

# **Evaluation of the work of drug consumption rooms in the Federal Republic of Germany**

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Abridged version of the final report on behalf of the Federal Ministry of Health

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## 1. Introduction

In the first half-year of 2002, 586 persons died as a result of drug abuse in Germany, whereas in the first half-year of 2001 a number of 821 drug-related deaths had been recorded. These figures indicate a decrease in drug-related deaths of almost 30 % from the year 2001 to 2002 (press release on the 08.08.2002 from the drug policy coordinator of the Federal Republic of Germany).

There are initiatives in health policy trying to meet the causes and effects of drug consumption, such as measures aiming at survival and health stabilization of the drug-dependent, as well as efforts to facilitate placement in therapy and supportive rehabilitation-oriented institutions. Besides the classic approaches (drug counselling centres, therapy for substance abuse), there exist reform and pilot projects to develop alternative ways of helping. These are particularly intended for long term addicts who have undergone several therapies unsuccessfully or could not be reached by existing resources. Amongst those alternative services is the treatment with substitution therapy as well as the establishment of drug consumption rooms.

After drug consumption rooms had been operating for many years without a binding legal basis in the cities of Hamburg, Frankfurt, Hanover, and Saarbrücken, with the amendment of the Narcotics Act[3. BtMG-ÄndG] from 01.04.2000, the preconditions for a legal basis were created. A general outline of a law providing guidelines for specific elaboration for all federal states was set up. The law was brought into force with a 24-months interim arrangement. Within this period, drug consumption rooms already operating had to apply for the legal preconditions (statutory ordinance on the operation of drug consumption rooms) in order to fulfill the new legal requirements. While some federal states made a decision against the enactment of an ordinance, in the federal states of Hamburg (25.04.2000), Hesse (10.09.2001), North Rhine-Westphalia (26.09.2000), Lower Saxony (06.03.2002), and the Saarland (23.06.2001) new ordinances were enacted.

For drug addicts who could not be reached with other forms of help, drug consumption rooms are an alternative because they are low-threshold facilities and are intended to ensure the survival of this highly endangered group of people. Furthermore, the staff of the drug consumption rooms assist with placements in therapy and other rehabilitation-oriented programmes. Before the conduction of this study, there were already indications that the drug consumption rooms could ensure the survival of highly drug addicted individuals. In Hamburg, for example, the number of drug deaths decreased considerably since 1991. In 1991, 184 drug deaths had to be mourned and in 1994, the year the first consumption room opened, the number decreased to 151 drug deaths. In 1997, 127 deaths were recorded, in 1999 115, and in 2001 a number of 101 drug-related deaths was counted. Also Frankfurt showed a clear decrease for the same period of time. The number of drug deaths decreased from 147 in 1991 to 26 in the year 1999. In 2001, 26 drug deaths were recorded here.

Whether these regional trends are directly connected with the establishment and the service of drug consumption rooms is the subject of this study. In order to provide an empirical basis for the reported trends and to investigate the influence of the new legislation, the service of the drug consumption rooms was evaluated by means of this study.

## 2. Methodical Approach

### 2.1 Overview

In essence, the establishment of drug consumption rooms aims at the following aspects:

- Ensuring the survival of drug addicts
- Ensuring medical care in emergency cases
- Provision and arrangement of further supportive rehabilitation-oriented care
- Utilization of the drug consumption rooms by a group of drug addicted people who meet certain criteria
- Prevention of drug-related criminal acts in the immediate vicinity of the drug consumption rooms
- Compliance with the Narcotics Act (BtMG) and the international drug control treaties

In order to examine whether these objectives are realized through the operation of the drug consumption rooms, several work steps were carried out. These included a comparison of the hitherto issued state-specific ordinances on the operation of drug consumption rooms. Furthermore, a list of all drug consumption rooms that were operating in Germany on 02.01.2002 was drawn up and all documentary material that could be found in the institutions was inspected. State-specific checklists were developed in order to gather information on compliance with minimum standards, and a criterion list on the utilization of the drug consumption rooms and the offered services was set up. After that, a survey amongst the managers of the institutions was conducted by means of a standardized interview guideline in order to obtain more detailed information on identified problems. Also, interviews with the users of the drug consumption rooms were carried out.

Furthermore, statistical figures on the number of drug deaths per month, on incidents of drug-related crime, and on neighbourly complaints were obtained from either local police authorities or the competent federal state criminal police office.

For analysis of the data different methods were applied. For each institution a descriptive statistical analysis was carried out by means of the data obtained from criterion- and checklists (utilization frequencies, amount of staff, opening hours etc.). In an analysis of weak points the data on compliance with minimum standards as well as the results from the interviews with institution managers and consumption room users were condensed.

The central question, i.e. the effect of drug consumption rooms on the reduction of drug-related deaths, is answered by the statistical means of a time series analysis.

No time series analyses could be conducted for the following aspects: drug-related crime and neighbourly complaints, as only incomplete police files and no reliable figures with respect to the different drug consumption rooms are available.

## 2.1 Procedures

### 1. Reporting all drug consumption rooms operating in Germany on 02.01.2002

On January 2<sup>nd</sup> 2002, 19 drug consumption rooms were operating in Germany (8 in Hamburg, 4 in Frankfurt, 5 in North Rhine-Westphalia, 1 in Hanover, and 1 in Saarbrücken). In the meantime, (June 2002) two more consumption rooms had opened - in Dortmund and Frankfurt. In Hamburg one consumption room was closed. In the cities of Bonn and Bochum concrete preparations are made for the establishment of drug consumption rooms. In Bielefeld and Hagen consumption rooms are planned. All consumption rooms operating on January 2<sup>nd</sup> 2002 were included in the evaluation. For every institution the date of opening was determined.

### 2. Comparison of state-specific ordinances on the operation of drug consumption rooms

A juridical report was obtained, in which the existing ordinances of the federal states are compared and the differences are outlined.

### 3. Development of state-specific checklists

In order to evaluate the compliance with legal standards of each consumption room, state-specific checklists were developed on the basis of the juridical report. Within the framework of the Narcotics Act (third law amending of the Narcotics Act), there are several criteria already defined which concern compliance with minimum standards. Amongst these criteria are:

1. Appropriate and functional furnishings of the rooms that are meant to serve as drug consumption rooms;
2. Prompt medical care in case of emergency has to be guaranteed;
3. Medical counselling and help in order to reduce the risks involved in the consumption of narcotic drugs carried by addicts;
4. Arrangement for further rehabilitation-oriented counselling and therapy programmes for the users of the consumption rooms;
5. Measures to prevent criminal acts in drug consumption rooms, except for the possession of opiates in small amounts for private use;
6. Necessary forms of cooperation with local authorities responsible for public security and order for the prevention of criminal acts in the immediate vicinity of the drug consumption rooms;
7. Exact specification of the group of people entitled to use the drug consumption rooms, particularly with respect to age, type of carried drugs, as well as permitted forms of consumption; individuals who obviously belong to the group of first time or occasional drug consumers are to be excluded from the utilization of the consumption rooms;
8. Documentation and evaluation of the service of the drug consumption rooms;
9. Permanent presence of a sufficient number of reliable staff members, who are qualified to ensure the compliance with the above listed standards 1-7;

10. Naming of one qualified person, who is responsible for the compliance with the above named standards 1-9 and the conditions of the regulatory authority, who has to ensure that the orders of the surveillance authority are followed, and who can constantly fulfill these obligations.

In addition, every federal state has the opportunity to define further criteria for the operation of drug consumption rooms within the ordinance in force.

#### **4. Checking the compliance with minimum-standards**

By means of the state-specific checklists it was examined whether the minimum standards are kept in the different consumption rooms. This examination was carried out for each drug consumption room.

#### **5. Documentation of the utilization of the institutions and offered services**

In order to document to what (quantitative) extent each institution is utilized by drug addicts, documentary material on drug consumption rooms provided by local authorities was used. It was revealed that type and scope of data as well as ways of data collection vary from institution to institution, and that some data could not be obtained at all. The federal states of Hamburg and North Rhine-Westphalia use the same documentation system; therefore the data of these states are best of all comparable.

The collected data were statistically analyzed and graphically displayed in annual overviews for each consumption room. The following variables were ascertained for each consumption room: number of consumptions, number of emergency cases, number of deaths, and frequency of the use of services offered by the institution, number of staff members and their qualifications, weekly opening hours, as well as number of consumers who could be placed in further supportive programmes.

#### **6. Survey amongst institution managers**

For the survey amongst the managers of the institutions standardized personal interviews were conducted. Whenever information about the consumption room was missing in the documentary material, this information was sought for through the personal interview. Moreover, difficulties concerning compliance with minimum standards were addressed as well in these interviews.

#### **7. Survey amongst users**

In order to take into account a user-specific perspective, 10 users were interviewed in each consumption room. With only few exceptions a number of ten interviews per institution could be obtained.

#### **8. Collecting statistical data from the police for the time series analyses**

In order to examine the effect of the drug consumption rooms, data on drug deaths, drug-related crime and complaints of the public were inquired from the police authority of the corresponding city or the Federal Criminal Police Office. Whenever the data could be obtained, the number of drug deaths per month since 1990 was determined.

#### **9. Analysis of weak points / “best practices”**

In an analysis of the checklist results, weak points regarding compliance with minimum standards were identified for different consumption rooms. In order to identify possible

reasons for the reported difficulties, results from the interviews amongst institution managers were considered and contents analysis were carried out. In a second step certain minimum standards were identified that are especially difficult to comply with. To minimize these weak points in the future, the "best practices" of other institutions in dealing with these problems were compiled so that all other institutions might be able to benefit from these experiences.

### 10. Time series analysis

In order to answer the question whether the establishment of drug consumption rooms has an effect on the reduction of drug-related deaths, time series analyses were conducted for all cities operating drug consumption rooms. The ARIMA-Model (Auto-Regressive Integrated Moving Average-Model) was the approach chosen to conduct time series analyses. By means of these analyses it was investigated whether there is a statistically significant correlation between the establishment of drug consumption rooms and the reduction of drug-related deaths in the investigated cities.

## 3. Drug consumption rooms operating in Germany

The following drug consumption rooms were operating on 02. 01. 2002 in Germany and were included in the investigation:

### Hamburg:

consumption room	inauguration
Abrigado	5/94
Fixstern	8/95
Drob Inn	12/97
Kodrobs Altona	9/98
Stay Alive	9/98
Café DREI	10/98
droBill	2/00
Ragazza	5/00

### Hesse (Frankfurt):

consumption room	inauguration
Eastside	11/94
La Stada	2/95
Niddastraße (Moselstraße)	5/95 (Moselstraße) since 9/97 Niddastraße
Drogennotdienst Elbestraße	8/96

Not included in the investigation was the drug consumption room “Am Ostpark” in Frankfurt, which received the official permission for operation on 26.03.02. According to the Drug Department of Frankfurt this consumption room is not open to the public but is exclusively used by residents of an accommodation for homeless people with approx. 150 consumptions per week.

**Lower Saxony (Hanover):**

consumption room	open ing
Fixpunkt	12/97

**North Rhine-Westphalia:**

consumption room	opening
Indro e.V. (Münster)	4/01
Drogenhilfeeinrichtung Gleis 1 (Wuppertal)	6/01
Krisenhilfe Essen (Essen)	8/01
Kontaktstelle für Drogenabhängige (Cologne)	9/01
Drogenhilfe Aachen (Aachen)	1/02

Not included in this study was the consumption room in the city of Dortmund, which officially opened on 06.05.02. In the opening month of May, here approx. 110 consumptions were recorded.

**The Saarland (Saarbrücken)**

consumption room	opening
Drogenhilfezentrum Saarbrücken	4/99

## **4. Comparison of existing ordinances on the operation of drug consumption rooms**

### **4.1 Introduction**

In several German cities, e.g. the cities of Hamburg and Frankfurt, locations where substance-dependent people could consume the drugs they brought along already existed before the amendment of the Narcotics Act [3. BtMG-ÄndG]. The first consumption room - called "health room" then - was opened in the beginning of the year 1994 in Hamburg. It was based on the model of the "Gassenzimmer" (street rooms) in Switzerland, which were introduced in 1986. Meanwhile, they can be found in the cities of Zurich, Basel, Bern, and St. Gallen. The operation of such locations in Germany was coordinated and agreed over with the local criminal prosecution and health authorities, as well as with public policy authorities. Their legal admissibility, however, was fiercely disputed until the end. The majority of the juridical literature regarded the operation of drug consumption rooms as a punishable offence from the following point of view: an opportunity for illegal consumption of drugs is provided (§ 29 I No. 10 BtMG, old version).

Besides Switzerland and Germany, since 1996 also the Netherlands operate drug consumption rooms in the cities of Rotterdam and Arnheim.

In Germany, according to § 10 a of the Narcotics Act (BtMG) a drug consumption room is defined as an institution which provides an opportunity for drug-dependent persons to consume narcotic drugs in its rooms or tolerates that the consumption of drugs they bring along and which are available without prescription. Moreover, the Narcotics Act stipulates minimum requirements on the operation of consumption rooms (s. chapter 2.1, p. 3). These minimum standards are implemented in statutory ordinances which have to ensure by provision of a licence that consumption rooms operate in compliance with the Narcotics Act.

### **4.2 Comparison of the state-specific ordinances**

The hitherto issued ordinances in the federal states of Hamburg, Hesse, North Rhine-Westphalia, and the Saarland are very similar in many points. Nevertheless, there are some important differences regarding, for example, the question whether and under which conditions underage persons should be permitted to drug consumption rooms. In Lower Saxony, the age of 16 was defined as the minimum age. Underage drug addicts in this federal state have to be offered counselling and participation in rehabilitation programmes and their attention has to be drawn to further youth-specific supportive programmes. In Hamburg, underage consumption room users have to have consciously made the decision to consume (due to a given substance dependence) and have to show an understanding of their dependence and possible harmful consequences. In addition to that, in Hesse, North Rhine-Westphalia, and Saarland additionally a consent of the parents or legal guardians has to be provided. In these federal states it is also possible that after careful examination of an individual, the head of the consumption room can decide if the use of the consumption room is justified. In this case, in the state of Hesse the youth welfare department has to be called in. The ordinance in Lower Saxony, however, provides that persons under the age of 16 are to be excluded from utilization of the consumption rooms. Nevertheless, besides an

obligatory consultation as stated in the ordinance, it is left open how underage persons over 16 are to be dealt with. The wording of the ordinance indicates that this group of people can possibly be permitted to use the consumption rooms, especially since it is not mandatory to exclude them. There also exist important differences in how § 10 a II No. 7 BtMG is put into action (i.e. obvious first time or occasional consumers have to be excluded from using the drug consumption rooms). Hesse adopts this regulation only for obvious first time consumers but not for obvious occasional consumers. Nevertheless, it can be assumed that the Hessian legislator wants to give obvious “occasional consumers” access to drug consumption rooms. On the other hand, the ordinance in Lower Saxony even tightens the regulation by abstaining from using the characteristic “evidence”, which is hardly tangible anyway. This is allowed because these federal orders are minimum standards.

The ordinances in Saarland and Lower Saxony demand the exclusion of drug addicts currently undergoing substitution therapy. The ordinances in Hesse and North Rhine-Westphalia, however, demand the exclusion of drug-dependent persons who are apparently undergoing substitution therapy. It is unclear, how it is possible to recognize participation in substitution therapy. This almost uniform regulation is especially remarkable since it is not demanded in § 10 a BtMG - solely in the federal state of Hamburg, persons undergoing substitution therapy do not have to get excluded.

Only in Lower Saxony persons who are not able to prove their identity are refused to use the drug consumption room.

The ordinance in Hamburg does not explicitly demand medical treatment to be part of the counselling and helping services provided by the drug consumption rooms. In contrast, only in the ordinance of North Rhine-Westphalia the expression “ärztliche Hilfe und Beratung” is used, referring to help and counselling provided by medical doctors. However, the wording “medizinische Beratung und Hilfe”, which refers more generally to medical counselling and help, can be found in the ordinances of all other federal states.

Another difference worth to be mentioned is the fact that the federal state of Hesse is the only one that does not explicitly prohibit advertising of the institution. In other federal states, representatives of consumption rooms are only allowed to refer to their institution within the context of their educational work, although in practice the boundary will probably be rather vague.

Expressions in the laws that demand interpretation because of their vagueness exist in § 10 a BtMG as well as in the state-specific ordinances. This holds for the expressions “fachliche Ausbildung” (qualification of the staff) or “aktive Hilfe beim Konsum” (active help with the consumption), for example. There have been no court decision so far regarding the service of drug consumption rooms. Therefore, it will take some time until this terminology will be revised and put in concrete terms.

The future will show if the legal security created through the amendment of the Narcotics Act[3. BtMG-ÄndG] will result in an increase in the establishment of new consumption rooms and whether this will produce a positive effect on the overall drug situation in Germany.

It should also be mentioned that the Hessian ordinance will cease to be in force on 31.12.2006.

## 5. Description of the drug consumption rooms

The description of each drug consumption room includes information on its location within the city, size, opening hours, contacts per week (one visit in the consumption room = one contact), information on number and qualification of staff as well as on special characteristics of the consumption room (e.g. problematic aspects revealed in the personal interviews with institution managers).

Furthermore, an overview of the services offered directly by the particular institution as well as affiliated supportive services that can be arranged is drawn up. In order to avoid repetitions, offered services are not listed for every single consumption room. Amongst the services offered on-site are the provision of sterile injections, food, shower, laundry service, basic medical care, arrangement of places to sleep, counselling on health issues (HIV, Hepatitis, cure for drug addiction, therapy), “safer-use”, and crack, legal advice, advice for debtors, arrangement for doctors, substitutes, and therapy, crisis intervention, counselling for relatives, and counselling concerning children. Affiliated services include cooperation with external counselling centres and the social security office, as well as placement in therapy and work programmes. Special services offered by particular institutions are mentioned under “special characteristics”. In the following section a description of each drug consumption room is provided:

### **Hamburg:**

#### **Drug consumption room “Abrigado”**

- **location in city:** decentralized, in the southern part of the city
- **size:** 10 rooms (drug consumption, medical care, consultation, café, staff, store, washing facilities, toilets); 8 consumption places, 4 for intravenous consumption, 4 for inhalation
- **opening hours:** Mo-Fr 13.30 -19.00, when enough staff, open also on holidays
- **contacts per week:** 320 (average in the year 2001); 14.4% of the contacts were women
- **staff:** 2 social education workers (30 hrs), 2 social education workers (40 hrs), 2 nurses (30 hrs), 8 freelancers
- **special characteristics:** long waiting periods for consumers causing conflicts, increase in aggression in connection with crack and cocaine use, space in the institution is too limited

#### **Drug consumption room “Fixstern”**

- **location in city:** located in the centre, close to the “scene”
- **size:** approx. 10 rooms for different purposes (9 consumption places, 6 intravenous, 3 smoking)
- **opening hours:** Mo 14.00-20.00, Tue/Thu/Fri 10.00-20.00, Wed 10.00-14.00 women only, Sa 14-19.00, if possible also open on holidays
- **contacts per week:** 380 contacts per week in the consumption room and 1260 visits in the café (average in the year 2001); 17.8% of the contacts were women
- **staff:** 6 social education workers (38.5 hrs), 2 social education workers (19.5 hrs), 3 nurses (38.5 hrs), approx. 18 freelancers, 1 disinfectant / bus driver
- **special characteristics:** number of contacts places excessive demands on the institution, problems with neighbourly complaints; the consumption of alcohol and cannabis is not allowed

### **Drug consumption room “Drob Inn”**

- **location in city:** in immediate vicinity of the central train station, “on top of the scene”
- **size:** 15 rooms for different purposes (10 consumption places, 7 intravenous, 3 inhalation)
- **opening hours:** Mo 9.00-19.00, Tue 14.30-19.00, Wed-Fri 9.00-19.00, and Sa 11.00-16.00
- **contacts per week:** 1220 contacts per week in the consumption room and 4390 contacts in the consumption café (average in the year 2001)
- **staff:** 1 manager (38.5 hrs), 9.25 social education worker jobs (38.5 hrs), 1,5 bus driver jobs (38.5 hrs), student freelancers (approx. 240 hrs), nurses, doctor, administration employees, kitchen staff, cleaners (exact figures unknown)
- **special characteristics:** services include the placement in housing projects, there are deficits particularly with respect to further therapy opportunities for the opiate addicts; the consumption of alcohol and cannabis is not allowed

### **Drug consumption room “Kodrobs Altona”**

- **location in city:** located far away from the drug scene in the city
- **size:** 11 rooms for different purposes (6 places for intravenous consumption)
- **opening hours:** Mo, Tue, Wed, Fri 10.00-19.00
- **contacts per week:** 90 contacts per week in the consumption room (average in the year 2001) and 380 contacts in the consumption café (average in the year 2000);
- **staff:** 1 nurse (29 hrs), 1 nonmedical practitioner (29 hrs), 1 old people’s nurse (19 hrs)
- **special characteristics:** need of improvement is seen for rehabilitation programmes; consumption of alcohol and cannabis is not allowed as well as the inhalation of substances

### **Drug consumption room “Stay Alive”**

- **location in city:** located directly in St. Pauli, close to the drug scene
- **size:** approx. 13 rooms for different purposes (8 consumption places, 6 intravenous, 2 smoking)
- **opening hours:** Mo 11.30-19.30, Tue-Fri 13.00-19.30, holidays also 13.00-19.30
- **contacts per week:** 240 contacts per week in the consumption room and 500 contacts in the consumption café (average in the year 2001); 10.8% of the contacts were women
- **staff:** 1 manager (38.5 hrs), 6 social education workers (38.5 hrs), 1 doctor (19.5 hrs), 1 nurse (19.25 hrs), 1 administration employee (38.5 hrs), 1 janitor/disinfector (19.25 hrs), 1 cook (19.25 hrs), student freelancers (approx. 97.5 hrs)
- **special characteristics:** counselling offered in Turkish, group activities offered (e.g., painting); counselling for substance addicts could be improved, waiting period for detoxification should be shortened; the consumption of alcohol and cannabis is not allowed

### **Drug consumption room “Café DREI”**

- **location in city:** located rather far away from the drug scene
- **size:** approx. 16 rooms for different purposes (6 consumption places, intravenous)
- **opening hours:** Mo-Fri and Sun 14.00-19.00
- **contacts per week:** 160 contacts per week in the consumption room and 340 contacts in the consumption café (average in the year 2001); 16.5% of the contacts were women

- **staff:** 2 nurses (38.5 hrs), 6 social education workers (38.5 hrs), student freelancers (30 hrs), freelancers for café/kitchen (approx. 30 hrs)
- **special characteristics:** facilities include TV and computers, group activities are offered (e.g., barbecuing); inhalation of substances is not allowed due to missing permission of medical supervisor

#### **Drug consumption room “Dro Bill”**

- **location in city:** located rather far away from the drug scene
- **size:** approx. 8 rooms for different purposes (9 consumption places, 8 intravenous, 1 smoking)
- **opening hours:** Mo/Tue 11.00-18.00, Wed 10.00-19.00, Fri 13.00-20.00
- **contacts per week:** approx. 20 contacts per week in the consumption room (average in the year 2001) and approx. 90 visits in the consumption café (average in the year 2000)
- **staff:** 1 project coordinator, 1 pedagogue (30 hrs), 2 social education workers (30 hrs, 19.25 hrs), 2 educators (30 hrs), 1 freelancer (8.5 hrs)
- **special characteristics:** there are no direct neighbours, institution is accommodated in containers; health services offered include acupuncture; drug consumption room closed at the end of may 2002

#### **Drug consumption room “Ragazza”**

- **location in city:** located in the vicinity of the “unorganized” red light district / streetwalking
- **size:** 10 rooms for different purposes (8 consumption places, 5 intravenous, 3 inhalation)
- **opening hours:** Mo 8.00-14.00, Wed 8.00-14.00 and 21.00-02.00, Thu, Fri, Sun 21.00-02.00
- **contacts per week:** approx. 20 contacts per week in the consumption room (average in the year 2001) and approx. 90 visits in the consumption café (average in the year 2000)
- **staff:** 1 manager (38.5 hrs), 2 social education workers (30 hrs), 2 social education workers (38.5 hrs), 3 social education workers (25, 19.25, 18 hrs), 2 nurses (38.5 hrs), 1 housework employee (19.25 hrs), 1 administration employee (19.25 hrs), 1 disinfectant (19.5 hrs), 1 doctor (6 hrs), pedagogue freelancers (approx. 60 hrs)
- **special characteristics:** target group are solely women, particularly drug-addicted prostitutes; services include counselling for pregnant women, care in jail or hospital, social street work; more space and staff is needed, waiting period for detoxification too long, not enough beds for crack consumers; consumption of methadone and intravenous consumption of crack is prohibited

#### **Frankfurt:**

##### **Drug consumption room “Eastside”**

- **location in city:** located in an industrial area
- **size:** approx. 140 rooms in several buildings (8 consumption places, intravenous)
- **opening hours:** daily (including holidays) 15.30-22.00
- **contacts per week:** approx. 320 visits per week (23% women), and 480 consumptions (average in the year 2001)
- **staff:** for the consumption room 1 social education worker (25.4 hrs), and 30 student freelancers (91 hrs); for the rest of the institution approx. 20 employees (38.5 hrs), and 35 student freelancers
- **special characteristics:** biggest institution in Germany, main service is the provision of approx. 100 sleeping places for homeless people; services include also work programmes, carpentry, and metal work; need for more

regular members of staff; in the evening shuttle service between the institution and the central station; the consumption of methadone, alcohol, crack and the inhalation of any substances is not allowed

#### **Drug consumption room “La Strada”**

- **location in city:** located in the vicinity of the central station district
- **size:** approx. 26 rooms for different purposes including bedrooms (12 places for intravenous consumption)
- **opening hours:** Mo-Fri 8.30-19.30, Sunday and holidays 8.30-12.30
- **contacts per week:** approx. 490 consumptions per week (average in the year 2001), 26% of the contacts were women
- **staff:** 1 manager (38.5 hrs), 8 social education workers, 25 student freelancers (19.5 hrs), 1 janitor, 2 trainees, 1 person doing community service, 1 employee for beds during the daytime, 4 night duties, 8-10 student freelancers for the overnight accommodation service (approx. 180 hrs)
- **special characteristics:** services offered include crack street programme and counselling on Aids/HIV, need for special programmes on different aspects of the drug addiction (e.g., crack consumption) or on the problem of Hepatitis-C; consumption of alcohol and cannabis and the intravenous consumption of crack is prohibited

#### **Drug consumption room “Niddastraße”**

- **location in city:** located directly in the central station district, the institution closest to the drug scene in Frankfurt
- **size:** approx. 11 rooms for different purposes (12 consumption places, intravenous)
- **opening hours:** daily 12.00-24.00
- **contacts per week:** approx. 1940 consumptions per week (average in the year 2001), 24.2% women
- **staff:** 3 social education worker (38.5 hrs), approx. 30 student freelancers (420 hrs)
- **special characteristics:** most frequented institution in Germany; services offered include mobile exchange of injections, counselling for prostitutes; demand for concepts for cocaine consumers and programmes for women, demand for more qualified staff members; consumption of crack and methadone is not allowed

#### **Drug consumption room “Drogennotdienst Elbestraße”**

- **location in city:** located directly in the central station district
- **size:** approx. 20 rooms for different purposes including sleeping places (8 places for intravenous consumption)
- **opening hours:** Mo-Fri 06.00-12.00 and 15.00-21.00, Sa, Sun, holidays 06.00-24.00
- **contacts per week:** approx. 370 contacts and 1160 consumptions per week, 19.6% of the first contacts women, 28.9% of the consumptions by women (average in the year 2001)
- **staff:** for consumption room 1 social education worker (30 hrs), 25 student freelancers (354 hrs); for counselling/medical care 1 manager (38.5 hrs), 10 social education workers, 2 doctors (together 73 hrs), 1 nurse (25 hrs), 1 doctor's assistant (38.5 hrs), 2 administration employees (19.25 hrs); for resting area in the daytime student freelancers (34.5 hrs); for overnight accommodation area 14 freelancers
- **special characteristics:** target group are particularly homeless people; services include street work, affiliated services include cooperation with a school especially for drug addicted people; increase in aggression due to crack consumption; the consumption of alcohol and inhaling substances particularly crack is not allowed

#### **Lower Saxony:**

##### **Drug consumption room “Fixpunkt Hannover”**

- **location in city:** located at a big intersection in the city of Hanover

- **size:** approx. 12 rooms for different purposes (11 places for intravenous consumption)
- **opening hours:** Mo-Fri 13.00-19.00 and Sa 11.00-15.00
- **contacts per week:** approx. 810 consumptions per week, 13% of the consumptions by women (average in the year 2001)
- **staff:** 1 manager (38.5 hrs), 2 social education workers (38.5 hrs), 1 trainee (38.5 hrs), 1 doctor (10 hrs), 2 nurses (38.5 hrs), 2 student freelancers (19.25 hrs), 1 cleaner (2-3 hrs daily), 3 pedagogy students as freelancers (max. 15 hrs)
- **special characteristics:** often not enough time for sufficient individual counselling, need of programmes for Russian-speaking consumers; because inhalation is not allowed in the institution, many crack consumers stay on the street instead of coming in, therefore it is difficult to establish contact with this group of people; the consumption of alcohol is not allowed as well as the inhalation of substances

#### **North Rhine-Westphalia:**

##### **Drug consumption room “Indro” (Münster)**

- **location in city:** located in immediate vicinity of the central station
- **size:** approx. 9 rooms for different purposes (4-6 consumption places for intravenous consumption, 1 for inhalation)
- **opening hours:** Mo-Fri 13.00-19.00 and Sa 11.00-15.00
- **contacts per week:** approx. 270 consumptions per week (average in 6/2001 until 5/2002), 13.1% of the consumptions by women
- **staff:** 1 doctor (19.25 hrs), 1 paramedic, 5.5 social education worker (38.5 hrs), 1 pedagogue (38.5 hrs), 1 employee for the work with ethnic Russians living in Germany, pedagogic/student freelancers (together 48 hrs)
- **special characteristics:** services include the work with ethnic Russians living in Germany; demand for theoretical discussion of the drug addiction and related problems, e.g. personal responsibility versus the perspective of person in need of treatment; improvement needed in programmes for women who prostitute themselves; demand for more sleeping places and housing projects

##### **Drug consumption room “Gleis 1” (Wuppertal)**

- **location in city:** located in immediate vicinity of the central station in an old part of the station building
- **size:** approx. 16 rooms for different purposes (8 consumption places, 5 intravenous, 3 smoking)
- **opening hours:** Mo-Fri 11.00-17.00
- **contacts per week:** approx. 300 consumptions per week (average in 6/2001 until 5/2002), 11.6% of the consumptions by women; daily 100-150 visits in the contact café
- **staff:** 1 psychiatric doctor (12 hrs), 1 nurse/social therapist (38.5 hrs), 1 nurse/social education worker (30 hrs), 1 receptionist (30 hrs), 1 student freelancer (10 hrs), 4 paramedics (together 41 hrs), 1 social education worker for management (38.5 hrs), employee for immediate care and administration (30 hrs), 1 psycho-social care (38.5 hrs), 1 secretary (30 hrs), 1 cook (20 hrs), community service workers (together 192 hrs), student freelancers (approx. 72 hrs per week), kindergarten teacher (38.5 hrs)
- **special characteristics:** services include street work; institution should have the capacity to open on weekends; more consumption places for inhalation needed; more substitution therapy places should be available

##### **Drug consumption room “Krisenhilfe Essen” (Essen)**

- **location in city:** located at the edge of the city centre, approx. 15-minutes walking distance from the central station

- **size:** approx. 30 rooms for different purposes including sleeping places (12 consumption places, 8 intravenous, 4 inhalation)
- **opening hours:** Mo-Fri 08.00-20.00, Sa/Su and holidays 11.15-18.00
- **contacts per week:** approx. 660 consumptions per week (average in 8/2001 until 5/2002), 19.1% of the consumptions by women
- **staff:** 1 doctor (10 hrs), mobile doctor (6 hrs), social education workers (together 42 hrs), 2 nurses (together 68.5 hrs), approx. 20 freelancers (together 144 hrs), employee for cleaning
- **special characteristics:** the institution covers almost the entire range of services for drug-dependent people including prevention programmes as well as ambulant medical care, detoxification, street work, overnight accommodation, counselling etc.; only residents of the city of Essen or persons who spent the most of their time in Essen are allowed to use the consumption room; individuals from out of town are allowed to use the consumption room once if they show withdrawal symptoms; consumption of medicaments is not allowed

#### **Drug consumption room “Kontaktstelle für Drogenabhängige” (Cologne)**

- **location in city:** located in immediate vicinity of the central station
- **size:** approx. 14 rooms for different purposes including bedrooms (3 consumption places, 2 intravenous, 1 inhalation)
- **opening hours:** Mo 08.00-13.00, Tue-Fri 08.15-13.00 and 14.00-17.15
- **contacts per week:** approx. 30 consumptions per week (average in 9/2001 until 5/2002), 23.6% of the consumptions by women
- **staff:** for the consumption room 1 doctor (12-15 hrs), 3 qualified medical employees (together 106 hrs); for the rest of the institution 1 manager (13 hrs), 9 social education workers (29 hrs), 2 social education workers (38.5 hrs), 4 people doing community service; for the overnight accommodation 1 manager (13 hrs), 6 social education workers (19.25 hrs), 8 student freelancers (together 72 hrs)
- **special characteristics:** at the time of the survey this drug consumption room was with three consumption places the smallest one in Germany; services include the programme “Soforthilfe” (immediate help) North Rhine-Westphalia; the consumption of tablets is not allowed neither in cocktails nor the oral consumption

#### **Drug consumption room “Drogenhilfe Aachen“ (Aachen)**

- **location in city:** located in immediate vicinity of the open drug scene at “Kaiserplatz”
- **size:** approx. 14 rooms for different purposes including café (4 consumption places, 2 intravenous, 2 inhalation)
- **opening hours:** Mo-Fri 11.00-16.00 Sa 12.00-15.00
- **contacts per week:** approx. 80 consumptions per week (average in 1/2002 until 5/2002), 12.2% of the consumptions by women
- **staff:** for the consumption room 2 doctors (30 hrs, 19.25 hrs), 1 nurse (19.25 hrs); 2 social education workers (30 hrs, 38 hrs), freelancers (together 8 hrs), cleaner (10 hrs); for café area 1 manager for organization (30 hrs), 1 pedagogic manager (30 hrs), 2 social education workers (38 hrs), 4 people doing community service (35 hrs), 2 educators (38 hrs), 2 freelancers (together 8 hrs)
- **special characteristics:** main problem is the financial situation so that sufficient psychosocial care of the clients can often not be guaranteed; the consumption of alcohol, cigarettes and crack is prohibited, also injections in the neck or the inguinal region (here exceptions after consulting a doctor possible) are not allowed; a maximum amount of 80 user passes can be handed out

**The Saarland:**

**Drug consumption room “Drogenhilfezentrum Saarbrücken“**

- **location in city:** located a bit outside of the city centre
- **size:** approx. 20 rooms for different purposes including bedrooms, café (20 consumption places, intravenous)
- **opening hours:** daily (including holidays) 10.00-19.00
- **contacts per week:** admissions per week were recorded but the information was not provided to be used in this study; at the time of recording, 1463 users were registered in the consumption room
- **staff:** 1 manager (10 hrs), 1 manager as social education worker (38.5 hrs), 3 social education workers (38.5 hrs), 2 social education workers (19.25 hrs), 1 nurse (29 hrs), 1 cook (38.5 hrs), 1 housework employee (38.5 hrs), 1 janitor (38.5 hrs), 1 secretary (29 hrs), 31 freelancers (together 420 hrs), 5 people doing community service (38.5 hrs)
- **special characteristics:** because of the difficult financial situation there are not enough qualified employees with regular contracts, but many freelancers instead; only the intravenous consumption of substances is allowed; special programmes for long-term opiate addicts needed; there are many French, Rhineland-Palatinate, as well as ethnic Russians living in Germany amongst the consumption room users

## 6. Compliance with statutory minimum standards

By means of state-specific checklists it was examined to what extent the consumption rooms of each federal state comply with statutory minimum standards. To give an overview of the obtained results, for each federal state a table is provided in which the state-specific required minimum standards are listed. In the right column of the table the information is given whether the consumption rooms comply with each required standard. Additionally, in some cases detailed information is given on how institutions put compliance with minimum standards into practice.

### 1. Hamburg

consumption rooms in Hamburg	compliance / details
1. “visible” (structural) minimum standards (e.g. walls, ceilings and furnishings have to be washable and disinfected; sufficient lighting; physical separation from other counselling institutions)	yes
2. emergency plan	yes
3. guarantee of prompt medical care in cases of emergency	yes
4. medical care / help	yes
5. first consultation and further rehabilitation-oriented counselling	yes In one consumption room difficulties to provide sufficient further counselling; in one consumption room no obligatory first consultation.
6. Prevention of criminal acts according to the Narcotics Act (BtMG)	yes
7. Advertisement regulation	yes

8. effects on the immediate vicinity / contact with the police	yes One consumption room reports massive difficulties with the neighbours.
9. entitled group of users	yes In one institution code words are given out (pseudonyms) to control that only entitled users enter the consumption room.
10. permitted substances / ways of consumption	Intravenous consumption permitted in all, inhalation permitted in all except for two institutions, consumption of cannabis and alcohol prohibited in all institutions
11. documentation	yes
12. visual control of substances, (no) substance analyses	yes

## 2. Hesse

consumption rooms in Hesse	compliance / details
1. "visible" structural minimum standards	yes
2. emergency plan	yes
3. guarantee of prompt medical care in cases of emergency	yes
4. medical care / help	yes
5. first consultation and further rehabilitation-oriented counselling	yes
6. compliance with the house rules / sanctions	yes
7. cooperation with authorities	yes
8. effects on the immediate vicinity / contact with the police	yes One institution has employed a private security service.
9. entitled group of users	yes Only persons allowed who are of age, intoxicated persons are not permitted entry, only drugs for immediate private use allowed. In all institutions visitors are judged by appearances before allowed to use the consumption room.
10. permitted substances / ways of consumption / visual control of substances	Intravenous consumption is permitted in all consumption rooms; in two the inhalation is explicitly prohibited. Two institutions allow smoking from tin foil and sniffing. The consumption of alcohol is prohibited everywhere and all consumption rooms carry out visual checks of the substances before allowing the consumption.

11. Documentation	yes
12. number / qualification of staff	yes

### 3. Lower Saxony

consumption rooms in Lower Saxony	compliance / details
1. "visible" structural minimum standards	yes
2. emergency plan	yes
3. guarantee of prompt medical care in cases of emergency	yes
4. medical care / help	yes
5. first consultation and further rehabilitation-oriented counselling	yes
6. compliance with the house rules / sanctions	yes Sanctions include banning persons from entering the house and in certain cases reporting them to the police.
7. Cooperation with authorities	yes
8. effects on the immediate vicinity / contact with the police	yes
9. entitled group of users	yes Only persons who are above the age of 16 are permitted access, intoxicated persons are not allowed.
10. permitted substances / ways of consumption / visual control of substances	Inhalation is prohibited. In all consumption rooms visual checks of the substances are carried out before the consumption is allowed.
11. Documentation	yes
12. number / qualification of staff	yes

### 4. North Rhine-Westphalia

Consumption rooms in North Rhine-Westphalia	compliance / details
1. "visible" structural minimum standards	yes
2. emergency plan	yes
3. guarantee of prompt medical care in cases of emergency	yes
4. medical care / help	yes Two institutions cooperate with a hospital nearby from where help can be requested in case of emergency.
5. first consultation and further rehabilitation-oriented counselling	yes In one institution user passes are given out and a physical and psychological

	anamnesis is carried out. The concepts for arranging further supportive services differ from institution to institution.
6. Compliance with the house rules / sanctions	yes Sanctions include banning persons from entering the house.
7. Advertisement regulation	yes
8. effects on the immediate vicinity / contact with the police	yes In one institution a service for citizen's complaints and questions has been established. Particularly two consumption rooms have problems with their neighbours
9. entitled group of users	yes Only persons allowed who are of age. In all institutions visitors are judged by appearances before allowed to use the consumption room. A contract granting use has to be signed
10. permitted substances / ways of consumption / visual control of substances	The intravenous consumption is allowed in all institutions. In two institutions inhalation is prohibited. In all consumption rooms alcohol and cannabis are not allowed. In all institutions a visual check of the substances is carried out before the consumption is allowed.
11. Documentation	yes

## 5. The Saarland

consumption rooms in Saarland	compliance / details
1. "visible" structural minimum standards	yes
2. emergency plan	yes
3. guarantee of prompt medical care in cases of emergency	yes
4. medical care / help	yes
5. first consultation and further rehabilitation-oriented counselling	yes
6. compliance with the house rules / sanctions	yes Sanctions include banning persons from entering the house / prohibiting consumption.
7. Advertisement regulation	yes

8. effects on the immediate vicinity / contact with the police	yes
9. entitled group of users	yes Only persons allowed who are of age and only registered users
10. permitted substances / ways of consumption	The intravenous consumption is allowed in all institutions; inhalation and sniffing is prohibited.
11. Documentation	yes
12. number and qualification of staff	yes

## 7. Survey amongst drug consumption room users

In this chapter, the results of the survey amongst the consumption room users are provided. Results are described with respect to the entire sample in order to examine the nationwide perspective of drug consumption room users.

In 18 consumption rooms a total amount of 168 interviews was conducted. 133 of the users interviewed were men and 35 were women. The subjects were between 21 and 60 years old. The average age was 34.8 years. Approximately half of the interviewees reported to visit the consumption room daily. The consensus was that consumption rooms should be continuously open, including weekends.

67.8% of all interviewed users reported to have had a consultation before they used the consumption room for the first time. This aspect could be improved in the future, since a first consultation is mandatory according to the ordinances of all federal states.

The quality of the contact to the staff in the institutions was judged very positively: 47.6% described the quality of the contact as very good (on a 5-point-scale from very good to very bad) and 47% as rather good. This is a very positive result which indicates the high commitment of the staff for the consumption room users. The opportunity to consume drugs under hygienic conditions (48.2% of the users) and in a protected setting (47%) were rated as particularly important aspects. Furthermore, the provision of (prompt) medical care (35.7%), the possibility not to have to consume in the public any longer (31%), and the qualification of the staff (24.4%) were named as positive aspects of the consumption rooms.

As another important feature the closeness to the drug scene was mentioned by 26.5% of the interviewed persons, as well as the absence of the police (19.1%).

157 persons reported to have consumed heroin within the last 24 hours. Only 7 persons said that they did not start using heroin until one year ago or even later. This result shows that consumption rooms manage to reach the target group of long-term drug addicts.

Out of 63 persons who reported to have consumed drugs within the last 24 hours in the public, 36.5% said the consumption room had been closed or overcrowded (23.5%). A similar result was

obtained when asking the users why they do not always go to the consumption room for consuming their drugs. Here, 42.9% of all subjects gave the restricted opening hours of the institution as a reason. At the same time, the consumption room is regarded as the most important location for consuming by 63.7% of the interviewed users. Therefore, it is recommended to open consumption rooms every day including weekends, if possible.

With respect to further supportive services, 54.2% of the users interviewed reported that a contact to another helping institution was arranged for them by the staff of the consumption room at least once. In 90.6% of these cases, the arranged contact actually took place. Further supportive services mentioned the most frequently were detoxification and therapy institutions as well as public authorities. Obviously, the intention of the consumption rooms to refer users to further supportive services is successfully realized.

The interviewees also talked about the benefits they get from the health care offered by the consumption rooms, reporting that their health significantly improved through the contact with the consumption room. 60.1% of the interviewed persons reported that they had already sought medical help in the consumption room in the past. Besides, 70.2% stated they would now consult a doctor sooner when feeling ill than at the time they did not make use of the consumption room. In case they feel ill, 44.4% of the interviewees said they seek medical help at the consumption room first, 30.6% go to their family doctor, and 0.6% go to hospital. These results, too, show how much the access to medical care for drug-dependent persons is improved by the drug consumption rooms.

How well the intended target group of long-standing opiate addicts is reached by the consumption rooms can be concluded from the “drug- and therapy career“ of most of the users interviewed: more than half of the subjects (56%) reported that they already had several therapeutic trials, 28.8% reported one therapeutic trial.

In summary one can say that:

- the target group intended by the legislator is reached
- no under age persons were met in the consumption rooms during the survey
- 96% of the interviewed persons are dependent on drugs for several years
- access to further supportive institutions is provided by the staff of the consumption rooms and corresponding contacts are arranged
- health care is significantly improved by contact with the consumption room
- access to the medical care system is improved by the service of drug consumption rooms
- consumption rooms should be open every day in order to prevent public consumption.

## **8. Weak Points / “Best Practices”**

### **8.1 The problem of Hepatitis C**

In the survey amongst the consumption room managers it was revealed that the problem of Hepatitis C is addressed only very seldom. In the personal interviews subsequently conducted with the managers, this topic was explicitly addressed. Several institution managers stated they would see great demand for information and research on the problem of Hepatitis C.

It can be concluded that the awareness of Hepatitis C as a serious health risk has to be increased amongst the consumers, and that the institutions have to provide their users with information, particularly concerning ways of transmission and prevention of Hepatitis C.

### **8.2 Low-threshold access to medical care**

All institutions should offer consultation hours with doctors since it facilitates the access of drug-dependent persons to the medical system. In all institutions this service should be expanded to meet the demand and to ensure sufficient health care for all consumption room users.

### **8.3 Women and drug consumption rooms**

The proportion of women varies between 11.6% of all consumptions in Wuppertal and 26% of all consumptions recorded in the institution “La Strada” in Frankfurt. Whether there exist women-specific thresholds in the utilization of consumption rooms cannot be answered by this study. However, the impression is given that consumption rooms offering women-specific programmes/services tend to have a greater proportion of female consumers than institutions which do not offer women-specific services.

### **8.4 Data documentation**

There are big differences in the documentation systems used by the different consumption rooms, making a nationwide comparison of the service of the consumption rooms very difficult. Sometimes, identical aspects are ascertained by different types of measurements. In the consumption room “Eastside” in Frankfurt, for example, the number of consumptions is equated with the number of syringes given out, whereas in the institution “Drogenhilfe Eimsbüttel”, visitors and visits are counted. The expressions “user”, “visitor”, “visits”, and “consumptions” are often treated synonymously by the institutions, and there hardly exist any standard definitions.

In order to ensure a nationwide comparability of the services of drug consumption rooms, some variables should be specified. These variables will have to be ascertained by means of the same investigation methods in a consistent way for all consumption rooms. However, most of the variables are already ascertained on a daily basis by the consumption rooms themselves. Therefore, especially the above mentioned unclear definitions remain to be standardized.

It is suggested to record the following figures for nationwide comparability (other data can be collected as usual):

- Consumptions
- Number of visitors in the consumption room
- Drug-related emergency cases
- Number of visitors in the affiliated contact area (e.g. café)
- Weekly opening hours
- Placements in further programmes arranged by the different sections of the institution; i.e., separately for contact area and consumption room (and separately for supportive facility, e.g., detoxification, substitution, doctor, authority etc.; also placements arranged within the institution should be taken into account)

On the basis of such standardization, it would be possible to ensure a better comparability of consumption rooms at least with respect to these basic data. The data also allow for a quantitative comparison of different concepts. In the long run, it could be investigated, for example, which concepts are particularly successful in reaching as many addicts as possible, or whether women are systematically underrepresented. The knowledge gained from these investigations could be applied in order to reduce costs and to optimize relief strategies.

It is also suggested that the data collected in the consumption rooms are recorded externally each month, as done in North Rhine-Westphalia.

## **8.5 Consumption rooms and substitution**

The issue “consumption rooms and substitution” is a problematic one. Some of the consumption room users reported they were currently undergoing substitution therapy. In principle, the question arises whether it is irresponsible or not to refuse access to persons undergoing substitution treatment, who otherwise apply substitution drugs in unprotected settings. This subgroup is at particular risk when using cocaine or heroin. Within the last few years there has been a nationwide increase in poly-intoxication in connection with methadone as the cause of death. Therefore, the issue of substitution needs careful consideration before further decisions can be made.

## **8.6 Consumption rooms and the public order**

In many cities, with reference to the drug consumption rooms the open drug scene was dispersed without providing an equivalent public location. The question where drug-dependent people can go in the public remained unanswered. As a result, this group of people started to gather immediately in front of the consumption rooms, which often do not have the capacity to take care of them. As a result, there are frequent complaints from the neighbourhood around the institutions.

In North Rhine-Westphalia, in many communities “order-partnerships” were set up to improve the objective security as well as the subjective feeling of security amongst the citizens. In these partnerships, the police, health, order and social welfare authorities, and other institutions were integrated and an intensified cooperation with the drug consumption rooms was developed.

## 8.7 High-/low-threshold institutions

The admission requirements for using drug consumption rooms differ from institution to institution to a great extent. With respect to the results obtained in the study, it is suggested to keep the access threshold to consumption rooms as low as possible in order to ensure the survival of the drug-addicts. In particular, it is suggested not to exclude individuals from other cities from using the consumption rooms, since it surely leads to drug-consumption outside the institutions in unprotected settings in the public.

It appears reasonable to inquire some personal data from the users with respect to the provision of optimal medical care in case of emergency. The recorded data can also be used to evaluate the applied relief concepts.

## 8.8 Opening hours

Consumption rooms should be open every day, including weekends. If the service of the institution includes overnight accommodation, the consumption room should also be open in the morning. Another possibility is that consumption rooms located near each other coordinate their opening hours in order to provide drug-dependent persons with the possibility to consume drugs in a safe and clean environment round-the-clock.

## 8.9 Prompt medical help and counselling in North Rhine-Westphalia

The wording used in § 5 of the ordinance of North Rhine-Westphalia (guarantee of prompt medical counselling and care provided *by doctors* (“*ärztliche Hilfe und Beratung*”)), could turn out to be a problem. Namely, if the obligation of continuous presence of one or more doctors during the opening hours of the drug consumption room should be derived from this formulation. If precedents indicated that it is legitimate to fulfill the requirement of prompt doctoral medical care by way of cooperation with doctor’s practices and hospitals located nearby, we would suggest that cooperation contracts are concluded in order to document compliance with the required minimum standards.

Another possibility to be considered is to adopt the formulation “medical care and counselling” (*medizinische Hilfe und Beratung*”), used in the ordinances of all other federal states. That is because counselling and help provided through qualified medical staff during the entire opening time is definitely guaranteed in the drug consumption rooms in North Rhine-Westphalia.

## 8.10 Recommended qualification of staff in the consumption rooms

On the basis of the obtained results so far, the suggestion is made to generally employ qualified medical staff as well as social education workers.

## 8.11 Concepts for crack consumers

As revealed by the results of the survey, crack consumers are a subgroup of drug addicts who have to deal with special problems that cannot be sufficiently dealt with the concepts applied for other consumers. Therefore, special programmes and concepts have to be developed in order to fulfill the needs of this group of people.

## **8.12 Choice of location for consumption rooms and cooperation with public authorities / police**

On the basis of the obtained results, several suggestions for choosing an appropriate location for a drug consumption room can be made:

- It is recommendable to conduct a social impact assessment before making the decision for a certain location. If possible, the location should be chosen with consensus among all potentially affected groups/persons.
- Locations that are in public focus, central places, for example, seem to be less appropriate.
- Locations for drug consumption rooms should nevertheless be quite central.
- Locations should not per se be deterrent for their potential users.

Furthermore, it is important to integrate the communities in the processes of problem-identification, problem-solving and decision-making concerning consumption rooms, as well as to maintain good cooperation with public authorities and the police.

## **9. The effect of drug consumption rooms on the reduction of drug-related deaths**

### **9.1 Excuse: Definition of drug deaths**

Drug-related deaths are defined as “deaths which are in causal connection with the abuse of narcotic drugs or substitutes, in particular:

- deaths following intentional or unintentional overdose
- deaths as a result of long-term abuse
- deaths due to suicide resulting from despair of the circumstances of life or the effects of withdrawal symptoms
- deaths due to fatal accidents suffered by people under the influence of drugs”

(National Police Department, Polizeidienstverordnung 386, 1979)

This nationwide standardized definition was introduced in order to facilitate comparative statistics on deaths related to the consumption of narcotic drugs. Unfortunately, the meaningfulness of these statistics is restricted insofar as the definition of drug deaths leaves a wide room for interpretation and consequently for the reporting of drug deaths. For example, a death due to long-term abuse is not always correctly identified or categorized. Often, a doctor is the one who ascribes the death to a particular cause, which may also have been immunodeficiency, infectious diseases etc..

However, the absolute exactness of the data collected is not as important as the standardization of the method of data collection during the period of investigation. In a letter to police authorities, attention was drawn to this aspect. In their written reply, no police authority stated any changes in the way of data collection during the time of the survey.

The Criminal Police Office of North Rhine-Westphalia was not able to provide statistics on the number of drug deaths per months in the relevant cities. Therefore, time series analyses were conducted for the cities of Hamburg, Frankfurt, Hanover, and Saarbrücken only, but not for the cities in North Rhine-Westphalia included in this survey.

## 9.2 Basic principles of time series analyses

The objective of conducting time series analyses is to examine whether observed changes in the number of drug deaths in the time after the opening of a drug consumption room are a result of statistical fluctuations or whether they have a direct connection with the service of the drug consumption room.

The basic procedure of a time series analysis is to identify given regularities (here: number of drug deaths per year) in a time series and to depict them in a model. Then, a formalized description of the assumed intervention effect (here: opening of the drug consumption room) is added to the model. If the prediction of the original data can be significantly improved by the extension of the model, then a fundamental significant effect of the intervention (i.e., the effect is not by chance) can be assumed.

Therefore, the monthly figures of the drug-related deaths were inquired from the police authorities for the years 1990 to 2001. The ARIMA-Model (Auto-**R**egressive **I**ntegrated **M**oving **A**verage-Model) was the approach chosen to conduct the time series analyses. Some basic considerations were taken into account with regard to testing the effect of drug consumption rooms: the establishment of a drug consumption room being a permanent intervention, the effect of this intervention should be persistent and stable over time. Since an intervention effect cannot be assumed to occur immediately with the opening of a drug consumption room, an intervention-effect-model was specified. It acts on the assumption of a 6-months delayed but enduring effect.

## 9.3 Results of the time series analyses

For the city of Hanover, the intervention model (6-months delayed effect) turned out to be significant ( $p < .05$ ). Therefore, it can be concluded that there is a close statistical relationship between the opening of the consumption room and the long-term reduction of the number of drug-related deaths.

The same significant effect ( $p < .05$ ) could also be demonstrated for the city of Saarbrücken.

Because in Hamburg and Frankfurt several consumption rooms are in operation simultaneously, in the intervention model the consumption rooms were entered in the order of their opening dates. As soon as statistical significance was reached on the 5% level by adding one more consumption room, calculation was aborted. This was interpreted as saturation effect.

In the time series analysis for Hamburg, a statistically significant intervention effect appears after the opening of the third consumption room ( $p < .05$ ). While for the establishment of the first two consumption rooms no significant intervention effect occurs, the synergistic effects appear when the third consumption room is added.

For the city of Frankfurt, the data show a clear reduction in the number of drug deaths for the period between 1993 and 1997, while a stagnation in the number of drug deaths can be observed

since 1997. As in the case of Hamburg, the drug consumption rooms were entered in the calculation in the order of their opening dates. In the time series analysis for Frankfurt, the synergistic effects of the drug consumption rooms do not statistically show before the opening of the fourth consumption room. The statistically significant relationship between the reduction of drug deaths and the service of drug consumption rooms only appears when all interventions are combined. One possible explanation for this result could be the already existing trend towards a reduced number of drug deaths in Frankfurt in the period between 1993 and 1997.

On the basis of these results it can be assumed that in the investigated cities of Saarbrücken, Hanover, Hamburg and Frankfurt there is a significant statistical relationship between the operation of drug consumption rooms and the reduction of drug deaths. Therefore, it can be concluded that drug consumption rooms make a statistically significant contribution to the reduction of drug-related deaths.

## 10. Number of drug consumptions and drug emergency cases since 1995 in consumption rooms in Germany

From the year 1995 to 2001, a total number of 2.1 million consumptions has been documented in consumption rooms in Germany. Within this period of time a constant increase in the number of consumptions has been observed (see fig. 1). Together with the increase in consumptions there has also been an increase in drug-related emergencies (see fig. 2). However, not a single death has been recorded in German drug consumption rooms for the same period of time, although a total of 5426 drug-related emergency cases has been documented (due to missing data, this figure is assumed to be even higher).

Figure 1: Documented consumptions in German drug consumption rooms since 1995

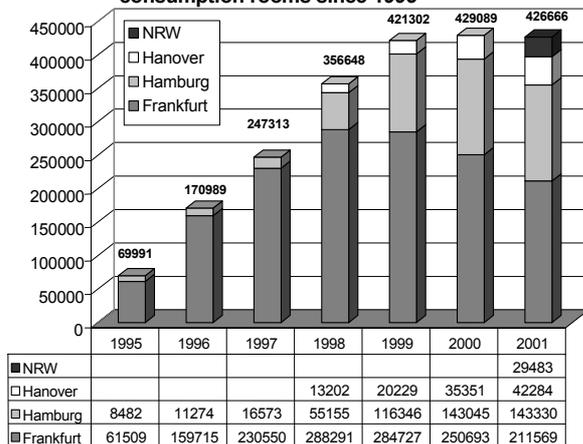


Figure 2: Documented drug-related emergencies in German consumption rooms since 1995

