

EXASS Network





European network of partnerships between stakeholders at frontline level responding to drug problems providing experience and assistance for inter-sectoral cooperation

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Introduction

During the Finnish EU Presidency in 2007 the issue of cooperation between the various actors in the law-enforcement, health and social sectors in tackling drug-related problems was addressed at a major conference which took place in Turku, Finland on 6-7 September 2006. The aim of the conference, which was organised in close cooperation with the Pompidou Group, was to promote a constructive dialogue, provide information and share experiences between drug policy authorities in order to improve the effectiveness of their work. As a result, the Finnish EU Presidency suggested setting up a European network, based with the Pompidou Group, for multi-agency partnerships tackling drug problems at front-line level. During the 2006 Ministerial Conference of the Pompidou Group on 27 and 28 November 2006 the 2007 – 2010 Work Programme was adopted. This Work Programme includes the mandate for the Pompidou Group to set up the network proposed by the Finnish EU Presidency. This proposal was adopted by the Bureau of the Pompidou Group on 22 March 2007. The network is called EXASS Net.

The aim of the network is to create a link between existing inter-agency partnerships bringing together different stakeholders such as institutions, municipalities, service providers, non-government organizations (NGOs) and individuals to help respond to drug-related problems more effectively. This will facilitate the exchange of knowledge and experiences about what is happening at front-line level in individual countries and promote good practice. The constituting meeting of EXASS Net was held in Helsinki on 26-27 April 2007 and it focussed on Drug-related health problems¹. The 2nd meeting of EXASS Net was held in Preston, Lancashire in the United Kingdom². The 3rd meeting of EXASS Net, the subject of this report, was held in Frankfurt/ Main, Germany in May 2008³.



The Frankfurt skyline

The introductory session on day one included a video on Frankfurt's chaotic open drug scene of the late 1980's and early 1990's, a question and answer session with two members of Frankfurt's partnership structure, the Chief Police Officer of the narcotics division and a member of the Prosecution Service and then an overview of Frankfurt's current drug treatment services. Day two incorporated visits to a number of drug services including drug injecting rooms, crack smoking rooms, service accommodation and a heroin dispensing project. Day three concluded with a feedback session from the participants and proposals for the 4th meeting of Exass Net. A list of participants is provided in Appendix Two.

- 1 Connolly J (2007) Report of the 1st Exass Net meeting
- 2 Connolly J (2008) Report of the 2nd Exass Net meeting

3 The author would like to thank the other members of the EXASS Net steering group and the secretariat of the Pompidou Group for their assistance in the preparation of this report.

Background to Frankfurt's drug services system

The meeting began with the screening of a short film on Frankfurt's open drug scene in the 1980's and early 1990's. This drug scene forms an important backdrop to Frankfurt's current response to problematic drug use.

Frankfurt is a national and international centre for commerce and banking. Its railway and motorway networks forms an intersection between eastern and western Europe. It also has one of the largest airports in Europe which caters for 52.2 million passengers and 1.9 million metric tons of freight per year. Its geographical location makes it particularly vulnerable to the international trade in and use of illicit drugs.

Frankfurt faced an open drug scene in a city park and around the main railway station during the late 1980's and early 1990's. An average of between 700 to 1000 injecting drug users were present on this scene day and night, making it one of the largest open drug scenes in Europe at that time. An average of 16 drug injection related medical emergencies per day requiring ambulance/doctor assistance and cost the City over €50,000 per week. Intensified repression and policing of the situation merely led to its displacement to other locations in the city. There were nearly 6000 registered drug users (being recorded by the law enforcement agencies) at the time with a hidden figure

estimated at three to four times that number. Drug related crimes, in particular property offences were also high and the annual number of drug-related deaths reached nearly 150 per year during this period.

The presence of this open drug scene in a public green space surrounded by Frankfurt's major banks coincided with Frankfurt's bid for the seat of the European Central Bank (ECB). This factor was a key catalyst in bringing about a change in the city's approach to its drug problem. For concerned stakeholders at frontline level (law enforcement and social and health services etc.) the sheer dimension of the phenomenon led to a determination to try a new approach.

Central to this new approach was the establishment of a new partnership approach called the Monday Round and then later the Friday Round. The latter initiative initially involved consultation with street workers who were trying to cope with the open drug scene. Round table partnership discussions started to provide solutions to the open drug scene.



Photo – Jurgen Weimer of Frankfurt's Drug Policy Coordination office speaks to delegates.

The process involved:

- Building up crisis centres to attract those users who were being moved on from the street.
- An acknowledgement that the client group was high demand and difficult.
- The movement by police of non-Frankfurt resident drug users back to their own residential areas and the movement of Frankfurt drug users into crisis centres.
- An emphasis on basic needs at the initial stage of intervention including accommodation and medical support was followed by diversion to treatment programmes as appropriate.

In Frankfurt there are currently 1300 clients on a methadone programme. Approximately 650 are in clinics with the remainder attending General Practitioners Currently, there are a variety of low threshold services established in various parts of the city, dealing with different types of drug use and associated health and social problems. The first drug consumption room where drug users would be provided with sterile injecting equipment and other services and where they could consume drugs under supervision was opened in 1994. Crack cocaine was integrated into consumption rooms in 2002. A timeline of Frankfurt's local drugs policy support services is provided in Appendix One.

Working in partnership: the 'Monday Round' and the 'Friday Round'

The overall approach to drug use in Frankfurt incorprates a four pillar concept:

- prevention,
- treatment,
- securing survival & harm reduction and
- repression and law enforcement

This has been developed and facilitated over the past 20 years by an inter-agency partnership of stakeholder agencies referred to as the 'Monday Round' and the 'Friday Round'. The 'Monday Round' was set up in 1988 and is chaired by the Chairperson of the City Council for Public Health and the deputy chair is a representative of the Drug Policy Coordination Office. Members of the partnership include the deputy police commissioner (until 2000), two high ranking police officers, a prosecutor of the district and high courts, heads of the municipal offices for public health, public order, juvenile and social affairs and prevention (since 2000). It also includes a representative from the state office for school affairs, two members elected from non governmental organisations and the vice president of the chamber of commerce (until 1994). The 'Friday Round' was set up in 1989 and brings together stakeholders at an operational level and is chaired by the Municipal Office for Drug Policy. Participants at this level include police directors at precinct level, police directors of special forces, management of drug aid facilities, heads of sections of municipal offices for public order and juvenile and social affairs and also delegates from the various mobile projects.

The second part of the opening session of the meeting involved a question and answer session with two members of the Monday Round: Christina Claus, a representative from the Prosecution Service and Hans Ewald Gemmer, Head of the Narcotics Division of the Frankfurt Police Headquarters. Ms Claus explained that the role of the prosecutor's office in the 'Monday Round' is to provide legal expertise to facilitate the drug aid programmes. She explained for example the difficulties encountered in overcoming legal obstacles encounterd by the establishment of drug consumption rooms which had a semilegal status initially but which now enjoy full protection under german national law. Similar legal expertise was provided in relation to needle exchange programs and heroin prescription. Ms Claus also emphasised that the prosecutors monitors developments in relation to drug dealing and that it adopts a repressive approach when required.

Mr Gemmer, who has been working on the 'Monday Round' for seven years, described the original tensions which existed between the police and the social services and how both the police and the social services had to confront their prejudices towards each other so as to facilitate joint working. He also explained how the 'Monday Round' enabled the police to manage the contradictory roles they were being expected to perform: law enforcement, facilitating prosecution as well as demand reduction and prevention. One successful partnership initiative he described was Ossip (Proactive Social Work, Security, Intervention and Prevention - See Appendix Three). This was initiated by the 'Monday Round' in 2004 and one of its aims was to establish a code of conduct for drug users in the city of Frankfurt. This would involve an agreement that there would be no public use of drugs, no gathering in big groups, no littering and no public nuisance.



Photo: Christina Claus of the Prosecution Service and Hans Ewald Gemmer, Head of the Narcotics Division of the Frankfurt Police Headquarters address delegates.



Photo: Central train station - Frankfurt

The idea of setting up the code of conduct was designed to address an open drug scene that had developed around the main train station. In order to make the project operational, six full-time social workers spent fifty per cent of their working time on the streets at frontline level to make the code operational among users. After trying to establish the code of conduct the police enforced high level control on a twenty four hour basis in the affected areas around the station. This project was one of the largest initiated by the 'Monday Round' and is regarded as having had positive results. Over a thirty month period staff contacted 399 persons and diverted them to a range of services.

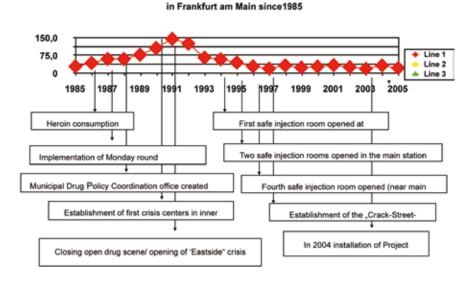
Jurgen Weimer reported that there is virtually no more visible open drug scenes in Frankfurt today and that the passage from the railway station to the city centre has become safe again. Delegates had an opportunity to walk through the park in the banking district where the drug scene was formerly located and which has now been transformed.

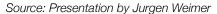


The park at the banking district close to the European central bank. At one time one of the largest open drug scenes in Europe.

Figure one below provides a graph of drug-related deaths between 1985 and 2005 in relation to developments in drug policy.

Figure 1 - Drug related deaths and development of drug policy





It was also reported that the number of registered drug users has been reduced by over 30 % while an annual survey of 3000 Frankfurt residents found that concerns about criminality and drugs have decreased consistently between 1993 and 2005. Drug-related medical emergencies are down from an average of 16 per day to approx 12 per week while the number of drug-related deaths per annum fell from 147 in 1991 to 24 in 2005. With regard to the open drug scene near the main station, a report of the Frankfurt local drug trend monitoring system concluded that 'regulatory measures have had a perceptible impact on this social setting...the drug scene around the central station does still exist but it seems to have lost some of its presence and visibility'⁴.

4 Muller O, Bernard C and Werse B (2007) The open drug scene in Frankfurt/Main Johann Wolgang Goethe University, Centre for drug research. On behalf of the Drug Policy Coordination Office of the City of Frankfurt/Main.

Day two – Visits to Frankfurt drug services

Delegates had an opportunity to visit a range of the drug services provided in the city of Frankfurt. These visits included drug crisis centres, supervised injecting facilities, crack smoking rooms, needle exchange services, drug substitution services and counselling and accommodation services. Below is a brief overview of some of the services visited (See Appendix Three for a more detailed description of the projects).

The first service visited. Drogennotdienst in Elbstrasse provides beds for drug users, as when the building opens at 6am, it is found that many clients first need somewhere they can get a few hours sleep and then other services can be availed of. Overnight beds are also available. A methadone service, drug consumption room where clients consume drugs purchased in the illicit market and crack smoking facility is also provided. The facility also provides a small café. The service works in partnership with 35 other institutions throughout the city of Frankfurt. It also has a hotline to the police who will arrive if called within a few minutes. This may be in response to a dangerous incident which staff are unable to control or if there is drug dealing taking place in the vicinity of the service, particularly by major drug dealers who are not users. Outreach work is conducted as and when it is required as most drug users now know where to go due to the consumption rooms.



Photo: Drugs service worker describes Drogennotdienst centre to delegates

The service employs fifty staff including 9 social workers, 2 General Practitioners, a nurse, 28 paid students from the medical, social work, educational and psychological fields as well as overnight staff.

Everyone who attends the service must provide correct identification on their frist visit. The oldest client is sixty seven years, the average age twenty-five to thirty-eight years. People tend to stop using around the age of thirty-five. There is no provision for those under eighteen but the number of young people using is believed to be growing in Frankfurt. It is found that drug users begin younger and live longer. A total of 2480 individuals were seen by the service in 2007. 7500 users have registered in the last five years. On average each client uses the consumption room for 30 - 35 minutes with the maximum number of ten at any one time.



Photo: Safe injecting equipment is provided to clients.

In general it is found that there are fourteen to eighteen difficult situations per month. There is a good relationship with the local community after initial resistance to the facility was overcome. This occurred with help and involvement from police. The service is funded by the city of Frankfurt.

The second visit was to a drug service called **La strada**. This was established as part of AIDS prevention strategy . There is 10 full-time social workers and 10 part-time student staff.

Its approach is underlined by the following factors:

- People use drugs this is a fact of life
- Support is provided for those who wish to leave the drugs scene
- Referral to detoxification and therapeutic communities including heroin prescribing can be provided
- Support is provided for those involved with the Criminal Justice System – Workers will liase with Criminal Justice System and there is a lawyer available once a month for legal advice

Clients are required to register at the café which is provided at the entrance to the service so that their details can be added to a database. Free food is also provided at the café. They do not need to give their real name, an alias is sufficient so long as they provide basic health details and details of where they are from. There are also voluntary questions concerning HIV and Hepatitis. The Consumption room sees 150 usages per day with some repeat clients. The staff are required to have basic medical training in order to deal with medical emergencies and so they know when to call for expert medical attention. Delegates were able to observe people in the consumption room.

They must bring their own drugs to consume which they must show to the staff and they are then provided with a clean injecting kit consisting of a spoon, syringe, filter and an alcoholic pad.

The consumption room is free to use, and needle exchange is available and is based on a set of rules:

- No drug use outside of consumption room
- No abuse or threats
- No sexist or degrading remarks
- No dealing/selling/exchanging drugs.

Dealing sometimes happens at the front of the building and if this is noticed clients will be barred from between 1 day to 1 week. If a situation cannot be controlled, the police are called. This generally happens 3 to 4 times a week. Once the client has finished in the consumption room it is up to them where they go. Some leave the premises, some stay in the café.

If they are in the café they are monitored to ensure no one is unwell. In winter or when there is heavy rain or snow there are many people wishing to use the café. How many people allowed in at any one time depends on the climate inside the café rather than outside. If there is any tension in the café or a bad mood etc then not many people will be allowed inside. However if the café is calm it can be filled to capacity. The free food provided in the café is donated by restaurants and supermarkets. A psychiatrist is available one day per week for four hours for counselling. A relaxation room is also provided. The relaxation room is not generally taken advantage of by the clients.

An overnight service is also provided with up to 23 beds available per night (14 men and 9 women). A double room is available for couples.

Those using the accommodation must first register at the café. They must provide their real name so that accommodation funds can be claimed back by the drug service from the department of welfare. The maximum amount of time a client is permitted to stay in the service is four weeks. Short-term stay is available for non-Frankfurt residence until they register with welfare service. There is currently no waiting list. A tuberculosis test result is required within 7 days of entering the accommodation. Services available include washing machines, showers and a kitchen. If clients present with children, the youth authority are informed and the police called. Children are not permitted inside the drug service. The only Russian speaking drugs worker in Frankfurt is based in La Strada so Russian speaking clients are more likely to attend here than any other consumption room.

La Strada are also involved in three projects:

- OSSIP (See description above and in Appendix Three)
- A crack street project which has evolved to cater to poly drug users in partnership with the youth office and a Non Governmental Organisation
- · Residential Support for those users stable enough for housing



Photo: Drug consumption room in East Side centre.



Photo: Clients are provided with tourniquets to assist them in locating a vein in which to inject.



Photo: Sleeping accommodation in La Strada



Photo: Facilities for education and training in 'East Side'

The third service visited is called **'East Side'**. Founded in 1992 this was the first illegal but tolerated consumption room established in Frankfurt/Main. It was used as a location from where many drug users involved in the large open drug scene in the park near the banking district were transferred. Following a concerted partnership effort from a range of stakeholders including the police. Social workers and outreach staff and the fire department took about three months to establish the facility and remove the open drug scene by encouraging people to East Side which is about a thirty minute drive from the city centre.

The facilities' main objective is to ensure the survival of drug users and to prevent medical emergencies.

The service available consist of:

- Seventy beds (TB screening is required for overnight clients)
- A drug consumption room
- A café
- Worshops including carpentry and other facilities for education and training
- Counselling

Currently on the staff there are 60 students (30 for normal duty, 30 for residential) a number of voluntary workers and 20 permanent staff. The centre is open 365 days a year. They provide 120,000 syringes per year and 170,000 needles. The service provides 70 residential beds and 30 emergency beds from December to March. In the evening 120 people receive methadone substitution treatment. The residential area is not open during the day so they also provide a quiet area for those women working at night. There is a mini bus that goes into town to pick up those requiring the services of East Side as it is an out of town establishment. Some clients have been living in the centre for ten years, others come for one night. Clients using the services are at various stages of addiction and recovery.

The consumption room opens at 4pm. At the entrance hall eating and drinking facilities are provided as are condoms, spermicide, tampons, hygiene products etc. All staff have training in first aid and drug related emergencies and also have access to a defibrillator. The consumption room also provides a safe environment and promotes harm minimisation. There are mirrors in the consumption room to help clients locate veins more easily. For the sex workers that come into the centre a 'hotline' booklet is provided which outlines the facial features and distinguishing marks of particularly threatening and/or dangerous sex predators. The centre also gathers reports of rape/abuse etc and forwards these to police.

The service promotes low threshold interventions which are non-invasive and which are not too bureaucratic or rule bound. Research is undertaken with the service users by psychosocial services. One hundred people are in receipt of substitution treatment and are also on psychosocial treatment (where they receive careplans etc) with computerised records. People get paid €1.50 per hour for working on top of their social welfare and they also receive a travel ticket. A number of principles are applied in the workshops:

- · Punctuality for the job
- No drugs during work
- No violence or threatening behaviour
- No sexism

Clients work for other non-governmental organisations or for individuals. Services provided include furniture renovation, painting and decoration. Laundry for the Frankfurt police and other shelters is cleaned at the centre. They also construct secure boundaries for children's playgrounds.

The service caters for those over eighteen with the oldest client sixty-five years old. There is a 'walkman' outreach service (not linked to this service) which concentrates on those under eighteen. Such people would be accepted for overnight facilities in an emergency and then referred to youth services. It was reported that some clients arrived with such advanced AIDS/ Hepatitis that the only option is for a hospice service but whether any treatment is provided and which treatment is accepted is the decision of the client.

This is the biggest centre of its kind in Europe. It was reported that age of drug users is increasing and that this poses a range of new issues and problems that require solutions. More cultures/nationalities with different drug taking practices are also being identified and this can cause complications. For example, individuals from the former Soviet Union are used to injecting each other and this is not allowed in consumption rooms because if something goes wrong, the person injecting could be held responsible and face a murder charge.



The final visit of the programme was to Frankfurt/Main's **Heroinbased treatment facility** (See Appendix Four for further detaills). This was originally initiated as a study to compare the success of methadone prescribing with the success of heroin prescribing. The first year of the study consisted of research into the medication aspects and the second year concentrated on issues of process and method⁵. There were seven pilot cities with 1000 patients treated. The average age of those being prescribed heroin is forty-eight. There is three men to every one woman.

There are very strict inclusion criteria:

- Must be a resident of Frankfurt
- Must be a long term drug user (over five years)
- Have failed previous drug treatment programmes twice
- A minimum age of 23
- Users of opiates and methadone

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5 The results of the study are available on www.heroinstudie.de .

The team at the service consists of:

- 4 Medical Doctors
- Psychiatrist
- 10 nurses
- 4 Social Workers

Referrals come from either community outreach services, consumption rooms or the client is a self-referral.



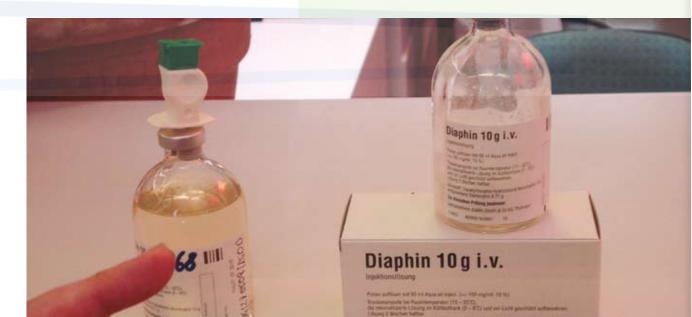
Photo: Clients enter the centre through a discrete doorway which is at the entrance to an underground metro station.

The entrance is covered by closed circuit television. The client takes a number and a mouthpiece which is used for an alcohol breath test. Their alcohol level must be at 0.0 or the client will not be allowed to receive their Heroin Script. They then have to give in all of their personal belongings and then their details are entered onto the client database. They are provided with disinfectant, a tourniquet and are given a full syringe to inject. The client has to self inject, as it is still illegal for staff to do so. Medical staff however have to be present to ensure no heroin is smuggled out. Then the client is required to clean the table. There is also a post-injecting facility where people can sit for thirty minutes. The programme is run in a way so that the centre is seen as a medical treatment centre. Each client can attend up to three times per day. The maximum dosage per day 900mg at 300mg per dose. Clients are given 100% pure heroin (produced in Switzerland).

The purity quality on the street is estimated around 4-12% purity. The aim of the centre is to lead to drug substitution initially leading to the client ultimately becoming drug free. The centre can cope with a caseload of 150 and they currently have 90 clients on their programme. Funding is provided by the city of Frankfurt.

The trial has now ended so no new clients are being accepted. It is hoped by the centre that in 2009 federal legislation will be passed to ensure that the programme continues. There has been alot of research carried out in Germany on this subject and this has added to Swiss research. At the beginning of the study, 90% of those on the study were homeless and sleeping rough and none of those with HIV were receiving treatment. Positive results have been provided from the pilot despite the hard to reach and very chaotic nature of the user group. Patients were found to have had a high intensity of contact with up to three personal visits with the doctor. Now all of those with HIV are undergoing HIV treatment. There has been only one drop out in the history of the programme and that was due to the client being recalled back to prison. A doctor working in the centre expressed the view to delegates that heroin treatment is life saving for many users but that very few people are benefitting due to the strict inclusion criteria.

It was reported that there was strong public opposition to the centre when it was initially proposed. In order to overcome this the community was given reassurance and a hotline to call in relation to any anti-social behaviour or disturbances from the centre. Every single one of these calls was responded to even if they weren't related to the centre (e.g. may have been alcohol related). It was reported that this helped to increase public confidence and acceptance. The relationship with local residents is now reported to be very good with clients themselves very conscious of causing problems.



Final day – review and feedback

The final day of the meeting opened with a brief review of the previous days visits by steering group member Johnny Connolly, a presentation from Juergen Weimar on cleaning projects involving drug users in the parks and a feedback session where delegates each offered their own impressions of the meeting.

Re-integrating drug users. The Frankfurt 'Sweepers Fleet'

The 'Sweepers fleet' is a scheme established in Frankfurt in response to local complaints about drug-related litter near a crisis clinic and a methadone maintenance service (See photo below).



As part of the scheme, drug users were employed and paid on an hourly basis to clean up the local area and the park near the clinic. There was some controversy about the potential that people were being paid to purchase drugs which would in turn lead to further litter. Other concerns were raised about the idea of paying people with health issues to do such dirty jobs. The press was used in a proactive way to communicate with the public in relation to such issues. As a result of the project, there is no further littering taking place and there is no public drug consumption as was occurring prior to the scheme.

It was also found that drug users were not using the money earned for further drug use but treating the money earned through this legitimate employment differently than money earned illegitimately. It was also found that the scheme was having a positive rehabilitating and re-integrative effect (See photo above - 'sweepers fleet at work'!).



It was reported that the cleaning project initiative provides clients with a daily structure, improved self esteem and an opportunity to earn money legally.

Discussion and feedback from delegates

Delegates commented on how much of an impact the video from the first afternoon had and how the partnership working it had provoked had led to a viable solutions and a way forward. The distinct philosophy shared by the various stakeholders that they are responsible for the lives of the users was also seen as very central to the approach taken in Frankfurt/Main. It was noted that in certain other countries there is the view that the service users are responsible for themselves.

The programmes and interventions developed under the four pillar approach fifteen years ago appear to still function today with little modifications. Changes in drug cultures, the emergence of crack cocaine, changes in consumption patterns, poly-drug use etc., were successfully addressed by the existing approach. Professionals and other drug workers delivering front-line services show a continued high level of motivation. These factors, together with the statistical indicators and surveys on drug use and crime, as well as the regular drug trend monitoring reports suggest that the approach and the applied low-threshold services have worked and are still working. This is further corroborated by the fact that the concept has not been dropped by any city government during the last 15 years despite various changes across the political spectrum.

Approaches that push or force drug users into services and treatment had not worked in Frankfurt. It appears to be a key strength that the post 1992 approach seeks to facilitate an infrastructure of services and interventions that allow drug users to manage themselves. This infrastructure provides various entry ways into stabilisation, maintenance, treatment and eventually abstinence. It allows the drug user to be channelled into a passageway of life situation improvement based on his/her readiness to do so.



Photo: Delegates share their views



Photo: Delegates look forward to a day of stimulation

The system also provides for the most problematic groups of chaotic drug users who have multiple therapy failures and suffer from HIV/AIDS, hepatitis etc., by providing a heroin medication programme. A high degree of discipline among drug users was observed when visiting different projects and low threshold services around town. Most professionals working with drug users attributed that to the fact that (1) rules are clear and simple, (2) not too many rules, (3) sanctions are not unreasonable, (4) in the event of failure there is a path to return. Above all, drug workers concluded that it was the concept of voluntary participation and the fact that the services offered a true improvement for the life situation of the drug users that led to an overall more disciplined behaviour.

Drug users appear to feel that the services offer them something they need and want; consequently they are willing to accept the conditions, even if it is sometimes hard for them to comply with them. Participants noted that there were no real user involvement or participation structures in the planning of drug policy strategies, delivery of services or management of institutions delivering the services. For the stakeholders participating in the Frankfurt partnership this has so far not been an issue. Some practitioners met during visits had expressed reservations about involving ex-drug users in services since the proximity to substances and the drug scene were seen as putting them at a too high risk of relapse. For the short term future the Drugs Department of the City of Frankfurt looks to a further consolidation of available services for drug users. One of the priorities is to increase the availability of heroin treatment following the successful trial phase.

In the medium term different types of services will require further adaptation to evolving consumption patterns and drug scenes/cultures. Several practitioners expressed concern about the growing number of refugees with drug use related problems. This target group is often difficult to reach with the existing capacities and competences of staff. In addition a high level of reluctance to accept formal help, including emergency interventions, is observed among this target group. Based on a deeply rooted general fear of official organisations help offered is frequently initially rejected.

An increase of different ethnic target groups, due to the expansion of the Schengen space and a generally greater mobility within Europe and neighbouring regions, will require more qualified personnel with inter-cultural and language competences. There is a difficulty in hiring students and professionals from immigrant backgrounds. The wish to work more in social fields, as well as possibly different personal perspectives on drugs problems make it hard to recruit professionals from this background. Consequently practitioners expressed the need for more professional exchanges between countries and direct working contacts between frontline professionals in Europe.

While the present approach appears to be sufficiently flexible to meet and adapt to emerging changes, the general recruitment of staff to work in this field is becoming more challenging. Among areas of employment in the social field the drugs services find it increasingly difficult to recruit young professionals. It is possible that twenty years ago prevailing youth cultures stipulated altruism and support of the vulnerable; at the same time drugs policies were based on the belief that you can help all drug users to live a drug free life. With the emergence of HIV/AIDS, new substances (eg.synthetic drugs), poly-drug use and a better understanding of addictions the focus of many modern drugs policies has now shifted towards an increased emphasis on managing the situation rather than pursuing the utopia of drug free societies. This coupled with an overall culture that has moved more towards self-fulfilment and individualism might offer a starting point to explain that working on the frontline of drug-related problems is less attractive then it might have been previously.



The round table discussion and feedback concluded with delegates highlighting key points from the visits.

These included:

- Cleanliness of areas
- Consumption rooms seemed really embedded in overall system
- Good solution to open drug scene
- Reduction of criminality
- Minimisation of risk
- Good partnership working with co-ordination of work across different professions and stakeholders (Monday/Friday rounds)
- Good registration system
- Acceptance that users will quit drugs when they are ready
- Community acceptance of problems and solutions
- Treatment hospitals as alternatives to prison
- Outcome based ideas
- Success of self-regulating
- Engagement with chaotic users
- Strength and dedication of staff
- East Side outreach initiative including use of min-bus to transfer people

Possible areas for improvement included:

- Need to consider drug user involvement
- Do the Consumption Rooms show support/ encouragement for drug use?
- Lack of staff support lots of students rather than trained medical staff.
- More to do to remove stigma
- Should there be a National Standard for drug treatment?
- More resources needed East Side Consumption Room could be open for longer (4pm opening time)
- Lack of structured day care

In general it was concluded that the Pompidou Group and EXASS Net would be well placed to look into further possibilities to facilitate a more international exchange of experience and support methods for professionals to assist each other. Study visits and work exchange programmes were among the specific requests articulated by many professionals during the visits. There was a general feeling that while there was a lot happening on different levels to support European integration, the needs of professionals working in the drugs field concerning the consequences of European integration and globalisation - in particular the consequences of increased mobility and migrationdo not appear to be sufficiently recognised and met so far.



Steering Group meeting – moving forward together

The visit to Frankfurt/Main closed with a meeting of the EXASS Net Steering Group



Delegates to Third EXASS Net meeting outside the City Hall in Frankfurt.

Teuvo Peltoniemi presented findings from his ongoing research on how information Technology systems can best facilitate the work of EXASS Net. The goal of his research is to create a 'simple, cheap, popular, effective EXASS Net-ICT system'. Existing most popular ICT communication methods at the moment include:

- Talking thru (mobile) phones
- Texts and pictures via emails and discussion forums
- Text and picture messages through mobile phones (SMS etc)
- Instant messaging (Microsoft messenger)
- Virtual communities (Facebook, SecondLife etc)

Teuvo concluded that there were three general choices available to EXASS Net:

- 1. An older, simple system that works for all (Web site for professionals with necessary traditional additions)
- Multiple new virtual platform, where different kinds of new solutions can be used in parallel or as options (like SecondLife)
- 3. A specifically tailored system, which is known to work for all, or can easily be adapted (e.g dedicated text message exchange peer network)

It was agreed that the Pompidou Group Secretariat would take forward these ideas. Following input from the delegates it was agreed that rather than holding seminars on specific topics, the format of visiting projects, initiatives and services at frontline level is seen by participants as a viable and interesting way of working for the EXASS Net. It was also suggested however that a combination of site visits and thematic sessions could be developed.

4th EXASS Net meeting (end of October 2008) in Moscow on services and interventions under the drug control strategy of the Federal Drugs Control Service of the Russian Federation.

5th EXASS Net meeting

(spring 2009) in Budapest on youth drug cultures, party drugs and club scenes

6th EXASS Net meeting (autumn 2009) in Oslo on the role of outreach work in

responses to drug problems

7th EXASS Net meeting (spring 2010) in Amsterdam on (1) user involvement, and (2) dealing with cannabis consumption

Future visits to partnerships could have a thematic focus on one or more of the following issues that have been identified by participants as being of high interest:

- Dealing with cannabis consumption
- · Party drugs and risk reduction in club scenes
- User involvement and participation
- Migrants and drug use
- Impact of policy decisions

Participants welcomed proposals for the following future EXASS Net meetings:

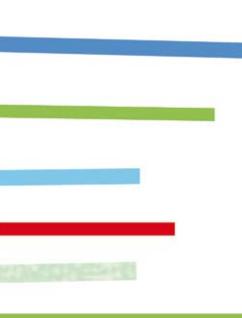
The Pompidou Group Secretariat will follow up these proposals with the relevant EXASS Net members and keep all participants informed about developments. The slides and video presentation will be made available by the colleagues from Frankfurt and disseminated by the Secretariat. The Secretariat will make inquiries as copy right issues related to any further dissemination of these materials.

All participants of the 3rd EXASS Net meeting expressed their sincere gratitude to the City of Frankfurt, the Mayor's Office, the Police Service of Frankfurt, the Prosecutor General's Office and in particular to all the professionals, drug workers and volunteers they had met and who so greatly contributed to the success of this meeting and for all their support, contributions and hospitality offered.

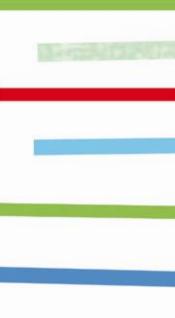
Appendix 1 -Development of the local drugs policy and consolidation of the drug user support services in the City of Frankfurt/Main, Germany

Until about 1988 no coordinated drugs policy was in existence on the level of municipal authorities. Following an initiative of the city's police commissioner the 'Monday Round' was established in 1988 and become the starting point and basis for the development of a coherent municipal drugs policy.

| 1988 | Setting up of the 'Monday Round' by Lord Mayor Mr. Brück |
|---------|--|
| | First methadone programme initiated by the city's Health Department involving 25 injecting drug user |
| 1989 | Creation of the City's Drugs Department |
| | Enlargement of the 'Monday Round' and establishment of the 'Friday Round' bringing together professionals |
| | Setting up of 3 crisis centres in the area around the central railway station, |
| 1990 | First ,Conference of European Cities in the centre of drug trade', Founding of ECDP, |
| | Establishment of specialised prevention unit in the city administration |
| 1991 | Rise in drug deaths to 147 (as compared to 31 in 1985) |
| | Up to 1000 injecting drug users on the open drug scene in the city park 'Taunus Anlage', 2/3 being non-locals |
| 1991/92 | Increase of overnight accommodation capacities for homeless drug user to 200 places, |
| | Needle exchange facilities available in all institutions run by the cities drug user support services, |
| | Initiation of a mobile needle exchange service, |
| | Capacity extension of the methadone-based drug assistance programme to over 700 places. |
| 1992 | Needle exchange and 'Night Bus' facility for women established |
| | Extension of service providers from initially 2 to 4 |
| | Creation of the Office of an Ombudsperson |
| | Setting up of a drugs emergency hotline |
| 1992 | Opening of the biggest low threshold institution in Europe called 'Eastside' providing substitution treatment, needle exchange, over night accommodation, medical services, counselling, food etc. |
| | Dissolution of the open drug scene in the city park 'Taunus Anlage' after the opening of 'Eastside' |
| | Introduction of substitution treatment dispensaries in Elbe Street, Mosel Street, Merian Square and Sachsenhausen and counselling for women (today there are 10 substitution treatment dispensary for the City's methadone programme) |
| | Creation of a shuttle bus service from the city centre to 'East side' |
| | Setting up of work projects |
| | Creation of substitution dispensary 'FriedA 24' |
| | Creation of the therapy centre 'Camille' for women in the town Königstein near Frankfurt with financial support from the City of Frankfurt. |
| 1993 | Creation of the mobile aid project 'Street- Junky' (paramedics and social workers contact and treat drug users in the streets) |



| 1994 | Opening of the first drug consumption room in Germany, |
|------|---|
| | 3 more are opened in the subsequent years, the last one 1996, |
| | Initiation of project 'Lichtblick' (for drug addicted parents and their children) |
| 1996 | Setting up of assisted-living units for people undergoing substitution treatment in Rotlint Street und Wittelsbacher Avenue, |
| | Opening of 'Claire' (counselling office for drug dependent women) |
| | Creation of the 'Frankfurter Workshop' (work training, employment service, further training), |
| | Development of the park cleaning project in cooperation with the substitution dispensary 'FriedA 24', |
| | Setting up of assisted-living units for people undergoing substitution treatment with advanced HIV infection (Eschenbachhaus), |
| | Project 'Care and Treatment on the Farm' |
| 1997 | 'Crack- Street – Project', an interdisciplinary outreach programme involving the Youth Authority, the Health Department, and the Drug Support Services of the City of Frankfurt, aimed at tackling the problem of increased crack consumption, |
| | Anonymous on-line drug counselling service |
| | Opening of drugs emergency room in Nidda Street (small medical emergency room for immediate on the spot care) |
| | Initiation of the 'Alice-Project' (outreach prevention project in the techno and rave scene) |
| | Opening of 'Franziskus House', a residential care home and hospice for people with AIDS in an advanced stage |
| 2000 | Day-time accommodation for crack users |
| | Initiation of the campaign 'Check who is driving!' |
| | Providing de-escalation training for staff working in the Drug Support Services |
| 2002 | Initiation of the work project 'Sweepers Fleet' to clean the city park and the area around the railway station |
| | Initiation of annual drugs study |
| 2003 | Controlled heroin distribution in a special out-patient clinic |
| | Consumption room and common room for crack users |
| | 21 drug deaths per annum lowest level since the emergence of the drug problems in the City |
| 2004 | Initiation of the following projects: |
| | • 'Fred' (early intervention, early detection of drug consumers) |
| | 'Halt – Hard on the Limit' (project for young alcohol consumers based on intensified street social work, case management in cooperation with law enforcement agencies), |
| | Out-patient cocaine therapy set up, |
| | Conducting of a hepatitis vaccination campaign |
| 2006 | Initiation of the cannabis campaign 'Be. U.!' |



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