



Drug Consumption Rooms in Germany

A Situational Assessment by the AK Konsumraum

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INTRODUCTION

The conference on “Drug Consumption Rooms as a Professional Offer for Helping Addicts: International Conference on the Development of Guidelines” was held in Hannover in November of 1999. The 180 participants from Germany, The Netherlands, Switzerland, Austria, France and Australia discussed the central aspects of the work in drug consumption rooms (DCRs), safer injection facilities and drug injection rooms.

Up to that time, there were “health rooms” in Germany in the cities of Hamburg, Frankfurt and Bremen and later also Saarbrücken and Hannover. These functioned within a legal grey area but their pioneering work laid the groundwork so that drug consumption rooms could later be operated as a health-promoting offer of the drug and AIDS organisations on the basis of clear legal regulations (see overview of Stöver 1991). Since the continued degeneration of drug-consuming persons also became increasingly evident in other German cities, and due to the steadily increasing number of people dying as a result of an overdose, many employees of drug and AIDS organisations, drug consumers and other stakeholders refused to remain idle. There was growing interest in a regulated establishment of such offers and a spirit of optimism prevailed.

Even while the results of the akzept e.V. conference were still being documented, the 3rd amendment to the German narcotics law came into effect on 1 April 2000. This legitimised the operation of drug consumption rooms and established legal regulations. The German states were given the opportunity to allow the operation of drug consumption rooms by passing their own state laws

There are now (as of July 2011) 25 drug consumption rooms operating in 16 cities and six German states (Berlin, Hamburg, Hesse, Lower Saxony, North Rhine-Westphalia and the Saarland). While Hamburg operates five and Frankfurt am Main four drug consumption rooms, many other cities have to manage with fewer facilities and also with considerably restricted opening hours. As such, two ambulatory consumption rooms each are operated in Berlin and Cologne. All of the other cities such as Aachen, Bielefeld, Bochum, Bonn, Dortmund, Dusseldorf, Essen, Hannover, Münster, Saarbrücken Troisdorf and Wuppertal are limited to one drug consumption room each.

Berlin responded to the increasing decentralisation and fragmentation of the scene with the introduction of a mobile drug consumption room that stops at various meeting points of the Berlin scene.

The results achieved by the drug consumption rooms so far are impressive. Good results were achieved for all of the intended objectives, despite the fact that some developmental tasks still lie ahead:

- DCRs make a decisive contribution for survival assistance and risk minimisation when consuming illegalised drugs.
- DCRs provide a bridge function towards further medical and psycho-social support with their low-threshold and acceptance-oriented contact opportunities.
- DCRs make a significant contribution towards the reduction of problems related to the open drug scene in the cities.
- DCRs significantly contribute to limiting the spread of infectious diseases such as hepatitis and HIV, in addition to individual health protection.

The Deutsche AIDS-Hilfe (German AIDS Organisation) initiated a nationwide work group of drug consumption rooms (AK Konsumraum) for the first time in the year 2000, which has since met annually with the successive participation of all DCR operators. A platform was established for quality improvement, professional exchange, contextual continuing education (e.g. on infectious diseases, drug emergency measures, hygiene, de-escalation, support services, regulatory policy and linking with further assistance) and for continued development of the offers. A diversity of conceptual approaches has emerged from the practice, which has grown in various local, drug policy and legal frameworks and has its legitimation.

Due to the significant successes, the large range of conceptual approaches to the work and a multitude of high-quality accompanying offers, we aim to put the work and impact of drug consumption rooms into the national and the international spotlight. It is essential to also use this medium to review the guidelines on the operation of drug consumption rooms that were passed many years ago and to continue their development. It is essential to take stock of the situation.

The AK Konsumraum, as an open work group of all of drug consumption room operators in Germany, has assumed the task of demonstrating the conceptual variety, the successes and problems, as well as the challenges, for the future of drug consumption rooms.

This brochure documents the initial results of this work.

The History: From Tolerated Consumption to the Drug Consumption Room

Visible consumption of illegalised substances has always been a challenge, especially for the persons who are directly involved such as consumers, social workers, law enforcement and regulatory authorities, politics and rescue services. Projects of a newly established drug assistance to integrate drug consumption at facilities in order to avoid criminal prosecution by the police already started in the 1970s. Beginning in the mid-1980s – with the sudden danger of getting infected with the HIV virus and the rapid deaths due to AIDS – the exchange of needles and pioneer projects with integrated drug consumption such as housing projects and night-time offers for drug-related prostitution in Bremen or advice centres in Bonn were tolerated silently at times. In many places, they received the approval of politicians involved healthcare and social issues – even without a legal foundation. This inevitably gave rise to discussions about relocating the consumption of heroin and cocaine from the public space into facilities offering a controlled, hygienic and safe environment. In addition to health aspects, debates also emerged in several cities about the regulatory benefits of drug consumption rooms. The aim was to relocate public consumption from places that were also frequented by many people such as tourists and relocate them to a controlled – and for the most part invisible – environment. The social pedagogic initiative Sankt Georg (St. George) already wrote this demand in a brochure of 1991: "It is really time: rooms for drug users in Hamburg." However, quite a few years passed (even in Hamburg) after these projects that illegally allowed the consumption on their premises before the first official consumption facilities were created.

In order to avoid legal problems, the sanitary areas established by the sponsor freiraum e.V. in a remodelled public transit bus and at the Abrigado advice centre in Hamburg were renamed as "health rooms" in 1994. Consumption was tolerated there within the scope of safer use advice. Nonetheless, posters in the front of the bus and in the lounge area of Abrigado made it clear that the consumption of drugs was prohibited. Despite this act of walking on egg shells, an expert opinion by the Hamburg judicial authority came to the following conclusion:

"Health rooms are permissible"

(Source: Announcement by the State Press Office of the Hanseatic City of Hamburg).

At the end of 1994, this statement was reported by the press: "The Senate of Hamburg aims to revolutionise German drug policy – with drug-user lounges and heroin at the government's expense." The precarious situation in Germany's largest open drug scene –, the Taunusanlage in Frankfurt am Main – had resulted in almost 200 deaths in public spaces at that time and increasingly concerned the citizens, politicians and city government. The retired chief prosecutor Dr. Körner, Director of the Central Department of Combating Narcotics-Related Crime (ZfB), presented a legal opinion to an expert panel (the Monday Round Table) about the city's drug policy in May of 1993. This would have been considered a minority legal opinion elsewhere. According to Dr. Körner, the health rooms do not provide an opportunity for a determined drug addicts to consume drugs; instead, they are just offered the opportunity to consume substances that have already been acquired and brought with them in a "hygienic and stress-free" environment. Consequently, there should be no criminalisation of the place of assistance (in drug emergencies, for example) or its employees.

This legal opinion served as sufficient legal basis for the city, police and state attorney's office in Frankfurt am Main – where the first health room was opened in December of 1994 – until the federal regulations were established in 2000. In February of 1995 and May of 1996, this was followed by additional drug consumption room offers. Similar facilities were also opened in Lower Saxony (Hannover, Dec. 1997, cf. "On the Evaluation of the First Year of Operation" by Jacob et al., 1999) and in the Saarland (Saarbrücken, April 1999) that operated under the same legal conditions.



DCR Bielefeld

Legal Framework

Safety and Control During Use of Narcotics versus Informal Anonymous Consumption Opportunities

On 1 April 2000, the 3rd Amendment of German Narcotics Law (3. BtMG-ÄndG) came into effect as a uniform federal framework regulation following an agreement between the German Parliament (Bundestag) and the Federal Council (Bundesrat). The newly created § 10a of the Narcotics Law serves as a legal foundation for the establishment of drug consumption rooms in Germany.

A uniform German federal framework law was created that empowers the states to “*pass legal ordinances that regulate conditions of issuing permits.*” The aim was to legalise existing facilities and to add more of them. The newly included §10a was the main standard, which describes the legal definition of drug consumption rooms in paragraph 1: “Anyone who wants to operate a facility that provides drug addicts with the opportunity or *allows them to consume narcotics that have been brought with them and have not been prescribed by a physician on its premises requires the permission of the highest responsible state agency (drug consumption room).*”

The German legislature defined the provisions that must be met by state regulations that are passed in the future (10 minimum standards) in order to ensure the safety and control when using narcotics in drug consumption rooms:

1. Appropriate equipment of the premises that are intended to serve as a drug consumption room.
2. Arrangements to ensure immediate provision of medical emergency care
3. Medical counselling and assistance for the purpose of risk minimisation in the use of narcotic drugs brought by the drug-addicted persons;
4. Referral to abstinence-oriented follow-up counselling and therapy services;
5. Measures to prevent criminal offences under the Narcotics Law – other than the possession of drugs for personal use in insignificant quantities according to § 29 Sec. 1 Art. 1 No. 3 – from being committed in drug consumption rooms;
6. Cooperation with local authorities responsible for public order and safety is required to prevent, to the greatest extent possible, any criminal offences from being committed in the immediate surroundings of the drug consumption rooms;

-
7. A precise definition of the group of persons entitled to use drug consumption rooms, especially with respect to their age, the type of narcotic drug they may bring with them and tolerated consumption patterns; obvious first-time or occasional users must be excluded from using these rooms;
 8. Documentation and evaluation of the work done in consumption rooms;
 9. Continuous presence of a sufficient number of reliable staff whose professional training qualifies them to comply with the requirements listed in points 1 to 7;
 10. The appointment of a qualified person who shall be responsible for compliance with the requirements mentioned in points 1 to 9, the conditions of the permit-issuing agency and the instructions of the supervisory authority, as well as being able to fulfil the obligations incumbent upon him or her at all times.

The law mandates that operating permission shall only be issued if the state has passed an ordinance as a precondition that includes limiting regulations. Consequently, the establishment of drug consumption rooms is dependant of the political will of the respective state government for the time being. Local interests cannot be realised without support at the state level.

Conclusion

After 10 years of practice, we must conclude that the passed legal ordinances and the requirements of supervisory authorities (municipal agencies, police and state prosecutors) have had a rather restrictive effect on conceptual considerations and room to manoeuvre. These demarcations are seldom based on rationality and objectivity; instead, they tend to point to the balance of power of the stakeholders and highlight the dominance of regulatory interests.

The legal situation still appears to be a paradox: Dispensing, purchasing and possessing "hard" drugs are unequivocally worthy of criminal prosecution within the context of the legality principle. On the other hand, the operation of drug consumption rooms and the consumption of illegal substances within them is not. This contradictory construction must be painstakingly negotiated time and again in the legal reality of the daily practice, which does not lead to a sense of security for consumers, employees, law enforcement and regulatory agencies. Operating under these conditions puts a strain on all of

the involved parties and often results in restrictive house rules, as well as their rigid enforcement

Even ten years after the amendment to the Narcotics Law, not all states have passed the respective legal ordinances. The majority of states have not yet been able to decide upon the realisation of corresponding legal ordinances up to now due to political/ideological reasons or their assessment that there is no need for drug consumption rooms (see table on page 19).

The views of Bavarian politicians involved in healthcare and domestic issues – which is characterised by old ideologies and lacking professional expertise – has had an especially tragic impact. Nuremberg leads the sad statistics of cities where drug users suffer a senseless and avoidable death in train station bathrooms, parks or their own flats even today due to a lack of drug consumption rooms. The number of drug-related deaths has increased almost fivefold between 2005 and 2010 (from 6 to 29).

The state of Bavaria has “managed” to further increase the already exorbitantly high number of drug-related deaths in comparison to previous years. A total of 262 persons died there in 2010 (191 deaths in 2006, 242 in 2007, 247 in 2008 and 250 in 2009).¹

This obviously cannot be attributed just to the lack of drug consumption rooms; however, it is also the result of a one-sided drug policy oriented towards repression and prosecution. This means that the State of Bavaria quite deliberately omits the fourth pillar of drug policy – which is acknowledged in Germany and internationally – that puts an emphasis on measures of harm reduction and survival assistance.

Legal regulations create legal clarity but the situation is far from legal certainty in the practice. Many undefined legal terms create uncertainty, which leads to very different individual regulations at facilities that are respectively due to local and individual conditions. Arising conflict situations have been solved in practical experience without court litigations up to now, which meaning that (even) a court ruling defining the binding individual terms and conditions has not been necessary so far.

The stakeholders in the legally extremely sensitive area of drug consumption rooms (in almost no other field of social work does such a close proximity exist between social workers and police officers) perform their work in such a responsible way that no legal proceedings were initiated despite the daily “supervision.” From our perspective, the following development tasks will be necessary in the future:

¹ Source: Commissioner on Drugs, 2011

► A revision of state regulations so that there are no obstacles for the best practices (ideas and requirements that have been developed in the practise of drug consumption rooms). Examples of this are the expansion of the authorised circle of users and the permitted drugs and forms of application.

► Means of checking substances and their dosage in order to avoid unwanted effects and dangerous situations.

► Legal security for consumers, operators of DCRs and the law enforcement agencies through application of the discretionary powers principle.

General Goals of Drug Consumption Rooms

Drug consumption rooms have the goal of providing survival assistance, health promotion/prophylaxis and harm minimisation for drug consumers. The aim is to mitigate or prevent negative physical, psychological and social side-effects of consuming illicit drugs. Drug consumption rooms are integrated components of contact or advice services. To motivate drug users to accept corresponding assistance for drug-related health and social problems is an essential part of the work.

The following goal hierarchy can be described for each target group of consumers:

- Ensure survival;
- Ensure healthy survival;
- Prevention/treatment of social disintegration;
- Health- and psycho-social stabilisation;
- Support of responsible and controlled drug use;
- Support of individual removal from the drug scene and from individual dependency structures.

As discussed above, the establishment of drug consumption rooms also aims at the regulatory aspects. The intention is to reduce the public nuisance caused by visible drug consumption and concentrations of the scene. The city and its citizens are the target group or contracting entities within this context. Consequently, facilities with drug consumption rooms always also operate within the area of tension between regulatory policy and assistance. This creates a difficult balancing act between the differing needs of the various stakeholders.



DKR Nidda 49, FFM



Birkenstube vista gmbH Berlin

Preventative Health, Regulatory and Drug Therapeutic Goals of Drug Consumption Rooms

► Preventative Health Goals:

- Prevent infections and severe secondary diseases

Hygienic consumption conditions reduce the risk of drug-related diseases such as HIV, hepatitis and abscesses. The facility provides injection utensils and materials for a hygienic and lower-risk consumption in an anxiety- and stress-free atmosphere.

- Prevent overdoses and their consequences (secure survival)

The constant supervision of consumption events allows for immediate first aid in case of an overdose and other emergencies (loss of consciousness, respiratory suppression, respiratory arrest, cardiovascular arrest, shakes, epileptic attacks, anxiety attacks, hallucinations, etc.). Preventative measures (such as the administration of oxygen) not only prevent life-threatening emergencies but frequently also avoid the cost-intensive deployment of emergency physicians and/or hospitalisation. The staff members are continuously trained in drug emergency assistance and prevention.

- Improve the knowledge level about the risk of drug use

„Safer use principles are pointed out by employees and must be generally adhered to during consumption in a drug consumption room. The safer use rules practised here are often adopted in daily life and as a result successively influence the individual consumption behaviour and have a signal effect on the scene.

- The integration of DCRs into regional drug support structures

This ensures that continuing assistance is available or can be initiated “just in time.” As a result, the drug consumption room fulfils an important bridge function to continuing health offers and psycho-social support with its low-threshold and acceptance-oriented concept when it is needed.

► Regulatory Goals

- Reduction of public nuisance

The aim is to relieve the public space (the inner cities in general) from the problems caused by the visible consumption such as consumption-specific contamination (syringes, etc.) and concentration of the scene.

The relocation of drug consumption into the facility leads to a relief in the public space, which is dependent on the opening hours. The consumption

utensils distributed or used here are disposed of in a direct and professional manner. In this respect this is a win-win situation for both regulatory and health policy (cf. Stöver 2002). This is also a likely explanation for why the introduction of drug consumption rooms has been successful and met with acceptance in Germany.

► Drug Therapy Goals

- Initiate and cultivate contact with hard-to-reach drug consumers

Drug consumption rooms represent a secure environment for communication and developing relationships. Contacts with users are established that provide the opportunity to openly talk about personal problems and the risk of consumption in an informal environment. The trust developed by the user can be transferred to the entire facility and its cooperation partners. Relationships often develop from this situation that form the basis of allowing for accurate referral to continuing assistance offers.

- Increase the motivation to change something about the current living situation

If a trusting atmosphere is created, this makes it possible to positively influence pessimism, emotions of depression and hopelessness and the willingness to change consumption behaviour. However, it is important here to acknowledge and strengthen the personal responsibility and autonomy of drug users. Drug-using men and women are received in their current life situation with appreciation and acceptance by the staff members. They show the users the nature of their own personal resources and explain the opportunities of drug help or other offers.

► Drug Consumption Rooms as Integrated Offers

- The drug consumption room is *one* element in the diverse range of services for contact or counselling facilities by the drug and AIDS organisation. The health-promoting and survival-ensuring offer of drug consumption rooms is a component of basic medical and psycho-social care. It is integrated professionally and conceptually into the offer structure of the respective facility.

- Contact centres

Contact centres provide offers for survival assistance and health promotion. Drug users make use of them to get a brief time-out from their everyday lives on the streets. In addition to exchanging syringes and distributing/selling consumption utensils and condoms, many contact centres also regularly offer

affordable warm meals and/or small snacks, as well as beverages. There is often the possibility of taking a shower and doing the laundry, and a supply of clothing is available to the visitors.

- **Basic medical care**

Regular basic medical care (by a physician) is offered at the facilities; some facilities offer nursing care at all times.

- **Advice centres**

The main focus lies in the counselling of drug users who wish to make a change in their life situation. They are assisted and supported by acceptance into goal-oriented counselling and care relationships. This includes the referral to substitution treatment, as well as detoxification and withdrawal.

► **Functions of Drug Consumption Rooms**

They offer the option of consuming the drugs that people have brought with them under hygienic conditions. These hygienic conditions are defined by professionals (physicians for occupational health, hygiene commissioners and the like) and implemented by comprehensive hygiene plans. The “appropriate and professional equipment of the premises” is purely functional and serves the necessity of constantly cleaning and disinfecting the consumption spaces contaminated by usage. As a result, the consumers describe the atmosphere created in drug consumption rooms as “rather uncomfortable.”

The respective legal ordinances list the allowed substances such as opiates, cocaine, amphetamine and its derivatives. Non-listed substances used within the consumption range of compulsive and polyvalent-consuming drug addicts such as benzodiazepine or other pharmaceuticals/medications are not allowed in the drug consumption room.

In addition to high-risk intravenous consumption, the drug consumption rooms offer a space for the application of illicit substances in inhalative and nasal form. The smoking of drugs is only permitted if corresponding preparations have been made (separate smoking rooms with exhaust-air systems). The trend to more smoking consumption (in NRW 2008/2009: increase of inhalation consumption of heroin, aka chasing the dragon, blow, smoke tin foil or the like) is currently met by establishing and/or increasing the number of smoking spaces. The only exclusive room for smoking crack is currently operated in Frankfurt am Main.

The consumption is supervised by professional staff. At least one employee is directly present in the consumption room at most of the drug consumption rooms. This provides the opportunity to directly address the drug user,

initiate emergency measures and safer use counselling. Staff members prevent the sale and distribution of substances.

The interdisciplinary composition of the personnel has a high priority. Employees with medical/nursing and/or pedagogic qualification are available in drug consumption rooms. They are supported by qualified student assistants and freelancers (training-on-the-job plus first-aid training for drug emergencies and de-escalation strategies).

The basic duties of the employees are:

- Contact work
- Distribution of materials
- Supervision of operations
- Safer use counselling
- Crisis interventions
- First aid in cases of overdose and their prevention
- Addiction-specific counselling or necessary referral to continuing counselling and treatment options is performed by qualified social work staff.

All utensils for consumption are provided without charge and the use of outside consumption utensils is prohibited for hygienic reasons. The proper disposal of utensils after consumption is ensured.

► Access Criteria

The right to use the drug consumption room is regulated by the German Narcotics Law (BtMG), the respective legal regulation of the state and agreements by the local cooperation partners (politicians, police, state prosecutor and regulatory agency). The superordinate federal level, in which §10a Sec. 2, Art. 7 of the German Narcotics Law (BtMG) sets the minimum standard, mandates that “obvious first-time and occasional consumers” must be excluded. Additional groups of persons who are to be excluded from using drug consumption rooms are defined in the legal regulation of the states – such as the “Regulations Concerning the Operation of Drug Consumption Rooms from 26 September 2000 in North-Rhine Westphalia”:

- Persons who are visibly intoxicated by alcohol or other addictive substances
- Opiate addicts who are obviously participating in a substitution-aided treatment
- Persons who obviously lack the capability of understanding the damage that they are doing to their health by using drugs, especially due to a lack of maturity

Some cities have cooperation agreements with the binding stipulation that only persons who are registered in the respective city are allowed to use drug consumption room, which further restricts the circle of users. Adherence to this regulation is enforced by checking identification cards. These exclusion criteria have repeatedly led to discussions within the facility and during the professional exchange because they often counteract the goals of the offer and complicate a relationship of trust.

The original demands of JES (**J**unkies, **E**x-Users and **S**ubstitutors) self-help organisation for anonymous offers that motivate their use through an appealing facility, as well as chill-out areas for use after consumption, have developed under the given conditions into a completely different practice as a service offering with many requirements and restrictions: The consequence of this is that offers to strengthen self-help and the consumer's ambition to be autonomous do not play a role. Efforts for preventing these situations tend to represent the exception.

► **Opening Hours and Size of the Facilities**

The opening hours (3½-12 hours), as well the number of available consumption spaces (3-20 spaces, are based on both the local demand and the financial resources that are available. Some facilities are only able to open a few hours per day due to limited financial resources and sometimes are even closed on the weekends. The possibilities of management are limited in many places by this situation. Users demand opening hours that are as extensive as possible.

► **Supervision of the Milieu**

Supervision of the milieu aims to ensure the social compatibility of drug consumption rooms.

► **Documentation**

The documentation systems serve to save work results. However, the volume of the recorded data differs since it is based on disparate standards of quality development and takes into account the interests of the sponsor, facility and local community. A comparison across cities and states is only partially possible as a result. Special data privacy (of health records) is practiced and inquiries are only responded to within certain limits if the affected person's written consent has been obtained. The AK Konsumraum was able to create a uniform federal drug emergency documentation with the support of the

German AIDS Organisation, allowing a nationwide analysis on the basis of uniform data.

Drug Consumption Rooms Save Human Lives

The number of reported drug-related deaths plays a major role in society's perception of the drug problem in Germany. It is frequently used as an indicator for the success or failure of health policy measures. According to the federal drug commissioner, 1237 people died from the consumption of illicit drugs in 2010. Compared to the previous year (1331), this is a decrease of seven percent. Even though drug-related deaths – taking the last 15 years as a basis – have decreased significantly, they remain at an unacceptably high level.

Since only those deaths are counted as drug-related where the situation of discovery clearly indicates drug consumption (injection utensils on site, perforation sites visible, etc.), it can be assumed that the actual number of people dying as a consequence of their drug consumption and/or as a result of diseases such as HIV and hepatitis is significantly higher than the number reported in the Drug and Addiction Report by the German Government.

In order to get an impression of the current potential for drug consumption rooms regarding the prevention of drug-related deaths due to overdose, a nationwide survey of drug emergencies in drug consumption rooms was performed during the period from July to December of 2009. A total of 13 facilities from 11 cities participated in this evaluation. During the six-month project phase, a total of 266 drug emergencies were documented. The distribution of the emergencies for men and women reflects the usage of drug consumption rooms by men and women:

In 90.6% of the cases, emergencies for men were documented while the ratio of drug emergencies for women was very low at 9.4% (25). 139 documented emergencies were rated as low/medium level. 124 drug emergencies were indicated as severe/life-threatening. This means that these people would not have survived this emergency situation in a different setting (such as their own flat or public space). Employees of drug consumption rooms have saved lives with their quick and professional intervention in these cases.

Drug Consumption Rooms in Germany - Locations, Form of Consumption and Offers (May 2011)			
State, City	Number of DCRs	Number of Spaces per Mode of Consumption	Types of Offers
Baden-Württemberg	0		
Bavaria	0		
Berlin			
Berlin	3*	Fixpunkt: Currently 2 mobile CRs, 3 spaces for IV or nasal (inhalation consumption not possible)	<ul style="list-style-type: none"> ▶ For men and women ▶ Psycho-social and medical offers ▶ Referral to further offers ▶ Specialities: mobile offer; HIV and HCV quick tests
		Birkenstube: (vista gGmbH + Fixpunkt) 6 spaces for IV/nasal 4 spaces for inhalation	<ul style="list-style-type: none"> ▶ For men and women ▶ Psycho-social and medical offers ▶ Referral to further offers ▶ Specialities: HIV and HCV quick tests
		SKA: (Fixpunkt e.V.)	Currently closed; reopening in autumn of 2011 in a new location at Reichenberger Strasse 31
Brandenburg	0		
Bremen	0		
Hamburg			
Hamburg	5	Drob Inn (Jugendhilfe e.V.) 10 spaces for IV 5 spaces for inhalation/nasal	<ul style="list-style-type: none"> ▶ For men and women ▶ Psycho-social and medical offers ▶ Referral to further offers ▶ Specialities: HIV and HCV test
		Stay Alive (Jugendhilfe e.V.) 8 spaces for IV/inhalation/nasal	<ul style="list-style-type: none"> ▶ For men and women ▶ Psycho-social and medical offers ▶ Referral to further offers
		Abrigado (Freiraum e.V.)	<ul style="list-style-type: none"> ▶ For men and women ▶ Psycho-social and medical offers ▶ Referral to further offers
		Ragazza e.V. 4 spaces for IV/nasal 6 spaces for inhalation (max. of 8 parallel consumption processes)	<ul style="list-style-type: none"> ▶ For women ▶ Psycho-social and medical offers ▶ Referral to further offers

		Kodrobs Altona (Jugend hilft Jugend) 4 spaces for IV 2 spaces for inhalation/nasal	<ul style="list-style-type: none"> ▶ For men and women ▶ Psycho-social and medical offers ▶ Referral to further offers
Hessen			
Frankfurt	4	Eastside (integrative drogenhilfe e.V., idh) 8 spaces for IV/nasal, 2 of those for inhalation	<ul style="list-style-type: none"> ▶ For men and women ▶ Psycho-social and medical offers ▶ Referral to further offers
		NIDDA 49 (idh) 12 spaces for IV/ inhalation/nasal	<ul style="list-style-type: none"> ▶ For men and women ▶ Psycho-social and medical offers ▶ Referral to further offers ▶ Specialities: KISS groups, 1x week KISS Café:
		La Strada (Aids Hilfe Frankfurt e.V.) 7 spaces for IV/nasal (inhalation not possible)	<ul style="list-style-type: none"> ▶ For men and women ▶ Psycho-social and medical offers ▶ Referral to further offers
		Drogennotdienst Frankfurt 10 spaces for IV/nasal 5 spaces for inhalation	<ul style="list-style-type: none"> ▶ For men and women ▶ Psycho-social and medical offers ▶ Referral to further offers
Mecklenburg-Western Pomerania	0		
Lower Saxony			
Hannover	1	Fixpunkt/Step gGmbH 9 spaces for IV 3 spaces nasal (inhalation not possible)	<ul style="list-style-type: none"> ▶ For men and women ▶ Psycho-social and medical offers ▶ Referral to further offers
North Rhine-Westphalia			
Aachen	1	Suchthilfe Aachen 5 spaces for IV, 2 of which also for inhalation	<ul style="list-style-type: none"> ▶ For men and women ▶ Psycho-social and medical offers ▶ Referral to further offers
Bielefeld	1	Drogenberatung Bielefeld e.V. 8 spaces for IV/nasal 8 spaces for inhalation consumption	<ul style="list-style-type: none"> ▶ For men and women ▶ Psycho-social and medical offers ▶ Referral to further offers
Bochum	1	Krisenhilfe Bochum e.V. 5 spaces for IV/nasal 3 spaces for inhalation	<ul style="list-style-type: none"> ▶ For men and women ▶ Psycho-social and medical offers ▶ Referral to further offers ▶ Specialities: naloxone project

Bonn	1	Verein für Gefährdetenhilfe 5 spaces for IV/nasal 3 spaces for inhalation	<ul style="list-style-type: none"> ▶ For men and women ▶ Psycho-social and medical offers ▶ Referral to further offers
Dortmund	1	KICK – Aids-Hilfe Dortmund 8 spaces for IV 8 spaces for inhalation/ nasal	<ul style="list-style-type: none"> ▶ For men and women ▶ Psycho-social and medical offers ▶ Referral to further offers ▶ Specialities: HIV and HCV quick test (TEST IT)
Düsseldorf	1	Düsseldorfer Drogenhilfe e.V. 6 spaces for IV/nasal 3 spaces for inhalation/ nasal	<ul style="list-style-type: none"> ▶ For men and women ▶ Psycho-social and medical offers ▶ Referral to further offers
Essen	1	Suchthilfe direkt Essen 8 spaces for IV/nasal 5 spaces for inhalation	<ul style="list-style-type: none"> ▶ For men and women ▶ Psycho-social and medical offers ▶ Referral to further offers ▶ Specialities: Hepatitis vaccination project, first aid in a drug emergency (training for users), hygiene training for users
Köln	2	KAD I (SKM e.V. Cologne) 3 spaces for IV/inhalation/nasal	<ul style="list-style-type: none"> ▶ For men and women ▶ Psycho-social and medical offers ▶ Referral to further offers ▶ Specialities: HIV test, counselling on hygiene in the living area (mobile medical service of the health office/DTA)
Köln		KAD II (Drogenhilfe Cologne) 6 spaces for IV/nasal 2 spaces for inhalation	<ul style="list-style-type: none"> ▶ For men and women ▶ Psycho-social and medical offers ▶ Referral to further offers
Münster	1	INDRO e.V. 4 spaces for IV/nasal 1 space for inhalation	<ul style="list-style-type: none"> ▶ For men and women ▶ Psycho-social and medical offers ▶ Referral to further offers
Troisdorf	1	Drogenhilfe im Diakonischen Werk Siegburg 4 spaces for IV	<ul style="list-style-type: none"> ▶ For men and women ▶ Psycho-social and medical offers ▶ Referral to further offers ▶ Specialities: HIV test

Wuppertal	1	Gleis 1 5 spaces for IV 4 spaces for inhalation	<ul style="list-style-type: none"> ▶ For men and women ▶ Psycho-social and medical offers ▶ Referral to further offers ▶ Specialities: HIV test
Rhineland-Palatinate	0		
Saarland			
Saarbrücken	1	Drogenhilfezentrum Saarbrücken gGmbH 13 spaces for IV/nasal 3 spaces for inhalation	<ul style="list-style-type: none"> ▶ For men and women ▶ Psycho-social and medical offers ▶ Referral to further offers ▶ Specialities: HIV and hepatitis test, advice, KISS group, offers for women
Saxony	0		
Saxony-Anhalt	0		
Schleswig-Holstein	0		
Thuringia	0		



La Strada, Frankfurt a.M.

Risk Factors for Drug Emergencies

Risk factors that were a major contributor to the drug emergency were observed in 160 cases (60%). The risk factors were frequently defined by the consumers themselves. Major risk factors were²:

- Alcohol consumption 53 (33%)
- Benzodiazepine consumption 51 (32%)
- Abstinence 48 (30%)
- Bad condition 48 (30%)

No clear risk factors were indicated in 92 documented cases (34.6%). No data was recorded for 16 emergencies (6%).

This data makes it clear that drug consumption after forced/voluntary abstinence (imprisonment/therapy) and the consumption of benzodiazepine and alcohol are the major factors for drug emergencies in Germany.

On the basis of this data we must ask whether opiate consumers should be prepared with a basic dose of methadone, polamidone or buprenorphine prior to release from imprisonment. Many of these types of emergencies could be prevented by this measure. The same applies to drug consumers who prematurely terminate their stationary rehabilitation measures after weeks or months. A return to immediate drug consumption is very likely given the context of this avoidable "failure".

The results were less surprising with regard to the substances that are mainly responsible for the emergency. In the 212 documented cases, heroin was named as the responsible substance with cocaine (46) and benzodiazepine (39) following far behind. Substitute substances played no role.

The question now arises as to how the number of drug emergencies can be significantly reduced in the medium-term. In some of the drug consumption rooms, more frequent use of smoking spaces with a simultaneous decrease of intravenous consumption processes was observed. This development has also been confirmed outside of the consumption rooms in the Reitox Report by the German Monitoring Centre for Drugs and Drug Addiction.

A change in the form of consumption can have a significant impact on the number and severity of drug emergencies. Consequently, it is necessary to promote the consumers' more or less pronounced motivations for change with regards to the changing form of consumption through the media and with personal communication.

² Multiple selections possible

Supplemental Offers

Preventative health offers can be communicated to clients at drug consumption rooms in an appropriate fashion. The rooms fulfil far more functions than solely offering safe and hygienic drug consumption, even though this would be enough legitimisation on its own within the context of damage control.

In addition to the embedding of low-threshold contact centres into the range of offers, specialised supplemental offers have developed over the years such as health counselling, basic medical care, referral to further assistance (such as substitution), HIV/HCV testing, counselling and hepatitis vaccination. These offers have proven themselves and are successively implemented in the majority of drug consumption rooms.

In addition to this, interesting side projects are developed such as the naloxone project, first aid trainings, dental prophylaxis, chill-out rooms, acupuncture and foot care. We would like to briefly present them in the following section because they highlight the many opportunities offered by the work in drug consumption rooms.

Drug Emergency Training and Naloxone Distribution

Drug emergency trainings for drug users are now offered on a regular basis by increasingly more facilities with drug consumption rooms. This offer is combined with naloxone distribution in Berlin and Bochum.

The experiences of **Fixpunkt e.V. Berlin** provide guidance as they have proven the effectiveness of this offer with their pioneering work within the scope of the model project³ on naloxone-assisted prevention of drug-related deaths (1998-2002).

A drug emergency is a routine occurrence in the life of an injecting drug user. Overdoses are mostly unintended and many times result in a fatality due to a lack of timely adequate aid. The majority of fatal overdoses occur in a private setting where almost half of the overdosed individuals die in the presence of other people due to respiratory and cardiac arrest. In most cases, these persons are also drug consumers. However, they frequently underestimate the severity of the situation or react improperly because they are afraid of criminal prosecution. Illegality and a lack of awareness hinder them not

³ Fixpunkt e. V. (2002): (German-language) report on Drug Emergency and Prevention of Death Including Naloxone Distribution to Drug Addicts," unpublished (available on the website: www.fixpunkt.org.) Contains additional information on the legal framework of naloxone distribution.

only from getting adequate help but also contribute to the creation of myths (such as the injection of saline solution).

The training of appropriate behaviour in a drug emergency is very important for primary drug emergencies and the prevention of death. The communication of the following information has proven itself as a minimum standard:

- Identifying an overdose.
- Special risks: mixed consumption, after abstinence, unknown substance quality, etc.
- Effect and side-effects of naloxone.
- Indication, usage and dosages of naloxone.
- Demonstration (opening a vial and nasal administration of naloxone).
- Procedure to follow when finding a helpless person (emphasis: loss of consciousness, stable lateral position, respiratory arrest, pulmonary reanimation, respiratory and cardiac arrest and cardiopulmonary reanimation).
- Practical exercises: stable lateral position, respiration and cardiac massage.
- Call to emergency doctor.
- The "myth" of saline solution

Additional topics that are frequently addressed

- ▶ Cutting agents
- ▶ Epilepsy
- ▶ Cocaine/overdose
- ▶ Benzodiazepine

Naloxone Distribution

The fastest specific way to counteract respiratory depression caused by opiates is the injection (or nasal application) of the opiate antagonist naloxone. It has already been used for treating opiate overdoses for more than 40 years. Naloxone can reverse life-threatening opiate-related effects such as respiratory paralysis, hypoxia, loss of consciousness and a drop in blood pressure within a few minutes. Naloxone can cause withdrawal symptoms when administered in higher doses. An overdose is not possible. Side-effects such as irregular heart beat and pulmonary oedema are very, very rare. It is now possible to administer naloxone nasally. The half-life period of naloxone lies between 30 and 80 minutes, which is significantly

shorter than that of the commonly used opiates. The temporary regaining of consciousness after having naloxone injected can be deceiving. A repeated respiratory or cardiac arrest is imminent, which must then be remedied again with the administration of naloxone. Naloxone is only available with a prescription, and can therefore only be prescribed by a physician with a (private) prescription (cost for one vial is approx. 5 Euros).

The following conditions must be met for naloxone distribution:

- ▶ The naloxone recipient is educated on the appropriate situational behaviour in a drug emergency and on the use of naloxone (drug emergency training, user instructions and conversation with the physician).
- ▶ Counselling and naloxone distribution are documented.
- ▶ The naloxone recipient must be a drug addict.
- ▶ Must be willing to report the use of naloxone to us in a drug emergency.

A prescription of naloxone to persons without an indication (for example, non-consuming partners or social workers) is not possible according to AMVV⁴. However, it is definitely recommended to educate partners, family members or employees about appropriate behaviour in an emergency. If lay helpers find naloxone on an overdosed consumer in an emergency and inject it, they are protected from legal consequences as first aid helpers.

It would also make sense to educate consumption communities about the use of naloxone and to prescribe naloxone to every participant. Every opiate consumer would have a personal supply of naloxone in his or her pocket in the ideal case and every consumption partner would know how to adequately use this antagonist, especially within the legal framework of naloxone distribution.



⁴ Regulations on Medications Requiring Prescriptions

Health Education and HIV/HEP Prevention in Drug Consumption Rooms

Given the problematic situation of an extremely high infection rate of hepatitis in the group of drug consuming persons, we have developed concepts in all drug consumption rooms to:

- educate the affected group about how to prevent infections and
- provide the opportunity of immunisation with the combined vaccine against hepatitis A and B.

With the help of various media, we promote educational campaigns providing information on the dangers of infectious diseases, especially hepatitis A, B and C in this case.

The campaigns therefore aim to:

- conduct a target group specific educational campaign appropriate to the setting to improve the information/knowledge level with regards to infectious diseases, especially hepatitis A, B and C, within the target group;
- enable a hepatitis immunisation for drug addicts who currently consume illicit drugs intravenously or by inhalation;
- integrate or refer people interested in immunisation within the support system.

Sustainability: The educational work, which has the goal of addressing the related risk and harm-reducing strategies, requires continuous reinforcement and renewal and is integrated as a basic segment in the counselling work of drug consumption rooms

Evaluations of the Projects Show Major Successes

It was possible to counsel, examine and vaccinate many people within the scope of the vaccination projects. Contrary to the original estimates, the number of persons reached by the various offers proves that even individuals with acute drug use are willing and able to:

- focus on their health situation
- develop a strong self-interest in their health care
- accept supporting assistance
- ultimately follow through with the necessary health measures over a longer time frame when provided with a corresponding support environment that is tailored to the circumstances of their life.

Pilot Project for Early Intervention as a Measure of Hepatitis-C Prevention for Drug User

Hepatitis C is a typical secondary disease contracted by injecting drug users with massive individual and societal consequential costs. A hepatitis-C infection is frequently already acquired at a very early time in the “drug-using career.” Since most injecting drug consumers only have personal contact with drug assistance centres after several years of consumption experience, we must find or use other ways to access them in order to implement successful prevention measures for drug users. This will make a contribution to the reduction of hepatitis C incidence. We must also expand the currently practised prevention measures with regards to their scope and their methodology.

Fixpunkt e. V. conducted a pilot project on the development and evaluation of hepatitis C prevention measures in the period from October 2008 to September 2011. The project has been financed by the Ministry of Health, supported by Berlin's Senate for Health Administration and accompanied scientifically by the research institute “Centre for Interdisciplinary Addiction Research at the University of Hamburg (ZIS)”. There are plans to publish the results of the project nationwide and internationally within the scope of the European Correlation II project. The intention is to develop models of good practice within the scope of this pilot project and to prepare them in such a way that they can be further developed and also implemented by other facilities.

The project will be implemented with an emphasis on contact facilities in Berlin in cooperation with drug consumption rooms because professional staff in drug consumption rooms have good access to the clientele and personal documentation that can also be made accessible to the pilot project in an anonymous format. Professional staff monitors the drug consumption in the drug consumption rooms, which gives them the opportunity to immediately react pedagogically when observing risky behaviour.

De-Escalation Training for Employees of Drug Consumption Rooms

Drug consumption room employees are faced with violent situations in their everyday work and confronted with aggression towards them. This puts especially high demands on professionalism and the necessary options for action.

Anti-violence and de-escalation training that is customised to the problem areas in drug consumption rooms provides the opportunity to expand and

improve both of these approaches. Optional modes of behaviour and conduct to de-escalate violence are developed in seminars through:

- primary prevention (prior to crossing of boundaries)
- situational assessment and control
- stress management
- active de-escalation options and techniques
- forms of third-party de-escalation.

This communication and behavioural training prepares employees to deal with:

- escalating conversational situations
- importunities, harassment and disturbances
- insults and threats
- physical attacks.

The goal of applying the learned de-escalation techniques in due time is to assist the employees of drug consumption room in effectively reacting to conflict and dangerous situations with composure and control.



DKR Saarbrücken



Gleis 1, Wuppertal

Selected Data on Drug Consumption Rooms

Evaluation of Drug Consumption Rooms in North Rhine-Westphalia from 2001-2009⁵

There are now 12 drug consumption rooms with a total of 97 spaces operating in NRW, of which 31 spaces are for inhalation consumption.

The available spaces ranged from 3-16 spaces per drug consumption room.

More than 1.2 million consumption processes were documented in the reporting period from April 2001 to December 2009.

A total of approx. 75,000 users of drug consumption rooms were referred to continuing assistance. 3,271 drug emergencies were treated.

In 710 cases, it was possible to avoid death through immediate resuscitation measures.

Users between 26-35 years represent the largest age group with 46% of the consumption processes.

Compared to previous years, inhalation consumption has increased for both men and women while intravenous consumption has decreased.

The overall ratio of female users has hardly changed and is still relatively low at approx. 15%. The ratio of women only predominates in the group of 18-25 years, which is an indication that young women accept the offers earlier than men.

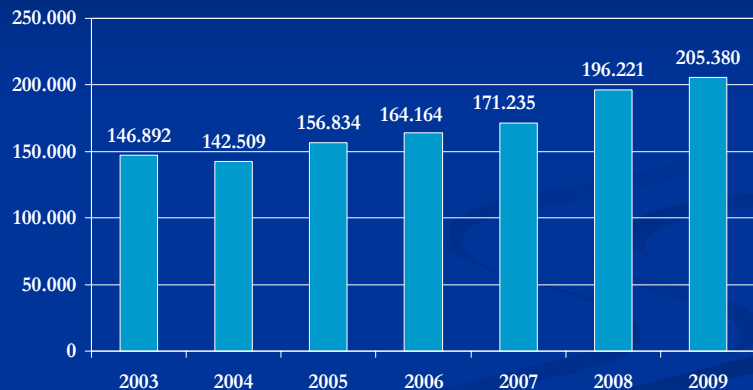
Documentation of Drug Consumption Rooms in Frankfurt⁶: 2009 Annual Analysis

A continuously increasing frequent use of drug consumption rooms in Frankfurt was recorded during the time period from 2003 to 2009. While 146,892 consumption processes occurred in 2003, a total of 205,380 consumption processes were already recorded in 2009. This evaluation makes it clear that the acceptance of drug consumption rooms has successively increased among drug users.

⁵ MAGS: Minutes of the meeting on the operation of drug consumption rooms in NRW with regional governments, municipalities with locations and sponsors on 21 May 2010

⁶ Police Department of Frankfurt am Main: The Drug Scene around the Frankfurt Train Station – Situational Analysis November 2009.

Anzahl der Konsumvorgänge 2003-2009



Institut für Suchtforschung, Fachhochschule Frankfurt am Main

4

Forms of Consumption in the Frankfurt Facilities

While many other drug consumption rooms recorded a decrease in the intravenous consumption of heroin in favour of inhalation and nasal modes of application, facilities in Frankfurt reveal a different picture. Although the ratio of intravenously consumed heroin was 68% in 2003, its ratio increased to 82% in 2009. A small but continuous annual increase of intravenously administered heroin can be observed in the years from 2003 to 2009. Consequently, the development in Frankfurt is diametrically opposed to that of other cities.

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Drug Consumption Rooms Worldwide: Distribution and Effectiveness

Drug consumption rooms in a large diversity of forms are located in The Netherlands, Switzerland (the first official consumption room opened in Bern in 1986) and Spain. In of the all other countries that have official programmes, they are limited to one facility in a single city respectively: Luxembourg City, Norway (Oslo), Canada (Vancouver) and Australia (Sydney). There are political and professional initiatives in Portugal, England, Italy (Milan and Turin), Austria (Graz) and France. However, none of these projects are close to opening their doors.

At the beginning of 2009, there were 92 drug consumption rooms in 61 cities worldwide. This figure includes 16 German, 30 Dutch and 8 Swiss cities.

There are a number of studies worldwide about the effectiveness of drug consumption rooms. The largest amount of studies comes from Canada, which has had a drug consumption room in Vancouver since 2003.

In relation to their health status, there is proof that the health of consumers is improved and stabilised by drug consumption rooms (Springer 2003). Positive changes in health and risk behaviour of consumers have been proven (Wood et al. 2008; Zurhold et al. 2003). Consequently, drug consumption rooms prove to be effective harm reduction measures by lowering risky behaviour such as sharing needles and reusing needles among visitors of consumption rooms, as well as increasing hygienic behaviour during injection such as the use of sterile water and disinfection of the perforation site (Wood et al. 2006). However, the reduction of infections due to drug consumption rooms is difficult to prove because drug consumers generally also frequent other locations to consume drugs and practice other risky behaviours (sex work, etc.). As a result, the concrete place of infection with HIV or hepatitis C is frequently unknown. Yet, it is likely that drug consumption rooms decrease the risk of infections (cf. Runciman et al. 2006).

In addition, drug consumption rooms reduce the number of drug-related deaths (cf. Kerr et al. 2006; Poschadel et al. 2002). Finally, a series of studies shows that a (re-)integration into the drug assistance system occurs (see Kerr et al. 2009; Schu and Tossmann 2005).

The assumption that crack consumption in smoke rooms would lead to increased aggression and violence could not be validated in a Swiss study.

Instead, the atmosphere at the facility improved with the introduction of a smoke room (Spreyermann and Willen 2003).

One goal of drug consumption rooms is the reduction of public nuisance. The acceptance of a low-threshold facility with a consumption room in Berlin among the residents was high at 70-80% of randomly selected residents. Those with higher level of education and political interest displayed even greater approval (Schu and Tossmann 2005). The installation of smoking rooms led to less public consumption in the vicinity of the facility (Spreyermann and Willen 2003). The study by Zurhold et al. (2003) also proves a reduction of public nuisances in the vicinity of drug consumption rooms. Other studies also do not find an adverse effect for the surrounding area due to facilities with drug consumption rooms (Freeman et al. 2005; Schu and Tossmann 2005; Wood et al. 2006). A study by Runciman et al. in 2006 shows that the number of syringes found in the area where drug consumption rooms are operated also decreases. An Australian study did not find an increase in public consumption and no increase of robberies or theft in the area surrounding the facility; instead, there was a reduction in the number of people hanging around in comparison to the period before a consumption room was established (Freeman et al. 2005).



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Summary

1. Drug consumption rooms have officially existed in Germany for the past 17 years (starting in 1994). For the past 11 years, there has been a legal clarification regarding the operation of drug consumption rooms. Nevertheless, the operation of low-threshold facilities remains a judicial balancing act within the scope of prohibition policy, in which all stakeholders (drug consumer, facility operators and the police) are potentially in danger of committing an offence and experiencing conflict with the law.

2. The progress reports and evaluations by the individual DCRs impressively prove that – without exception – these offers are a successful component of the differentiated addiction support system at all locations that reduce acute adverse medical effects and prevent numerous drug-related deaths. The integration of DCRs into the existing low-threshold drug assistance offers ensures that continuing help is available just in time and can be initiated or developed in case of newly arising demand. DCRs are socially compatible and embedded in local politics, and the operation's framework conditions are discussed and coordinated in regular meetings of local work groups

3. On the federal, state or local levels, there have been no fundamental objections or critical remarks up to now with regard to the necessity of continuing the offers. There are occasional location issues that temporary, which can often be defused and resolved through the corresponding support services in the surrounding areas (such as the removal of trash, appeal to the users with regard to their own responsibility, discussions with neighbours and within the work groups of the public order partnerships). Overall, it has become evident that a location must be carefully selected and equipped. It should be integrated in the local drug assistance close to the scene and compatible with the surrounding area. The compatibility with the surrounding area and the relief for inner cities from problems caused by open drug scenes and drug consumption are decisively dependent upon appropriate opening hours and premises that correspond to the demand, as well as whether arising problems are discussed with supervision partnerships in due time and resolved by the sharing of work.

4. As positive and successful as the results of the legal solution for drug consumption rooms may be, they also have a negative side. Not only was there a determination of what is now permissible but also that any deviation from it would be enforced with a penalty. The high minimum standards make social initiatives requiring space with integrated consumption opportunities

(such as emergency accommodations, youth centres in problem neighbourhoods, mobile offers, small offers to advice centres or offers in rural areas) impossible and attempts below this threshold are expressly criminalised.

5. Drug consumption rooms make a decisive contribution to survival assistance and risk minimisation in the consumption of illicit drugs. Consumption in drug consumption rooms occurs under hygienic conditions and observation of the safe use rules, which are enforced by the employees with sympathetic insistence. The behaviour trained in the consumption room is increasingly also practised in daily life and also sends a signal to the scene that has not (yet) been reached.

The experiences in North-Rhine Westphalia (NRW), where drug consumption rooms are linked closely to basic medical care (drug therapeutic clinics, abbreviated as DTA in German), clearly show that users of drug consumption rooms develop significantly fewer abscesses in comparison to the heavy injecting drug consumers who do not use these rooms. The course of treatment for diseases associated with drug addiction is better and more stringent, and users demonstrate more willingness to switch to lower-risk forms of consumption. In addition, the supplemental offer of drug emergency training for users is increasingly establishing itself.

Due to local public order partnerships, such facilities operate almost trouble-free and make a significant contribution to minimising harm and providing survival assistance for drug consumers. Given the appropriate opening hours, they significantly contribute to the relief of inner city problems with regard to open drug scenes and public drug consumption. The consistently positive conclusions that can be drawn from the perspective of the cities, operators and usage reports speak for expansion and continued development of the availability of drug consumption rooms.



DKR Eastside – Frankfurt a.M.

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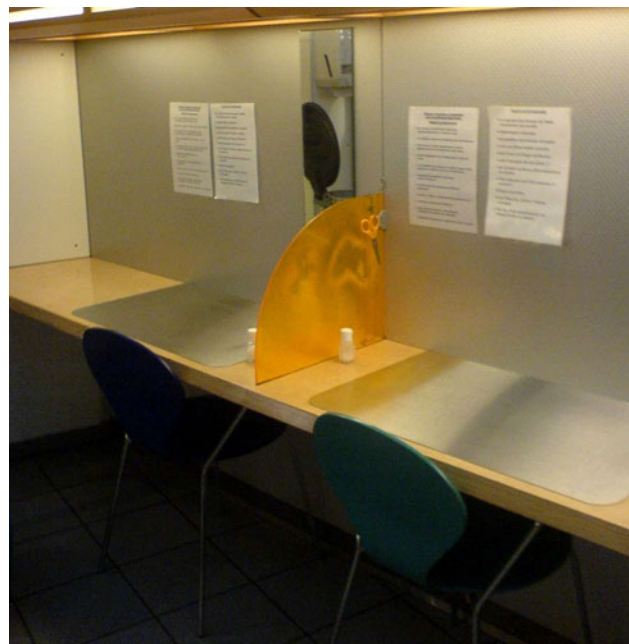
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