
MULTI-AGENCY APPROACH TO DRUG POLICY ON A LOCAL LEVEL “THE FRANKFURT WAY”

Prof. Dr. Heino Stöver
University of Applied Sciences, Frankfurt

INTRODUCTION

Until the 1980s most governments, including Germany’s federal, state and municipal authorities, tried to control the use of illicit drugs, and the harm caused, by attempting to limit their supply and by enforcing strict anti-drug laws. These methods continue to enjoy strong support in certain jurisdictions, although a major body of evidence indicates that, at best, these approaches generate only limited results. At worst, the data suggest that such approaches are counter-productive: fuelling corruption in law enforcement agencies, criminalizing drug users, violating human rights, driving risky behaviours underground and cutting off access to health and social services.

This, in turn, puts users, and wider society, at greater risk.

Better results are achieved when authorities adopt comprehensive strategies that include efforts to prevent drug use and facilitate prevention, counselling, treatment and rehabilitation as well as measures to reduce the harms of drug use. “Harm reduction” denotes policies, strategies and programmes that seek to limit the adverse health, social and economic consequences of drug use, where such risks cannot be eliminated or abstinence is not a realistic goal.

However, in many countries as in Frankfurt, HIV/AIDS and hepatitis spread rapidly through drug injecting populations, with devastating effects for those concerned, the general community and economy.

Frankfurt is a modern city with a population of 670,000. It hosts more than 400 banks including the European Central Bank. In the 1980s and the beginning of the 1990s the open drug scene met in the city of Frankfurt in a park near the main station (Taunusanlage). The traditional means of coping with this problem involved police crackdowns. Law enforcement would maintain a presence in the park and drug users would find another location, only to return later. This routine would become known as “junkie jogging” and was not unique to Frankfurt. Similar processes had been experienced in Zurich Switzerland at around the same time.

In 1991 the number of drug users in the park reached its peak (more than 1,000) and drug-related deaths in the city witnessed an alarming spike (147) compared to 1985 (31). Drug services were hindered to develop their support and it became clear that police alone could not solve this serious social problem. A former senior police official reflected that: “...we, the police, had also to accept that drug addiction is not a criminal offence, but a disease.” (Mr. Frerichs, p. 31)

However, since the end of the 1980s this policy and practice has changed significantly.

THE FRANKFURT WAY

In short the “Frankfurt Way” represents an adjusted and balanced approach of all agencies involved in drug policy and practice in the municipality. Thus, it is a participatory, consensus-based process of integrated local drug policy which survived many political changes and therefore serves other municipalities as an example of sustainable drug policy.

When the problems with the open drug scene, drug-related overdose deaths and high incidences of HIV and hepatitis infections reached their peak at the end of the 1980s, a differentiated and acceptance-oriented approach was developed, which aimed at both the protection of the population and the reduction of harms

caused to users of illicit substances. Repressive means were directed toward the traffic of illicit drugs, not against drug dependent people and the communities they lived in. What repressive measures were used were closely connected with health and social services for drug users. The actions initiated from 1992 onwards resulted not only in a decline of drug-related deaths—from 147 in 1991 to low-twenties in recent years—but also in a clear decline in criminality.

Some of the highlights are presented in the following timeline:

1988 Multi-agency, interdisciplinary co-operation in local drug policy

The Frankfurt Monday's Round was a committee formed by the mayor in order to bring together experts working on drug-related issues. This multi-agency group met bi-monthly to adjust the policy and practice of magistrates, police, prosecutors, the municipal drug policy coordination office and representatives of the local drug services.

"...this new composition of representatives initially did not give rise to any great satisfaction on our part. We were still opposing each other. In addition, we also encountered some problems relating to press activities. The city councillor, our chairwoman, engaged in press activities on her own, ignoring the intentions of the Round. We were not pleased. We had raised objections and the Department of Public Prosecution and the police also threatened to leave the Round if this should continue. Nobody was happy about such a prospect. We have also had our share of fights with the drug-aid system, which intended to place its range of aid services offered in the open drug scene in 1992 - a practice that was initiated in Zurich. We finally agreed on opening service structures not in the scene, but in its immediate environment." (Mr. Frerichs, p. 30)

However, despite these early difficulties the Monday's Round is still working successfully today. It is a participatory, consensus-based process of integrated local drug policy, now with more than 20-years' experience in developing recommendations for drug-related topics.

Harm reduction services were also expanded. The first methadone program operated by the local health authority started with only 25 clients. Only 4 years later this number expanded to 700 patients. In addition, the following services were introduced:

1989: Low-threshold drop-in centres

Low-threshold drop-in centres were a key strategy to approach drug users and to support them in preventing infectious diseases by providing them with sterile injecting equipment, condoms etc. Drop-in centres were the institutions to communicate safer use messages and to prevent irreversible damage. Needle exchange was introduced by all drug service agencies and also includes mobile services.

1992: Founding of the biggest drug service centre in Europe ("Eastside")

In order to provide comprehensive services at one site, the drug service centre Eastside, was founded. It provides a methadone programme, needle exchange, counseling, night shelter and labour projects. Also a night shelter bus for drug dependent women has been started.

1994: Four drug consumption rooms opened

Between 1994 and 1996 four drug consumption rooms (including injecting and smoking) have been established in order to prevent drug-related deaths and infectious diseases. Today approximately a quarter of a million consumption events can be counted by almost 5,000 visitors annually.

1996: Housing and working projects—steps to inclusion

Several housing projects, and also assisted accommodation programs have been implemented (one directed at drug users living with AIDS). Several labour projects have been started to help drug users obtain employment.

1997/2000: Crack - the new challenge

The so called crack street project, a multi-disciplinary team, provides social work for the growing number of crack users.

2003: Medically controlled provision of heroin

Heroin is prescribed to 150 opiate dependent people, in order to support those drug users not benefitting from other opioid substitution medications. Together with six other cities in Germany the heroin prescription program is a step towards optimizing medication assisted treatment.

2004: Approaching licit drug users

In addition, a number of projects are aimed at licit drug users, including the prevalent use and misuse of alcohol among juveniles. Campaigns to prevent drinking and driving as well as early interventions for juveniles have been rolled out.

2006 onwards: Focusing on special target groups

Cannabis as well as cocaine and users of so-called 'legal highs' are the focus of newer information and education campaigns, intended to reduce consumption and raise awareness of the risks of new psychotropic substances.

2008 OSSIP: Pro-active social work, security, intervention and prevention

OSSIP is part of the "Frankfurt Way". It seeks to balance social order with services for the most vulnerable. The model has been praised by citizens, local and national media, as well as experts in the fields of public health and criminal justice.

The aim of this project is to establish a policy environment that is supportive of services for people who use drugs and beneficial to society at large. Police and other municipal officials are in charge of preventing public use of drugs and the development of open drug scenes. If necessary, they are supported by outreach workers, who offer immediate as well as long-term help. The model has improved the lives of people in need through targeted assistance.

The Frankfurt Way has always looked at research and monitoring (e.g. drug market, drug scene and drug consumption rooms) to improve the quality of services.

FRANKFURT RESOLUTION

In 1990, representatives from the European cities of Amsterdam, Zurich, Hamburg and Frankfurt gathered together in Frankfurt, Germany, to discuss how best to deal with the problems caused by the use of illegal drugs. They created the Frankfurt Resolution, which states that the criminal prohibition of drugs has failed, and that drug related problems are "primarily the result of the illegality of drug consumption." Every year since the signing of the resolution there has been another conference of concerned European cities. Over twenty cities from eight countries have joined the European Cities on Drug Policy (ECDP) and added their names to the Frankfurt Resolution.

"Now, I would like to deal briefly with the Frankfurt Resolution, with ECDP. The Frankfurt Resolution was adopted in 1990. Our colleagues from the Zurich police and we - the Frankfurt police, too - had enormous difficulties with the text of this Resolution, I must admit. In fact, we believed that we could not expect our superior governments to accept this text. But, then we resolved, nevertheless, to plead in favour of the Resolution, a perhaps rather courageous action on account of the fact that we did not approach our superior politicians and also the police administration. Finally, we decided to accept and endorse this approach, and this has been the beginning of the work of police representatives in the large ECDP network which has now also been working for about a decade." (Mr. Frerichs 2001)

LESSONS LEARNT

“Cities experience social phenomena and the expression of tensions connected with them immediately. But it is also there that a true social dialogue can materialize and take influence on the situation that affects all citizens of the community more or less directly on a day-to-day basis. Therefore, local approaches are important particularly on account of their proximity to the problem and the fact that responses may be implemented, experienced and understood immediately. Also, financial and personal resources can be applied more speedily and effectively at local levels, an argument that becomes more and more important as drug policy also has to be increasingly “cost-effective” and the enormous local budgets for drug policy we have seen in the early nineties are being cut down or redistributed”.
(Susanne Schardt 2001)

The development of coordinated, comprehensive, adjusted and evidence-based interventions on the city level is critical to coping the drug-related social and health problems. It is a participatory and consensus-based process, which strengthens the ability of communities to manage their own affairs on a sustainable basis. At the same time it enables the target groups to take more responsibility for their own health and social problems. It also supports cost-effective solutions by reducing duplication and pooling of or possibly generating additional financial resources within and outside the community. One of the unique features of the integrated local drug policy approach is that practical experiences from applying the approach are combined with solid methods and tools that are used for situation analysis, project planning and monitoring within development cooperation.

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