

## 12. Drug policies in large European cities

Large cities are often disproportionately heavily affected by drug trafficking on the one hand and problems in connection with drug consumption on the other. This concerns not only open drug scenes or districts where drug problems are concentrated, but also affects safety and public health services. Here the number of drug-related offences displays an inverted U function or J function (Tretter & Jaedicke 2002). This means that the burden falls the least on the provinces, then increases with the number of residents in cities and is the highest in smaller major cities. It decreases then somewhat in large metropolises. Consequently, this special section will provide an overview of the drug policies of twelve large German cities first and foremost. Detailed descriptions of the situations in the respective cities are located in the appendix. Finally, the drug policies of the German capital of Berlin will be discussed in detail.

### 12.1 Drug policies in major German cities

This section shows the drug policies and the drug strategies or action plans of twelve major German cities: Hamburg, Munich, Cologne, Frankfurt, Stuttgart, Dortmund, Essen, Düsseldorf, Bremen, Leipzig, Dresden and Rostock. They will be presented without taking Berlin into account as it will be discussed in detail in chapter 12.2. This will cover the commonalities and differences with respect to administration structure, drug-related programmes, the presence of a drug strategy and its rough contents, coordination by a drug commissioner as well as participation of cities in networks with focus areas relevant to drugs. Table 12.1 provides an overview of the relevant information for the individual cities.

#### 12.1.1 Administration structure

A mayor presides over the administration of all the cities covered in this chapter (First or Lord Mayor if other mayors are subordinate to him). Additionally, the mayor is the president of the municipal council, which is responsible for all matters of urban administration. Urban administration is divided into special function offices that refer to themselves as departments, municipal offices, and senate or administrative divisions depending on the city. Their numbers vary greatly between the cities (between three and eleven).

Specifics arise for the city-states of Bremen and Hamburg, for which the *Land* and municipal structures are identical with each other. Here the Senate, led by the First Mayor, is at the top of municipal and Land administration. The members of the Senate (Senators) are each in charge of a special function department and can also be compared to the ministers of states as well as to the heads of departments of other major cities.

Table 12.1 Overview

City	Number of residents <sup>140</sup>	Diamorphine dispensaries	Special Drug-related programmes <sup>141</sup>	Drug strategy	Drug Commissioners	Regional and trans-regional networks
Hamburg	1,786,448.	Yes	<p>Youth addiction counselling centres</p> <p>CAN Stop</p> <p>Counselling programmes for women, including special women's injection rooms for drug-addicted prostitutes for intravenous use of illegal drugs</p> <p>Special counselling programmes for dependency sufferers identified by work agencies</p> <p>Child protection officer at addiction counselling centres</p> <p>Native-language programmes</p> <p>Age and addiction demonstration project</p> <p>Differential help with measures of integration assistance</p>	<p>Yes</p> <p>"Cessation-oriented reform of drug help Hamburg" circular</p> <p>"Drug-free childhood and youth; concept for prevention and early intervention of drug use and abuse in children and adolescents" circular</p>	<p>Yes;</p> <p>Specialist ward for drugs and addiction</p>	<p>Coordinating body for drug services and drug prevention</p> <p>Head official group for drugs</p> <p>Permanent work group for addiction prevention</p> <p>Specialist board for drugs and addiction</p> <p>Integration assistance panel</p> <p>Various permanent work groups, such as the Drug Expert Committee of the Hamburg State Centre for Addiction Issues, AG CONNECT, AG LINA-NET, MA of substitution treatment physicians</p>
Munich	1,353,186	Yes	<p>Munich Help Network for Children and their Drug-Addicted Parents</p> <p>Special programme for older drug addicts</p> <p>Special programme for drug-using women</p>	<p>Yes;</p> <p>Guidelines (started in 1995, updated in 2009); no measures plan, rather a description of state of knowledge</p>	<p>Yes;</p> <p>Coordinator for Psychiatry and addiction help</p>	<p>EFUS Network (European Forum for Urban Security) (<a href="http://efus.eu">http://efus.eu</a>)</p>

<sup>140</sup> Source: <https://www.destatis.de/DE/ZahlenFakten/LaenderRegionen/Regionales/Gemeindeverzeichnis/GVOnlineAbfrage.html>

<sup>141</sup> This information comes from the cities and does not claim to be exhaustive.

City	Number of residents <sup>140</sup>	Diamorphine dispensaries	Special Drug-related programmes <sup>141</sup>	Drug strategy	Drug Commissioners	Regional and trans-regional networks
Cologne	1,007,119	Yes	Mobile medical service for basic and emergency care (drug treatment outpatient clinic)  Drug injection room	No; The city's drug policy is oriented towards the functional specifications of the "Land programme against addiction"	Yes; Drugs consultant	Participation in several working groups and advisory boards
Frankfurt	679,664	Yes	Information programmes for young people, parents and leaders  Early intervention, for example CaBS (Case Management und Beratung für cannabiskonsumierende Schüler) (case management and counselling for cannabis users) outreach programme for schools  Selective addiction prevention, for example BINSO (Brücke für Integration und Soziales) (Bridge to integration and social issues): Programme for persons at risk of addiction with migration background in cooperation with cultural associations  Women-specific help  Low-threshold programmes: 4 injection rooms for intravenous use of illegal drugs  Crack smoking room  Needle exchange	Yes; "Frankfurter Weg": is consistent with the legal regulations and provisions of the Federal Government and the Land Hessen  Annual monitoring system of drug trends in Frankfurt on the Main	Yes; Drugs consultant	Frankfurt was involved with EXASS Net until the withdrawal of Germany from the Pompidou Group in 2011  Monday Group: interdisciplinary cooperation model  Coordination of various working groups for example "Youth, drugs and addiction prevention work group", "Alcohol Roundtable" or "Friday Group"  Participation in committees e.g. Youth Services Committee
Stuttgart	606,588		Special native-language counselling for people with a migration background	No	Yes; Addiction help planning	EFUS Network (European Forum for Urban Security) (efus.eu)

City	Number of residents <sup>140</sup>	Diamorphine dispensaries	Special Drug-related programmes <sup>141</sup>	Drug strategy	Drug Commissioners	Regional and trans-regional networks
						Addiction support services in the national Professional Association for Drugs and Narcotics (Fachverband Drogen und Rauschmittel e.V. (fdr))
Dortmund	580,444		None	No; Development of the "Dortmunder path" 20 years ago	No; Psychiatry coordination and direction of the social psychiatric service	Akzept e.V.  Twinning projects of the Landschaftsverband Westfalen-Lippe (Regional Association of Westphalia-Lippe) (LWL)  Advisory Board of the National Office for Addiction  Commission for "addiction and drugs" of the Medical Association
Essen	574,635		Drug use room with possibility of hepatitis vaccination  Programmes for children and young people  Programmes for girls and women	Yes; Drug policy is based on the "Guidelines for Drug Policy in Essen" (first adopted in 1993, revised in 1999)	Yes; Drug assistance department	Coordination and cooperation in various regular work groups in collaboration with the authorities, associations, organisations and institutions of the welfare work
Dusseldorf	588,735		Acceptance-oriented drug counselling for people with a migration background  Inter-cultural programmes  Advisory services for Russian-speaking drug users  Contact and counselling centre for women (over 27) who use	No; The city's drug policy is oriented towards the functional specifications of the "Land programme against addiction"	Yes; Addiction coordination	Addiction and drugs work group of the Düsseldorf Health Conference  Addiction prevention planning group  Substitution drug work group

City	Number of residents <sup>140</sup>	Diamorphine dispensaries	Special Drug-related programmes <sup>141</sup>	Drug strategy	Drug Commissioners	Regional and trans-regional networks
			<p>drugs, are homeless and/or engage in prostitution</p> <p>Emergency shelter for girls and young adults up to 27 years (primary care)</p> <p>Drug use room with possibility of hepatitis vaccination</p>			
Bremen	547,340		<p>(ESC)ape – Outpatient clinic for young people with drug problems</p> <p>CAN Stop</p>	No; Bremen's drug policy is based on the national drug policy	Yes; Drugs help control body of the Health Office and consultant for addiction help of the Land Bremen	<p>Association of Drug and Addiction Help, national)</p> <p>Drug Coordination Committee (interagency work group at the Land level)</p> <p>Addiction expert committee (local level)</p> <p>Drug help managing committee (local level)</p> <p>Prevention work group (local level)</p>
Leipzig	522,883		<p>transVer: Transcultural care of addicts</p> <p>Emergency shelter and motivational living</p> <p>WG "pregnant" Network for drug-addicted pregnant women, parents and their children</p> <p>Needle exchange</p>	Yes; Drug policy guidelines since 1999; based on the National Strategy of Drug and Addiction Policy	Yes; Addiction commissioner staff officer	<p>Drug advisory board</p> <p>Addiction prevention WG</p> <p>WG homeless and addicts</p> <p>Drugs rapport (monthly group)</p> <p>Crime prevention council</p> <p>Quarterly meetings of the addiction commissioner of major cities in Sachsen with the consultant for addiction issues with the state ministry for social issues and consumer</p>

City	Number of residents <sup>140</sup>	Diamorphine dispensaries	Special Drug-related programmes <sup>141</sup>	Drug strategy	Drug Commissioners	Regional and trans-regional networks
						protection. Democracy Project , Cities & Drugs II of the European Union (EU) (2008 to 2011)
Dresden	523,058		Child and youth-specific programme of the youth and drug counselling centre with a special emphasis on illegal drugs	Yes; Cooperation agreement drug assistance Dresden; Collaboration agreement on coordination and quality assurance of support for children, adolescents and young adults with drug problems in Dresden	Yes; Municipal Drug Commissioners	“Addiction Prevention Dresden” work group “Illegal drugs Dresden” work group Meetings with the heads of addiction counselling and treatment centres
Rostock	202,735		CANStop Programmes for drug-dependent or at-risk children and young people	No	No; Office of Addiction Psychiatry Coordination	Addiction work group in the Health Office Community crime prevention

### 12.1.2 Drug-related programmes

The area of drug-specific aid in all cities covers prevention, consulting, treatment, survival assistance and also repression in so much as it comes under local government. The latter generally is under the responsibility of the municipal department of public order and the police. Coordination of drug-specific assistance is generally the task of the special function departments. The services are provided primarily by non-governmental agencies, charitable associations and youth welfare offices. They are financed using public funds of the municipalities, partially subsidised by the Land (e. g. in Dresden and Leipzig) or other administration units such as the districts (in Munich). The following programmes are offered in most cities for treating users and addicts of illegal drugs: prevention, low-threshold support (e. g. street-work, drop-in centres, needle-exchange or overnight shelters), basic or emergency medical care, substitution outpatient clinics, outpatient addiction consulting and treatment centres, psychosocial care as well as social and occupational reintegration.

In addition, the cities offer various unique programmes for drug addicts. Thus there are special programmes in many cities for children and youths (Hamburg, Munich, Düsseldorf, Dresden, Frankfurt, Essen, Rostock) or special native-language counselling for people with a migrant background (Hamburg, Frankfurt, Stuttgart, Düsseldorf, Leipzig). There are also counselling centres for drug-dependent women, primarily for those pursuing prostitution (Hamburg, Munich, Düsseldorf, Frankfurt, Essen) and injection rooms in certain cities (Hamburg, Frankfurt, Essen, Cologne, Düsseldorf) as well as separate counselling and treatment for cannabis consumers (Frankfurt, Rostock, Hamburg, Bremen).

Within the framework of the German federal model project on heroin-assisted treatment of opiate addicts ("Heroin Study"), drug addicts for whom previous drug treatment was not successful or for whom substitution was not satisfactory received injectable, synthetically produced heroin (diamorphine) as medication on a trial basis in the period between March 2002 and December 2003; a control group received the substitute drug methadone in parallel. Both groups received regular medical care and received psychosocial concomitant treatment. In total, 1,032 people were randomly assigned to heroin or methadone treatment in seven treatment centres in Hamburg, Frankfurt, Hannover, Bonn, Cologne, Munich and Karlsruhe. These seven cities still allow heroin distribution for drug addicts in question. The cities found in this chapter are Hamburg, Munich and Frankfurt.

### 12.1.3 Drug strategy

Five of the twelve cities presented have their own drug strategy or drug-specific guidelines, namely Munich, Frankfurt, Essen, Leipzig and Dresden. They are analogous to the legal provisions of the Federal Government and the respective State, in other words the national strategy and the corresponding State's addiction concept. The drug policies of most cities are based on the cornerstones of prevention, counselling and treatment, harm-reduction and repression. The guidelines for addiction policy in Munich in contrast do not provide an action plan, but rather are limited to a description of the state of knowledge. In Dresden there is the "Kooperationsvereinbarung Drogenhilfe Dresden (Cooperation agreement for drug support

services Dresden)“ which serves as the binding framework for cooperation in providing care for users of illegal drugs who need help in Dresden. The cooperating partners recognise the binding quality standards in the process.

Cities that do not have their own drug strategy or action plan are generally oriented towards the technical specifications of the state’s addiction concept. Accordingly the “Landesprogramm gegen Sucht (state programme against addiction)” of Nordrhein-Westfalen applies for Düsseldorf and Cologne, while the Baden-Württemberg Strategy for Addiction Prevention and Support applies for Stuttgart, for example. In states without their own drug strategy or action plans, the cities are oriented towards the 4-pillar model of the national drug policy, such as Bremen, Hamburg and Mecklenburg-Vorpommern, for example.

#### **12.1.4 Drug Commissioners**

Questions on the topic of addiction and drugs belong to the working range of the local health authority in almost all cities. This falls under the responsibility of one of the special function departments which can be responsible for different parent roles depending on the city, e.g. social issues or health. In Frankfurt on the Main, the responsibility lies with the drug department of the city, which has the status of a government agency. In almost all cities there is someone responsible for drug issues in the municipal health office (in Munich, Cologne, Stuttgart, Essen, Düsseldorf, Bremen, Leipzig and Dresden); in Hamburg it is located in the Land agency. The title and specific function varies greatly between the cities. The position may be called addiction support planning, drug commissioner, drug consultant or drug coordinator. The scope of duties are partially looked after by individual persons and partially by small work groups and generally covers coordination and control functions in the area of prevention and care of dependency sufferers and risk group members as well as their family. In Bremen, all measures for the area of drugs and addiction are conducted in close coordination between the addiction coordinator of the State of Bremen and the drug advice management centre of the health office of Bremen.

There are no designated drug commissioners in some cities. For example, in Rostock the task of the drug commissioner is carried out by the addiction and psychiatry coordinator and by the psychiatry coordinator and the management of the social-psychiatric services in Dortmund.

#### **12.1.5 Networks on a regional or trans-regional level**

Nearly all cities organise regional, interdisciplinary work groups, panels and advisory boards in the area of drugs and addiction in which the participants regularly exchange information on questions on the issue of drugs, prevention and treatment.

In addition, most cities indicate they are organised in different trans-regional or national networks that are presented here as an example. For example, Leipzig takes part in quarterly meetings between the addiction commissioners of major cities in Saxony and the consultant for addiction issues of the state ministry for social issues and consumer protection. The addiction support services in Stuttgart are a member of the national Fachverband Drogen und Rauschmittel (Professional Association for Drugs and Narcotics) e.V. (fdr). The head of



the social-psychiatric services in Dortmund is an adviser of the national agency for addiction and member of the “Addiction and Drugs” commission of the Medical Association.

Individual cities are (or were until recently) additionally members in international networks. Dortmund took part for example in twinning projects of the Landschaftsverband Westfalen-Lippe (Regional Association of Westphalia-Lippe) (LWL). Munich and Stuttgart were involved in the international EFUS networks (European Forum for Urban Security<sup>142</sup>)<sup>143</sup>. Until 2011, Leipzig took part in the EU project “Democracy, Cities & Drugs II”<sup>144</sup> which aims at promoting a local and integrated approach towards the problem with drugs. Until recently, Frankfurt was involved with EXASS Net<sup>145</sup>, a European network initiated by the Pompidou group on the exchange of experiences between local people involved who had to react on the front lines of the drug problems.

## 12.2 Case study: the capital city of Berlin<sup>146</sup>

In Berlin there are 3.46 million residents living in an area of 892 km<sup>2</sup>. 14.5% of residents are under 18 and 19.1% are over 65 years old. Migrants, at 472,000 people make up around 13.6 % of the population. 1.57 million people are registered as employed. The unemployment rate in 2012 was on average 13.4 % (Amt für Statistik Berlin-Brandenburg 2011).

About every seventh resident of Berlin is affected by drug abuse or drug dependency, either directly themselves or as a family member. Estimates assume that about 185,000 people abuse alcohol or are already dependent; about 370,000 people drink hazardous amounts of alcohol. About 135,000 are problem-users of prescription drugs. Approx. 165,000 people currently use illegal drugs, mainly cannabis and approx. 15,000 people are dependent on cannabis. (Kraus et al. 2008a) Approximately 8,000 to 10,000 people are dependent on opiates in Berlin (Kirschner et al. 1994). In 2011, 114 drug users died from an overdose (Berlin State Office of Criminal Investigation, personal disclosure).

Berlin is not only the capital, but also a city-state with all political functions of a *Land*. This means that Berlin is responsible for the development and implementation of drug policy on a state level as the other 15 Federal States are. Just as in all other Federal States, a full-time drug and addiction commissioner assumes the coordination and control of drug and addiction policy, coordination with other involved departments and the tasks within the framework of coordination on a Federal Council level.

### 12.2.1 Drug and addiction policies of Berlin

The Berlin “Programme for combating drug abuse” has existed since 1977. This programme was extensively described in the so-called drug reports from 1978, 1983 and in the drug and

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<sup>142</sup> <http://efus.eu/de/about-us/the-efus/public/1450>

<sup>143</sup> EFUS is working on all important issues of municipal crime prevention and supports contacts between European cities through the exchange of experience, cooperation and continuing education.

<sup>144</sup> <http://www.democitydrug.org/>

<sup>145</sup> [http://www.coe.int/t/dg3/pompidou/activities/exassnet\\_EN.asp](http://www.coe.int/t/dg3/pompidou/activities/exassnet_EN.asp)

<sup>146</sup> This contribution was written by Monika Wojak, research assistant at the Senate Administration for Health and Social Affairs, Berlin.

addiction report from 1993 for the Berlin Congress of Deputies and also coordinated on the state and district level on an interdepartmental basis. Since 1994, further development has not been established in the form of a new drug report or as a programme fixed in writing, however many building blocks were kept in writing, for example as a senate proposal to the parliament.

The aims of Berlin's drug policy are based on the strategy of four equal pillars of prevention, counselling and treatment, harm reduction and survival assistance as well as repression just as on the federal level and in other federal states and major cities. In the process, the drug policy, which was previously narrowly defined, was replaced with a comprehensive drug and addiction policy which is oriented towards the National Strategy on Drug and Addiction Policy as well as towards the drug strategy of the European Union and the corresponding applicable EU drug action plan.

The aims of Berlin's drug and addiction policy are to promote a responsible approach towards legal addictive drugs among the population and to prevent illegal drug use; to support addicts and their family members in becoming free of their dependence on drugs or gambling; to assist addicts with survival and help them improve their health conditions; to protect the population from crimes associated with drugs and addictions and other side effects of drug use.

Berlin's drug and addiction support programme is coordinated and implemented by the drug commissioner and her employees at the Senate Administration of Health and Social Security. The range of tasks includes basic issues of the situation of dependency sufferers, the health care system of addiction support services, addiction prevention as well as drug and addiction policy. At the same time, the drug commissioner is the contact partner for media and interested citizens. In addition, the responsible unit is financed through so-called austerity financing by non-governmental agencies for prevention and drug addiction support services. The annual budget amounts to roughly €6.5 million. Funding today is largely given to the facilities within the framework of three to five-year contracts, which leads to greater planning security for both assistance facilities and the State of Berlin.

### 12.2.2 Addiction prevention

A central aim of addiction prevention is the avoidance of dangerous use or dependency. As a result, addiction prevention reduces the number of young people entering addiction and drug careers on a medium and long-term basis and contributes to safety in the city and to social cohesion.

The aims of prevention were consensually established in the "Guidelines on addiction prevention"<sup>147</sup> and by the Congress of Deputies in 2006. The guidelines form the backbone of today's addiction prevention and are supported by all significant participants and brought to life. Among other things they state the following: *"Addiction prevention is the task of all people, social groups and institutions.... The central aim of addiction prevention is to prevent*

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<sup>147</sup> Available at: <http://www.berlin.de/imperia/md/content/lb-drogen-sucht/leitlinien.pdf?start&ts=1172759262&file=leitlinien.pdf>.

*the hazardous use of drugs such as nicotine, alcohol, prescription medication or cannabis and also excessive behaviours such as slot machine or video games or to at least significantly reduce them in order to prevent psychosocial problems and dependencies.... Addiction prevention needs an overall strategy that is directed at all children, adolescents and adults in different areas. In the process, high-risk groups need to be supported in particular. This particularly concerns those people who previously could not be reached by current programmes. Therefore effective addiction prevention must be carried out where people come together, learn and spend their free time. Addiction prevention is oriented towards the life environment of people and their social circle. It must be created on a group-specific and gender -specific basis.... Addiction prevention measures are embedded in long-term and sustainable processes. The intention of addiction prevention is directed both at the behaviour of individuals and long-term structural changes.” (Berliner Senat 2006)*

In 2004/2005, addiction prevention in Berlin was restructured based on the recommendations from the “Expert opinion on addiction prevention” that was prepared by scientists. The setting up of the central “Specialist office for addiction prevention” of the private agency pad e.V.<sup>148</sup> was the beginning of a new addiction prevention policy in the city in December 2005. Today the specialist office for addiction prevention together with other participants such as schools and youth help centres, district and senate administrations, non-governmental agencies, health insurers and many other cooperating partners organises comprehensive campaigns, provides information material and makes sure that addiction prevention is increasingly perceived as a joint task.

The Berlin addiction prevention facility is oriented towards:

- Strengthening of the effect of prevention for the entire city
- Good networking with all significant cooperating partners
- Strengthening measures of early intervention in order to reduce drug use and to stop drug careers in time, thereby avoiding long-term high costs

Focuses and fields of action of the specialist office include:

- Addictive substances, in particular tobacco, alcohol, cannabis and gambling
- Measures specific to target groups and model projects
- Further training of multipliers, e.g. on the subject of children in families with addiction issues
- Improvement of quality of addiction prevention and its evaluation

Programmes were initiated as part of the early intervention network<sup>149</sup> for early interventions in the case of cannabis-related issues and excessive alcohol consumption. Regional alcohol and drug counselling centres offer the early intervention programme named “FreD” (“Frühintervention bei polizeilich erstaußälligen Drogenkonsumenten (Early intervention in

<sup>148</sup> [www.berlin-suchtpraevention.de](http://www.berlin-suchtpraevention.de).

<sup>149</sup> [www.netzwerk-fruehintervention.de](http://www.netzwerk-fruehintervention.de)

connection with first-time drug offenders”)) and “Realize it” for cannabis users as well as the “Break” programme for reducing alcohol consumption. “HALT”, a project for young consumers of alcohol who were hospitalised following alcohol intoxication, is another early intervention programme and is offered throughout Berlin.

The legal drugs tobacco and alcohol as well as illegal cannabis are the drugs most frequently consumed among adolescents and young adults. Bearing this fact in mind, Karuna e.V.<sup>150</sup> developed a join-in circuit on not smoking titled “Do you still smoke or are you already alive?”, a join-in circuit on alcohol prevention titled “Full power life - even without alcohol” and a join-in circuit on prevention titled “Foolproof healthy living”, all of which are very successful. Another join-in circuit on cannabis prevention is currently being designed. Karuna e.V. has additionally developed particular programmes specific to target groups for street children and other adolescents with dangerous drug use in cooperation with youth help centres. These include the “Cleanpeace” project offered in cooperation with child and adolescent psychiatric centres as well as the therapeutic community “Villa Störtebecker” and programmes assisting with employment or daily structure.

### 12.2.3 Drug and addiction care services

The aims of drug and addiction support services have also been fundamentally enhanced over the past 15 years. The ultimate aim of a structured needs-based outpatient assistance offering is to provide aid to all people looking for help and their family members regardless of the substance and consumption status, age, gender, nationality or migration status, without a waiting period and within close proximity to their homes (or to organise help) that they require. Achieving this aim was the result of a comprehensive and fundamental restructuring process that took several years. This was made possible since it was based on a scientific foundation and because non-governmental agencies were included in efforts to combat drug abuse as partners and equals. The compound system of drug and addiction support services in Berlin today offers a broad spectrum of regional, in other words local and trans-regional assistance programmes for dependency sufferers and their family members.

#### ***Excursus: The emergence of integrated and regional addiction care services***

At the end of the 1990s, alcohol support services in Berlin were already in a good position and were organised corresponding to the district (local) structures. There were alcohol counselling centres and self-help groups in operation and even an inpatient assistance offering detoxification and withdrawal treatment for alcoholics in proximity to their residences. Although there was a sufficient number of counselling centres and low-threshold assistance for illegal drug addicts, the quality of the work was not satisfactory everywhere. Not all programmes were in sufficient demand by the target groups, which mainly consisted of opium users and there were almost no programmes in the eastern half of Berlin. Some people looking for help had to accept long commutes and all facilities had waiting lists. Since there was virtually no cooperation between the two separate support systems for people dependent on legal and illegal drugs, agreements, case management or cross-network

<sup>150</sup> <http://www.karuna-berlin.de/>

activity adapted to the needs of those looking for help were non-existent. Against this background, it was evident that the structure of the support systems urgently needed to be reworked. The aim was to construct a balanced support structure for people with dependency problems proportionate to their needs.

This large-scale restructuring effort required not only the streamlining of all of those involved but it also had to be based on solid scientific knowledge. The Cologne-based Society for Research and Counselling in the Fields of Health and Social Issues (FOGS GmbH)<sup>151</sup> received for this reason the task of preparing a demand analysis based on indicators of high-exposure and coming up with suggestions for restructuring. The partners in the following restructuring process were on the state and district level in Berlin along with the drug commissioners and the drug and addiction coordinators of the districts as well as non-governmental agencies for drug support and their associations.

#### *Conditions for restructuring*

A requirement for the following process was the conversion from the existing grant funding for drug support facilities on a yearly basis to a public contract with a term of five years between the State of Berlin and the League of Charities. The contractually established aim of restructuring outpatient drug support was the most important component. However, further important liabilities were stipulated to which the State and the associations agreed:

- Defining the addiction support regions.
- A clear description of tasks and services (prevention, harm-reduction, counselling and outpatient treatment as well as cooperation between all parties involved)
- Low-threshold access without waiting periods
- Mandatory participation in documentation in the German Core Data Set
- A guarantee of the grant amount for the duration of the contract

The partners of the agreement agreed to carry out the process of restructuring in mutual agreement. The suggestion had to take into account the current situation of non-governmental agencies, their respective profiles and their human resources. Future planning regions of Berlin were oriented towards the district structure, however since the prevalence of the consumption of illegal drugs is significantly lower than that of alcohol use, two districts each were pooled together for every single planning region. This meant that a drug counselling centre per district was not considered necessary in all cases – as for counselling and treatment of alcoholics – rather that these programmes only have to be maintained at least in each region.

#### *The demand analysis*

25 experts in the fields of science, administration and practice such as non-government agencies and their umbrella organisations were interviewed and asked to evaluate the significance of a series of indicators. These indicators were suggested by scientists from

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<sup>151</sup> [www.fogs-gmbh.de](http://www.fogs-gmbh.de)

FOGS as so-called pressure indicators in order to measure the strain of drug problems on the respective regions. The indicators allowed for information from the areas of epidemiological data of substance abuse, special drug-related problems, health factors, demand and treatment (the so-called "Treatment Demand Indicator") or from the social index of the districts.

Although some of the indicators suggested by the experts were determined to be very important, their recommendations could not be followed through in all areas. This was mainly because the available data were only available on a citywide level and not on a regional or district level. The results from the addiction survey carried out every five years are available for all of Berlin but not for the individual districts. The social index on the other hand is available on a district level, however the methods for defining them are fundamentally different from the analysis using indicators of exposure and as a result, it was not possible to link these data with each other.

The results of the expert ratings were the following five indicators of exposure through which their strain on every region could be measured:

1. The number of counselling and treatment cases at drug counselling facilities differed depending on place of residence and treatment location
2. Number of cases of hepatitis B and C
3. Number of patients being treated by physicians providing substitution treatment
4. Number of rescue situations the fire department responded to because of psychotropic substance overdose
5. Drug-related deaths differ according to place of residence and where the body is discovered

#### *The results of the pressure analysis and subsequent restructuring*

Scientists worked out a ranking of the six regions and developed a proposal for the reconstruction of outpatient centres. This proposal contained an exact specification of the necessary staffing positions and counselling centres per region. Since the results would lead to substantial modifications in the previous structures of outpatient drug support services, a work group was set up, which came up with a proposal for the future structure. All non-governmental agencies were represented just like their associations, the FOGS institute and the participating administration teams (including district representatives). As soon as the work group agreed on a proposal for restructuring in a region, it was presented at a regional conference to all participants from education, health care or the police and its implementation was promoted. In cases where reorganisation proved to be difficult, solutions were searched for that took all participants' interests into account.

Multiple drug counselling centres had to relocate to a different district or even to a different region. Some facilities received additional staff, others had to release some. These changes raised significant concerns, but no participating facility refused to cooperate and all were convinced of the necessity and significance of such restructuring.

After several years of intensive work, it has been made possible to create a network of cooperation for outpatient drug addiction support in every region. Drug addicts in prisons or hospitals received counselling in the region of their place of residence. People seeking aid were no longer rejected and all were entitled to treatment without waiting periods in proximity to their place of residence. On the other hand, addicts retained the freedom to look for those counselling centres that they wanted. However, they did know that in this case people seeking help from the region were treated with priority and thereby had to account for possible waiting periods.

Not all facilities were included in restructuring. Since not all programmes have to be provided in every region due to the small size of the target groups, the decision was made to have some specialised programmes only once or twice on a cross-regional basis. For example this affects a special treatment programme for cannabis users, which in addition to drug counselling centres offers treatment for cannabis users, and an outpatient treatment for cocaine addicts, "Therapie sofort (Immediate Treatment)," a facility with the emergency drug services which enables drug addicts in acute crises to be immediately placed into detoxification and subsequent treatment at an inpatient treatment facility in Berlin. Also round-the-clock availability of the emergency drug services<sup>152</sup> is required only in the city. Both injection rooms and the drug injection mobile are exempt from the regional obligation to provide care.

As a result, six Regional Addiction Support Centres arose from outpatient drug addiction support services. In a second step, cooperation networks between the outpatient drug assistance network and the counselling system for alcoholics and prescription drug dependency sufferers were created in each region and integrated addiction support services emerged. All facilities were committed to cooperating in their region on an institutional level as well as on a client level, which means that within each of the six planning regions all agencies of low-threshold contact efforts and drug counselling are obligated, by the common overall concept, to cooperate with the alcohol and prescription drug counselling centres to provide an integrated addiction support. They fulfil a joint requirement and performance scope and agree on user-oriented operating hours, gender-oriented and youth-friendly as well as migrant-specific programmes, organise joint advanced training, regional conferences, etc. so that in this way they can guarantee a responsible service for all people in the region that abuse and are dependent on drugs and narcotics (including their family members and caregivers).

The scope of services of the regional addiction support services includes measures in the area of low-threshold contact efforts and care, counselling, support as well as mediation for prevention. The system of harm-reduction and survival support is integrated into the outpatient care of the city and contains all so-called low-threshold programmes: street work, mobile counselling programmes, drop-in centres, overnight shelters or injection rooms. An important agency in this field is Fixpunkt e. V.<sup>153</sup>, which offers numerous programmes in the

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<sup>152</sup> [www.drogennotdienst.org](http://www.drogennotdienst.org)

<sup>153</sup> [www.fixpunkt.org](http://www.fixpunkt.org)

field of HIV and preventative treatment for hepatitis infections as well as health promotion. Alongside vista gGmbH<sup>154</sup>, a funding agency of multiple drug counselling centres, Fixpunkt runs two drug injection rooms which serve as contact and drop-in centres and, amongst other things, offer drug users a space for hygienic consumption at two central headquarters in the districts of Mitte and Friedrichshain-Kreuzberg. The drug injection room programme is supplemented by a vehicle, e.g. a “drug injection room on wheels” that can flexibly react to the requirements of the drug scenes and is used in different locations throughout the city. Adult dependency sufferers not receiving substitutes can consume substances they have brought with them in the injection rooms, including heroin, cocaine, amphetamine as well as their derivatives without becoming infected. Trained staff is ready to provide assistance in crisis or emergency situations.

Other drop-in centres are oriented towards specific target groups, such as the women’s meet-up group “Olga”<sup>155</sup>, a drop-in centre for female drug-addicts and prostitutes located directly on Kurfürstenstraße, the drug-related prostitution area of Berlin. “Druckausgleich (Pressure Balance)”, a drop-in centre belonging to the agency Fixpunkt e. V., was founded in 1990 as a self-help meeting point by, for and with methadone-substituting drug addicts and following restructuring of outpatient drug assistance, it is now responsible for low-threshold drug addiction support in the region of Neukölln-Treptow-Köpenick in coordination with Vista GmbH.

The integrated system of support in Berlin covers inpatient and outpatient treatment programmes as well as facilities for assisted living and job projects in addition to outpatient contact and counselling centres. Treatment facilities have also undergone significant enhancement in the past 10 to 15 years in terms of contents and organisation. The spectrum ranges from so-called therapeutic communities for particular target groups such as women<sup>156</sup> or migrants<sup>157</sup> and the large self-help community Synanon<sup>158</sup> all the way to special outpatient programmes for treating cocaine<sup>159</sup> or cannabis users<sup>160</sup>.

Funding agencies of highly professional abstinence-oriented rehabilitation facilities include Drogenhilfe Tannenhof<sup>161</sup>, Anti-Drogen-Verein (Anti-Drug Association)<sup>162</sup> or Drogentherapiezentrum (Drug Treatment Centre)<sup>163</sup>, which also provide outpatient treatment and facilitate integration into working life. The programme is supplemented by a special detoxification facility as well as by specialised detoxification stations at hospitals and, with respect to alcohol, by specialised programmes of qualified detoxification and rehabilitation at

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<sup>154</sup> [www.vistaberlin.de](http://www.vistaberlin.de)

<sup>155</sup> <http://drogennotdienst.org/angebote/Frauentreff-Olga/>

<sup>156</sup> [www.frausuchtzukunft.de](http://www.frausuchtzukunft.de)

<sup>157</sup> [www.nokta-suchthilfe.de](http://www.nokta-suchthilfe.de)

<sup>158</sup> [www.synanon.de](http://www.synanon.de)

<sup>159</sup> <http://www.kokon.de/Kokon/kokon.html>

<sup>160</sup> [www.therapieladen.de](http://www.therapieladen.de)

<sup>161</sup> [www.tannenhof.de](http://www.tannenhof.de)

<sup>162</sup> [www.adv-suchthilfe.de](http://www.adv-suchthilfe.de)

<sup>163</sup> [www.drogentherapie-zentrum.de](http://www.drogentherapie-zentrum.de)



several hospitals. All alcohol counselling centres additionally offer outpatient treatment. Self-help, which has a long tradition and a broad network of self-help groups in the city in the alcohol sector, is still underdeveloped with respect to drug addiction.

In addition to classical abstinence treatment, substitution treatment using methadone or buprenorphine plays a major role. Established physicians also perform it in other Federal States. In Berlin, it is compulsory for people undergoing heroin-substituted treatment in the first few years to receive psychosocial care, (psc) from a drug-counselling centre. Their social problems are first and foremost worked on here that is dependency sufferers learn with the aid of a drug counsellor how to construct a regular routine again, make friends and build relationships, find a home, possibly even find a job or start an education. Financing for psychosocial care was regulated through a special agreement with the districts (e.g. local governments) in such a way that every person receiving substituted treatment is entitled to psc as a measure of reintegration assistance and the hours offered by the drug counselling centres or their affiliated institutions of psychosocial care could be settled with the district authorities. Service agreements of psc agencies must be recognised and concluded with the district social security offices in accordance with §§ 53 f SGB XII. Psychosocial care is guaranteed either as outpatient support or as part of assisted living for patients receiving substituted treatment. The services required are listed in detail in the service agreements and must be verified. A regulated assistance planning procedure provides those affected with security as well as the authorities with the required control over qualified performance.

Currently (May 2012), there are approx. 4,700 heroin addicts receiving substitute-based treatment, of which approx. half is receiving psychosocial treatment at a drug-counselling centre. For the group of so-called "heavy addicts", four specialised practices currently offer medical and psychosocial assistance programmes under one roof. A treatment facility offering original diamorphine is currently under construction in the city.

#### **12.2.4 Monitoring systems for drugs**

There is no regular monitoring system in place. The last study to estimate the scope and structure of the so-called "heroin scene" was performed in 1993 (Kirschner & Kunert 1994).

#### **12.2.5 Studies of the drug situation in Berlin**

Since 1990, Berlin has participated about every five years in the nationwide Epidemiological Addiction Survey with an increase in sampling and thus has obtained reliable data on the situation of drug use in the city. Recurrent periodic surveys additionally allow for statements to be made on trends. The data provide findings on the consumption and abuse of illegal drugs, alcohol, tobacco and prescription drugs. Both adolescents and adults between the ages of 15 and 64 are each surveyed in Berlin. There is up-to-date data available for 2006 (Kraus et al. 2008b). The next addiction survey will take place in 2013: In total, 37% of all people surveyed in 2006 reported having had experience with illegal drugs. Projected over the resident population between the ages of 15 and 64, more than 884,000 people in Berlin therefore have experience with the use of illegal drugs. Consumption of illegal drugs in the past 12 months was reported by about 1 in every 10 people (10.8%; approx. 260,000

people), and 6.9% (approx. 165,000 people) reported consumption in the past 30 days. Cannabis is the most widely used illegal substance. Cannabis is the most widely used illegal substance. In the last 12 months, about 10% of those surveyed have used cannabis. Nearly one in every ten cannabis users (9.7%) indicated to have used cannabis daily or almost daily in the past 12 months. Cannabis dependency was estimated for about 0.6% of the 15-64 year old population and cannabis abuse was estimated for 1.4% according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Problematic cannabis use, which was defined using the Severity of Dependence Scale (SDS), was found in 3.2%.

Problematic consumption forms of alcohol (risky and dangerous consumption, high consumption) were the most frequent in both of the oldest age groups (40-49 year-olds: 14.5 %; 50 to 64-year-olds: 20.4 %). In the over 50 age group, 1 out of every 5 people surveyed consumed amounts of alcohol on average that are associated with a health risk. Projected over the population between the ages of 15 and 64, about 121,000 people met the criteria for alcohol abuse and an additional 65,000 people were classified as alcohol dependent according to DSM-IV (12-month prevalence).

In the past 30 days, 36.7% of men between the ages of 15 and 59 and 32.3% of women in the same age group smoked. 28.0% of men and 24.2% of women were counted as former smokers. Among cigarette smokers, heavy smoking (20 cigarettes or more per day) was more frequent among men than among women (31.2% vs. 24.0%). According to DSM-IV, nicotine addiction among 15-59 year-olds was estimated at 7.7% (men: 8.3 %, women: 7.0 %).

Almost two-thirds of all people surveyed (64.6%) had taken at least one medication from the medical drug classes covered by the survey (pain killers, sleep aids, sedatives, stimulants, anorectic drugs, antidepressants, neuroleptics) in the 12 months prior to the survey and a total of 17.6% of those surveyed indicated to have taken one of the mentioned drugs once a week or more in the 30 days prior to the survey.

The results for various types of gambling show that almost three quarters (74%) of the population of Berlin between 18 and 64 years of age have previously gambled and that about half (52.7%) have gambled in the 12 months prior to the survey.

The most recent results of the European School Survey Project on Alcohol and Other Drugs (ESPAD), in which Berlin participated for the third time, show that the use of so-called legal drugs such as alcohol or tobacco is declining among adolescents. The use of cannabis among adolescents in Berlin however is far more widespread than among adolescents of other Federal States. Of the adolescents in Berlin that were surveyed - equal in all forms of school - around 14% had consumed cannabis in the previous 30 days (19% boys and 10% girls). The lifetime prevalence (of having used cannabis once in a person's lifetime) in Berlin overall is 29% higher than in other federal states. At the same time the percentage of cannabis users at secondary schools (Hauptschule) (45%) is noticeably high.

### **12.2.6 Drug policy agreements**

In September 2010, the Drug Commissioner for Berlin signed the so-called “Prague Declaration on the Principles of effective regional (local) drug policy” on the occasion of the conference in Prague. The principles of this declaration are founded upon regional and reality-based drug policies, the observance of human rights and the guarantee that decision-making would be based on scientific knowledge as well as the compatibility between public safety and health policy issues. These principles also are supported by Berlin drug and addiction policies.

### **12.2.7 Four areas of drug policy in capital cities**

Three areas of drug policy in capital cities are presented below. Statements on the fourth section “Low-threshold facilities for problematic drug users” can be found in the description of the outpatient support system (in Chapter 12.2.3).

#### **Local legislative strategies against drug scenes/drug-trafficking**

In the nineteen seventies, many hundreds of drug addicts in open drug scenes gathered over a long period of time – just as in the cities of Frankfurt or Hamburg – and thus caused big problems for the affected area. These scenes were dispersed by the police and the strategy was aimed at motivating the addicts through street workers and low threshold drug work facilities to take up such offers. Since the end of the 1970s, there have been no major open drug scenes in Berlin. Instead a maximum of 30-40 drug addicts gather in scenes at certain focal points in the inner city. However, problems keep reappearing at such focal points between residents and dealers, which must be jointly solved by the police, the responsible district authorities and the drug commissioner.

In 2003, the facility of the drug injection room took up where drug-scene meeting points led to conflicts with residents. The ordinance issued in 2002 for granting licences, which is a requirement for the operation of drug injection rooms according to the Narcotics Act, therefore also establishes that the operation of drug injection rooms must be aligned with “reducing the strain on the public through use-related behaviours” among other things. For this reason, the ordinance sets out that the operator of the drug injection room must prevent crime in the vicinity of the facility. § 9 of the ordinance regulates the following: “(1) The funding agency of the drug injection room must closely and continuously cooperate with the responsible district office, department of health, the police and the public prosecutor’s department. The essential features of cooperation are binding and must be set out in writing in an agreement. (2) The essential features of cooperation according to paragraph 1 particularly state that the management of the drug injection room

(1) maintains constant contact with the police and agrees with them on their measures to prevent disturbances to public safety in direct proximity of the drug injection room in an early stage

(2) in the event of impairment to third parties, disturbances of the public safety and order or expected offences in the immediate environment of the drug injection room, attempts to

achieve the aim of a change in behaviour in the users and those present at an emerging drug scene; if this proves unsuccessful, the management of the drug injection room is obligated to notify the police immediately.”

The cooperation agreement between the agencies and the respective district authorities, the police and the public prosecutor's department establish the tasks and measures that are used for preventing problems in the environment of the injection rooms. Regular briefing of the Senate Administration for Health as an authorising and supervisory body by the cooperating partners supplements the voting and has contributed to the fact that injection rooms can successfully perform their work to the benefit of the people affected.

### **Interventions in the party scene/nightlife**

There are no special projects in this field in Berlin. The specialist office for addiction prevention provides information and also develops new material. People seeking help can turn to those drug counselling centres and for example request their programmes for early intervention. The epidemiological data on the use of “party drugs” such as ecstasy, amphetamine, etc., are relatively few in Berlin. With respect to minors, their use virtually plays no role. In 2006 the 12-month prevalence for 18 to 24 year olds for amphetamine was 2.9% (2.4% nationwide in 2006), 2.2% for ecstasy (1.9% nationwide), 0.9% for LSD (0.4% nationwide) and 2.0% for cocaine (1.8% nationwide). In the 25-29 age group, the figures for Berlin were somewhat higher than the rest of the nation, which primarily would be attributable to the urban environment phenomenon (Kraus et al. 2008a).

### **Reactions to headshops/smart shops:**

Headshops/smart shops (shops for drug use paraphernalia) do exist in Berlin, however they do not play a problematic role as far as the sale of drugs is concerned.

For example, patients take so-called legal highs, particularly synthetic cannabinoids, as a substitute for cannabis while in treatment, which initially led to difficulties. These patients showed all of the symptoms of problematic cannabis use; however no cannabis consumption could be proven through urine testing and therefore were not sufficiently talked about in the treatment process. In the meantime, the problems are known and urine tests are also analysed with respect to synthetic cannabinoids and are correspondingly positive.

### **12.2.8 Current topics**

In addition to the topics previously mentioned in the text, only the implementation of diamorphine treatment can be mentioned here by way of example. Since the law on diamorphine-assisted substitution treatment came into effect (German Federal Law Gazette, BGBl., I of 20 July 2009, p. 1801) in July 2009, there have been efforts to create the preconditions for these treatment forms in Berlin as well. With these provisions, legal conditions were created under which heavy opioid addicts, for whom diamorphine treatment is indicated as part of an abstinence-oriented comprehensive treatment, could be treated.

In connection with diamorphine-assisted substitution treatment, the State of Berlin has several tasks. Together with the Physician's Association, it must make sure that access to treatment is enabled for heavy opioid addicts so that the legal entitlement to treatment can be realised. As part of the State's control function, it must be ensured that treatment is embedded in the overall concept of addiction aid services and that the requirements for granting approval are established. In addition, safety precautions must be established guaranteeing the safety of the procurement, storage and dispensing of drugs in order to prevent diamorphine abuse.

Due to the high costs that arise when setting up a diamorphine centre, the Senate Administration for Health has made provisions by allocating special funds in the current budget. They are available for the adaptation of existing services and security measures. In addition, the competent Senate Administration has been working with established physicians, who are qualified for the treatment, hospital representatives and addiction support representatives on implementing diamorphine based substitution treatment in Berlin since summer 2009. In particular due to the high demands that the Joint Federal Committee has made towards human and material resources of a facility, it has been yet possible to establish such treatment in Berlin. Accordingly, other cities that did not participate in the former federal model project have not yet had any success in this respect. In the meantime, however, a physician with experience in diamorphine treatment has decided to found a facility with the support of the Senate Administration. Preparations are currently being made. The facility is scheduled to open in the first half of 2013.