugs were the major cause of death. Today, not only are overdoses increasingly rare occurrences, HIV infections can be effectively treated since 1996-97. Hepatitis C can not only be cured, there is hope it can be eradicated completely.

Historical concepts of drug policy often fail to recognize the disaster's most important catalyst – the addicts and their existential distress. An injecting drug user must shoot up heroin at least once, more likely twice or more times a day. He has no alternative and the need is immediate, nothing can keep him from it. The Swiss Four-Pillar Policy – Prevention, Therapy, Repression and Harm Reduction – was a good national compromise that filled the bill. The only truly new element was Harm Reduction. The efficacy of the other elements must still be viewed critically. Long-term prevention and abstinence-oriented therapy have yet to prove their worth in scientific studies. After detoxification cures, relapses are par for the course, often ending in fatal overdoses.

Thus, the abstinence ideal, as opposed to long-term methadone treatment, doubles or even quadruples excessive mortality, today as much as back then.

In 1994, I became medical director of the first heroin dispensary at Zurich's *Arud* outpatient clinic on the *Stampfenbachstrasse*. During the grand opening media circus, we proudly presented the diacetyl morphia vials altogether containing one half kilogram of pure, Swiss federal heroin. Since then, I privately refer to myself as the biggest small-time heroin dealer. The heroin tests were highly successful. Even the most dubious, die-hard junkies relinquished their dangerous, criminal or otherwise notorious lifestyles nearly immediately. And most importantly, nearly all of them survived. All the same, heroin treatment never went beyond the test phase and did nothing to alleviate drug-related misery. Less than three percent of addicts have received heroin treatment to date.

For many years, my anger was more powerful than my fear. I exposed myself and my family to considerable unpleasantness. We were subjected to telephone harassment, I was spit on, beaten and received death threats. More than once, I hurt myself with HIV infected materials. Each time, my wife and I anxiously sat out the three-month waiting period, until the laboratory results came. Was it worth it? I'd say yes. In any case, it was never dull and I hope I was able to help my patients – people just like me, struggling in life, just like I do.
