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DRUG CONSUMPTION ROOMS IN HAMBURG, GERMANY: EVALUATION OF THE EFFECTS ON HARM REDUCTION AND THE REDUCTION OF PUBLIC NUISANCE

HEIKE ZURHOLD, PETER DEGKWITZ, UWE VERTHEIN, CHRISTIAN HAASEN

In order to evaluate the impact of consumption rooms (CRs) on the promotion of health among drug users and the reduction of the public nuisance of drug use, a study examining CRs in three countries was carried out in 2000. The study, supported by the European Commission, examined CRs in Rotterdam (The Netherlands), Innsbruck (Austria), and Hamburg (Germany). This paper evaluates the findings from the study of Hamburg CRs. In order to get evidence-based information on the effects of CRs, 616 drug users in the Hamburg drug scene or in the vicinity of low-threshold institutions were investigated with a standardized questionnaire. Qualitative problem-centered interviews were also carried out with staff members of the CRs, and representatives from the community, including neighborhood residents, business people, police, and politicians. Research findings show that the Hamburg CRs reached the target group of drug users who practice risky behaviors and engage in public drug use. Findings also show that the Hamburg CRs lead to positive changes in health-related behavior for drug users. In addition, the findings indicate that the Hamburg CRs played an important role in the reduction of public disturbances in the vicinity of open drug scenes.

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INTRODUCTION

Since the mid 1980s, several European countries have implemented consumption rooms (CRs). The first CR appeared in Switzerland, which now has 17 such facilities. Switzerland was followed by The Netherlands and Germany, now with 16 and 20 rooms, respectively. Since 2000, two CRs have also been established in Spain. CRs enable the consumption of pre-obtained drugs in a stress-free atmosphere, under hygienic and low risk conditions. Most of these rooms have been implemented as low-threshold, acceptance-orientated facilities (Eastus, 2000; De Jong & Weber, 1999; Stöver, 2002; Associació Benestar i Desenvolupament, 2002).

After working in a judicial gray area for almost a decade, the German government, through an amendment of the German federal narcotics law ("Betaeubungsmittelgesetz"), legalized the operation of CRs in February 2000, under certain legal and professional conditions.¹ As a compromise, the amendment allowed each of the 16 federal states to operate CRs within a legal framework, issuing proper regulations addressing the 10 minimum standards listed in the federal law. Currently five states, with Hamburg being the first, have issued these specific regulations.

CRs attempt to fulfill two main objectives. The first objective is the improvement of health for drug users living in the open or visible drug scene. The second objective of CRs is the noticeable reduction of the public nuisance caused by open drug dealing and drug use. In addition to these health and other related intentions, it was also expected that CRs act as a means of contacting difficult to reach and problematic drug users as well as to improve access to services such as counseling, substitution, or abstinence therapy for these hard to reach populations. Although CRs achieved great significance for health and public order issues (Dworsky & Schmidt, 1999; Akzept, 2000a; Akzept, 2000b; Wierling, 2002), little empirical data exists on the effects of these facilities. Considering existing evaluation results, there is some evidence that CRs contribute to improved health care (Kemmesies, 1995; Happel, 1997; Jacob, Rottmann, & Stöver, 1999; Zurhold, Kreutzfeldt, Degkwitz, & Verthein, 2001).

With regard to mortality, CRs seem to be an effective measure in decreasing the number of drug-related deaths. Kemmesies (1995) evaluated a drug consumption room in Frankfurt and documented that within 10,000 consumption units, 24 overdoses (0.24%) occurred. The investigation of another Frankfurt consumption room by Happel (1997) showed that during one year, 93,600 consumption units with an average of 230-300 consumption units per day were counted. During this period, 139 (0.15%) drug-related emergency cases were recorded. Jacob, Rottmann, and Stöver (1999) confirmed these findings when evaluating a consumption room in Hannover. In this study, they found 9,470 consumption units and 10 overdoses (0.2%).

All of these overdoses and emergency cases were successfully treated, with no record of fatal overdoses since initiating CRs.

With regard to the objective of maintaining public order, the experiences in Germany revealed that the public's fear of the development of an open drug scene and an extensive drug market in the close vicinity of CRs did not occur (Happel, 1997). To the contrary, even the police assert that CRs contribute considerably to the maintenance of public order. Nevertheless, the expectation to diminish all visible drug-related problems is neither realistic nor adequate, as can be seen from the findings of Jacob et al. (1999). According to their study, more than one third of the drug users questioned (n=105) reduced their time staying on the open drug scene since visiting CRs. However, 64% stated that this time remained the same after the opening the facility.

Due to the ongoing discussions regarding the effects and impacts of CRs, there is still a high demand for empirically-reliable data on this topic. This paper evaluates the main results of one comprehensive study. The analysis is based upon statistical as well as explorative data analyses and attempts to address the following questions:

- Are CRs suited to achieve the goal of increasing the health and risk awareness of drug users?
- If yes, to what extent and for which groups of consumption room can positive effects be documented?
- Are CRs able to contribute to the reduction of the nuisance to the environment of open drug scenes by providing an alternative to public drug use?
- How do the staff in CRs support health promotion and deal with emergencies?
- What kinds of problems occur when running a consumption room?
- Are CRs accepted in the neighborhood with regard to the expectation of relieving nuisance or have new burdens become apparent since the opening of these facilities?

METHODS

Both quantitative and qualitative methods were used to evaluate the effects of CRs on harm reduction, as well as on the reduction of public nuisance. The intention of this study was to investigate the perspectives of various groups affected by the existence of CRs, including drug users, staff members of CRs, neighborhood residents and businesses, the police, and local politicians.

Using a standardized questionnaire, a total of 616 drug users either in, or in the vicinity of, low-threshold institutions were interviewed in the Hamburg open drug scene. In addition to demographic and drug-related information, the questionnaire included data on frequency and reasons for utilizing CRs, reasons for public drug use, changes in drug use behavior, acceptance of preventive messages and ongoing help offers, and reasons for not visiting CRs. Filling out the questionnaire took about 20 minutes.

In Hamburg, three out of seven existing facilities with CRs were included in the study: *Drob Inn*, *Fixstern*, and *Stay Alive*, all of which are located in different parts of the city and are the most frequented CRs. Qualitative structured interviews were conducted with two long-standing staff members from each of the three facilities. Staff interviews focused on their experiences with daily operations of CRs, resulting conflicts and strains, and their assessment concerning the effects of CRs. Moreover, qualitative structured interviews were carried out with several representatives from the surrounding community: a businessperson, a staff member of a social institution, a politician, and two police officers. The representatives were interviewed on their perspectives of the regional integration of CRs to the environment and their judgment on the efficacy of CRs in reducing the public nuisance of open drug use. All of the qualitative interviews took approximately one to two hours and were tape recorded. Following their complete transcription, these interviews were analyzed according to the method of structured qualitative "Content Analysis" (Faux, 2000).

THE POLICY OF HAMBURG CONSUMPTION ROOMS

As mentioned above, the German policy toward CRs can be described as low-threshold and acceptance-orientated facilities. German CRs were not established for the sole purpose of offering a place to consume drugs, but rather, were integrated into already existing low-threshold service facilities. This policy of providing CRs where services already exist emphasizes that the CR is in addition to a broad range of services, from harm reduction to drug treatment and medical care, that drug users are already offered and need.

Before the Hamburg city parliament decided in November 1992 to provide funds for the implementation of, at first, three CRs, there were ongoing public discussions about how to cope with escalating problems of the highly visible drug scene, as well as drug dealing and drug-related prostitution activities. Sustained conflicts between residents in the vicinity of the open drug scene, addiction services, and the police led to the political resolution to implement CRs with the aim of reducing public drug use and limiting the increase of drug emergencies and drug-related deaths. This

resolution led to the opening the *Fixstern* in 1995, as one of the first established CRs in Hamburg.

Along with this resolution, in April 2000, a new Hamburg narcotic regulation allowed objectives and target groups for CRs to be officially defined. As seen in Table 1, the objectives of all three CRs studied are primarily the reduction of drug-related harm and the promotion of drug use cessation. The reduction of nuisance is also intended as an objective, but it is not officially mentioned in the regulation. In close connection with “abstinence promotion,” the regulations explicitly state as an objective that CRs should attract difficult-to-reach drug users in order to refer them to further treatment services. According to the stipulated purpose, the target group is broadly defined as “currently dependent adult drug user[s],” who are “determined to use.” Access to the CRs is denied to first-time or occasional drug users, but not to drug users in maintenance treatment, as in other German federal states. Therefore, CRs are provided primarily to high-frequency drug users who participate in the open drug scene and use drugs in public. Eligible drug users are free to choose between all CRs in Hamburg.

TABLE 1
CONCEPTION OF THREE HAMBURG CRs

<i>Evaluated consumption room</i>	<i>Drob Inn</i>	<i>Fixstern</i>	<i>Stay Alive</i>
<i>Starting date</i>	December 1997	August 1995	October 1998
<i>Driving force for the establishment</i>	Political decision as consequence of public pressure caused by public drug use	Initiative of the low-threshold facility to offer safe drug use conditions	Political decision to establish decentralized CRs
<i>Objectives according to Hamburg regulation</i>	Health promotion, abstinence promotion, reduction of nuisance		
<i>Access according to Hamburg regulation</i>	Drug-dependent, drug-experienced, adults, determined to use		
<i>Seen as target group by the staff</i>	Drug users in open drug scenes/with public drug use	Drug users in open drug scenes/with public drug use	Drug users in open drug scenes/with public drug use living in St. Pauli
<i>Places</i>	7 for injecting 3 for smoking	6 for injecting 3 for smoking	6 for injecting 2 for smoking
<i>Individual visitors^a</i>	490	100-150	110
<i>Time limit</i>	20 minutes	30 minutes	30 minutes
<i>Waiting period</i>	between 30-90 min.	maximum 60 min.	maximum 30 min.
<i>Numbers of days open per week</i>	6	6	5
<i>Number of hours open per week</i>	49.5	42	35

^a These data are based upon an investigation by the facilities during a period of two weeks in June 2000, when counting drugs users going into the CRs.

Staffing in CRs consists primarily of social workers, psychologists, and nurses. With the exception of medical staff, staff members typically follow a rotating time schedule with one or two staff members supervising drug use at all times. The staff provides safer-use advice, responds to medical emergencies, and enforces house rules. The latter primarily include: no violence either towards other visitors or staff, no sexism, no drug dealing, no sharing of drugs and equipment, no assisting others with their injecting, and a time limit for staying in the consumption room.

Two issues have arisen. First, due to long waiting lists at all three CRs, high-frequency drug users have to wait up to 30 or 60 minutes for reentry into a consumption room. Second, the facilities have limited hours of operation – open from Monday through Friday and sometimes Saturday for only specific hours.

RESULTS

First, we present the findings from the formal interviews with drug users, followed by results of the content analysis of the qualitative interviews with program staff and representatives from the surrounding community of the CRs.

VISITORS' CONSUMPTION PATTERNS AND CHARACTERISTICS

Of the 616 drug users interviewed in the open drug scene around the central station, 80% were male. The average age of the sample was 32.6 years, although the women respondents were on average about 2.5 years younger than the men. In total, respondents had been using drugs, such as heroin or cocaine, for an average of 11 years with the average age of starting regular heroin or cocaine use being between 20 and 21 years. Within the last 24 hours, 84% of the drug users had used heroin and 74% had used cocaine. More than two thirds (69%) of them had used one or both of these two drugs intravenously. Although heroin use is still common, the use of cocaine and crack was remarkably widespread and appeared to be increasing. Concerning substances used along with mode of application, heroin and cocaine were by far the most frequently injected. The CRs were primarily visited by long-term (more than 10 years) drug users, with daily, high-frequency drug use and risk behavior.

As can be seen in Table 2, the majority of the respondents showed a high frequency of drug use with an average of 6.3 consumption units used in the last 24 hours. Heroin was used 3.8 times, and cocaine was used more often with a frequency of 5.7 times. Women consumed both substances in a higher frequency compared to men, and intravenous drug use was the dominant means of consumption.

Since intravenous drug use represents the riskiest method of consumption, questions were asked concerning risk awareness in the handling of injection equipment. The majority of users reported following safer use rules. However, a

TABLE 2
CONSUMPTION PATTERNS AND FREQUENCY WITHIN THE LAST 24 HOURS

	<i>N=594</i>	
	<i>Average frequency</i>	<i>Percentage of total</i>
<i>Consumption units in total</i>	6.3 x	89 %
<i>Consumption units intravenous</i>	4.4 x	69 %
<i>Consumption units smoked</i>	6.9 x	32 %
<i>Consumption units sniffed</i>	2.6 x	13 %
<i>Consumption units heroin</i>	3.8 x	73 %
<i>Consumption units cocaine</i>	5.7 x	57 %

remarkably high percentage also reported high-risk habits. About 40% of the respondents reported using their own syringe several times, and more than 20% reported having shared needles or other equipment in the last 30 days.

With regard to respondents' health status, almost half of the respondents described their health as good, whereas 18% described their health as poor. Considerably more men than women reported a good or satisfactory health status. Almost half of the respondents (48%) reported having health problems within the last 30 days, with most of these problems due to hepatitis. Despite these health problems, one third of the respondents said that they had received no medical treatment for their health problems.

The social situation of the respondents appeared to be unsatisfactory on the whole. Only 61% of the respondents lived either in their own flat or with a partner. More than one fourth (26%) of those questioned had no fixed abode or were homeless. Almost one third had steady or at least occasional employment or were in some type of training.

HARM REDUCTION AND POSITIVE CHANGES IN HEALTH BEHAVIOR

In order to assess whether CRs contribute to increased health and risk awareness, the study sample was divided into three subgroups according to frequency in which they utilized a CR. It was expected that a subgroup analysis would not only enable the identification of differences in health behavior, but would also provide information on those drug users who benefited most from the facilities. The sample was divided into three subgroups: frequent, occasional and rare visitors of CRs. Each group was defined as follows:

Group 1 – frequent visitors: respondents who reported visiting a consumption room daily or even several times a day (N=190, 33%),

Group 2 – occasional visitors: respondents who reported that they did not visit a consumption room daily, but once or twice a week (N=213, 37%),

Group 3 – rare visitors: respondents who reported that they visited CRs less than once a week or never (N=172, 30%).

According to our data, the amount of drug use varied substantially between each of the three subgroups (see Table 3). Frequent visitors not only used drugs much more often within the last 24 hours, but they also injected and smoked significantly more often and used more heroin and cocaine units than the other two groups.

TABLE 3
FREQUENCY OF DRUG USE WITHIN THE LAST 24 HOURS

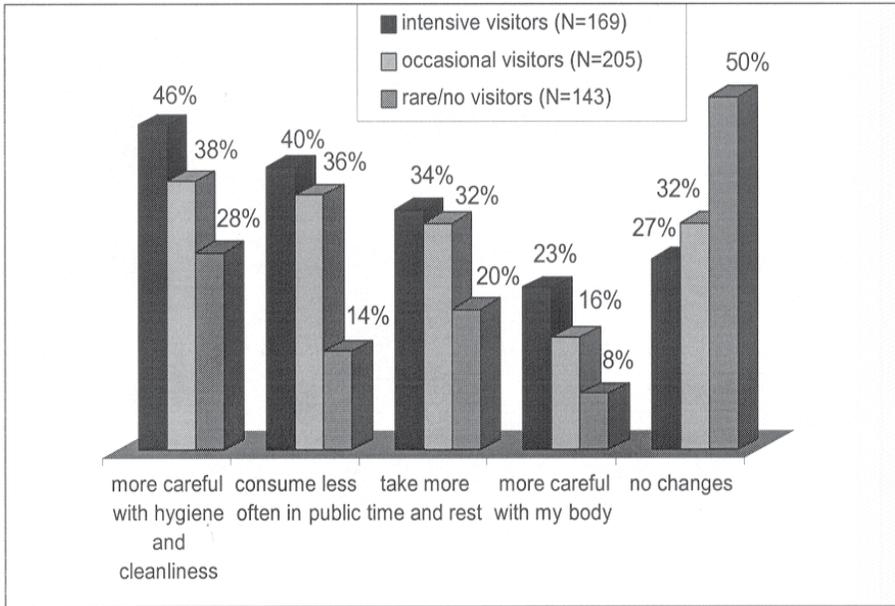
	<i>Group 1: frequent visitors (N=179)</i>	<i>Group 2: occasional visitors (N=210)</i>	<i>Group 3: rare/no visitors (N=169)</i>	<i>ANOVA</i>
<i>Consumption units 24 h total</i>	8,3 x	4,9 x	3,7 x	**
<i>Consumption units 24 h shot</i>	4,2 x	2,8 x	2,4 x	**
<i>Consumption units 24 h smoked</i>	3,7 x	1,9 x	1,0 x	**
<i>Consumption units 24 h sniffed</i>	0,4 x	0,3 x	0,2 x	n.s.
<i>Heroin consumption units 24 h</i>	4,2 x	2,4 x	1,8 x	**
<i>Cocaine consumption units 24 h</i>	5,0 x	2,7 x	2,2 x	**

** = $p < 0.01$; * = $p < 0.05$; n.s. = not significant

In order to investigate the effects of CRs on harm reduction, two main questions were asked. These questions focused on changes in consumption behavior in relation to greater risk and health awareness. For this reason potential changes were explored individually by asking drug users whether their consumption habits had changed since they started using CRs. Health consciousness cannot be reduced merely to consumption behavior itself. Therefore, drug users were also asked about information regarding other addiction services they utilized, tied to their consumption room utilization. The following results, therefore, are based on one-time self-assessments. The harm reduction effects of CRs due to changes in consumption behavior are represented in Figure 1.

The analysis reveals that drug users of all three groups believed they changed their consumption behavior to some degree since visiting CRs. In general, nearly

FIGURE 1
CHANGES IN USER HABITS SINCE VISITING CRs



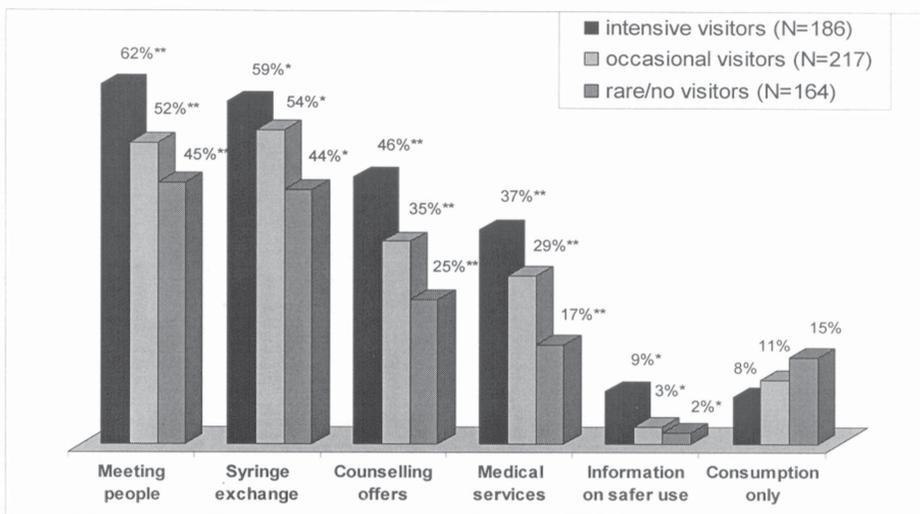
two thirds of the entire sample reported undergoing some positive changes, with “more careful hygiene and cleanliness” ranking first (37%), followed by “consuming less often in public” (30%) and “taking more time and rest” (28%). The amount of change differs significantly between the three subgroups. The group of frequent visitors (group 1) reported the largest amount of change, especially compared to the rare visitors (group 3). Furthermore, only 27% of the responders in group 1, compared to 32% in group 2 and 50% in group 3, reported no changes.

Our findings showed a strong relationship between the frequency of CRs visits and the degree of positive changes in user habits. These changes are of major importance not only in the context of health improvement, but also in the reduction of public nuisance.

With regard to the utilization of further addiction services, the staff from the three facilities reported a steady demand for drug and social counseling by visitors, and referrals into detoxification and drug treatment. According to the staffs’ assessment, very few drug users visit the facilities solely for consumption purposes. Rather, they visit the facilities for all kinds of services. However, a comparison with the utilization behavior reported by the drug users, showed the staffs’ assessment to be rather optimistic.

Figure 2 reports that the “other services” respondents primarily used in relation to the consumption room is meeting other people and exchanging syringes. Although the utilization of other services differs significantly in each group, survival-oriented services appear to be of highest preference. Another essential finding is that only a minority of drug users (11% of the sample) utilized no other service, and visited the facility only for consumption purposes.

FIGURE 2
UTILIZATION OF OTHER SERVICES SINCE VISITING CRs



CHI² ** = p<0.01; * = p<0.05

Group 1 visitors utilized the “other services” more frequently than the respondents in the two other groups, including the utilization of counseling and medical services which are of major importance for health promotion and the referral of persons to other services. Again, the data analysis demonstrates a close relationship between frequency of consumption room visits and the acceptance and use of additional drug use services.

With regard to Figure 2 it must be mentioned that, despite an emphasis on providing information on safer consumption, most visitors of CRs do not particularly seek-out this information. Staff members generally take advantage of everyday consumption situations in order to talk about safer-use-rules and give advice on how users can minimize risks. It is believed that CR settings, where drug users sit together around tables or in relaxation areas, provide an ideal environment to support discussion about these topics. Still, respondents may not report a great need to obtain this

information because they are already well versed in safer-consumption facts and recommendations.

In general, the data confirm that CRs fulfill their objectives of promoting users' health consciousness and risk awareness. Also, frequent visitors appear to benefit the most from other addiction services that CRs provide.

REDUCING THE PUBLIC NUISANCE CAUSED BY OPEN DRUG SCENES AND PUBLIC DRUG USE

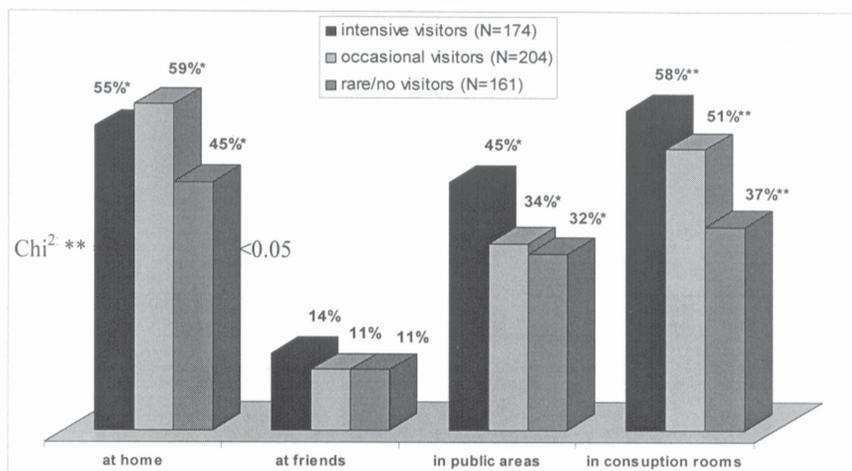
CRs reduce public nuisance by providing users with an alternative site to communal and civic places in which to use drugs. Alternatives to public drug use were investigated through two indicators, "main places of drug use," and "reasons for public drug use." Public nuisance was investigated by the two factors, "places of public drug use" and "scene concentrations."

Our analysis suggests that drug users have found CRs to be an important alternative to public drug use. When questioned about their drug use in 24 hours prior to the interview, 54% of the respondents identified having taken drugs in their home, 47% in CRs and 37% in public areas. Looking at the three sub-groups we see significant differences in where these groups use their drugs (see Figure 3). During the last 24 hours, a high proportion of all respondents had used drugs at home, with group 2 (occasional visitors) using at home slightly more often than group 1 (frequent visitors) – 59% compared to 55% respectively. Also, group 1 respondents tended to use drugs to a larger degree than the other two groups in CRs (58%) and in public areas (45%). This higher level of public drug use by frequent CR users leads us to ask the question: to what extent are CRs able to reduce the problem of nuisance?

Looking at the reasons given for public drug use, more than 40% of the frequent visitors stated, they generally use their drugs close to the place where they purchase them. This was largely due to craving or withdrawal symptoms – mention by 36% of the respondents. Since the reasons given refer to consumer habits and accepted rituals of drug scenes, it is difficult to influence users' tendencies to visit CRs. Although visitors expressed a high level of satisfaction with CRs, they also gave several reasons for rarely or not using them. Frequent visitors criticized the long waiting periods (73%), limited opening hours (39%), and the distance and small number of rooms (35%)¹ as obstacles to using the facilities. These factors especially affect crack and cocaine users.

In order to understand the exact nature of the environmental nuisance caused by drug use, it is necessary to determine, as concretely as possible, where in public people are using drugs. Common sentiment is that drug use is more disturbing when it occurs in home or shop entryways than in more pedestrian places like railway stations. A large number of the drug users stated that in the last 24 hours they had

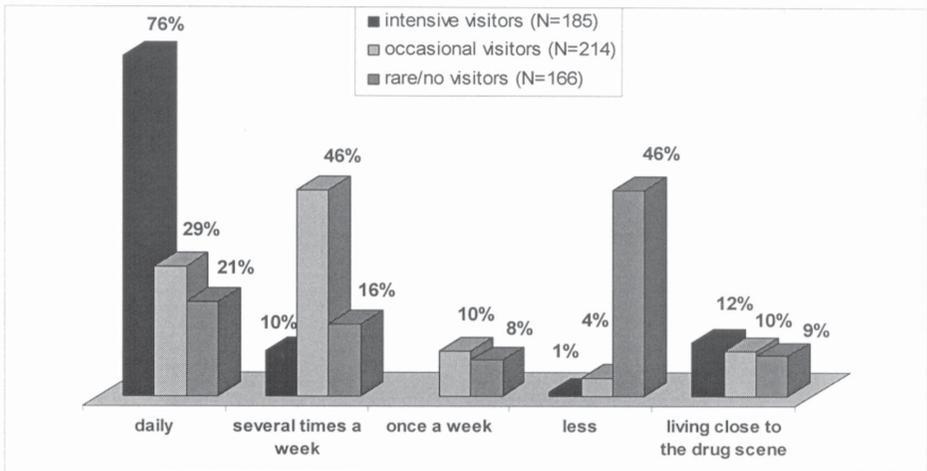
FIGURE 3
MAIN PLACES OF DRUG USE DURING THE LAST 24 HOURS



used drugs in parks, subways or railway stations (40%). Another 16% reported doing so in the vicinity of a CR. A comparison of the three user sub-groups shows that the percentage of frequent visitors is highest for these public locations. More than 40% of the respondents from this group use drugs in places such as parks, and approximately 25% use in the vicinity of a CR. Use in the vicinity of a CR can be attributed to the long waiting times before admission. In addition, while 11% of the whole sample reported using drugs in house entryways and stairways, 15% of the frequent visitors sub-group reported such activity. Since opening CRs, there continues to be a considerable number of drug users still engaging in public drug use, especially around house entrances and staircases leading to a disturbance of residents and shopkeepers. Nevertheless, residents have observed that since the opening of CRs, public drug use in house entryways has noticeably decreased. The police interviewed also confirmed this finding.

Public nuisance is caused not only by public drug use, but also by activities such as drug dealing in and around the open drug scenes. Since there is a relationship between congregations of drug users and levels of public disturbance, we investigated the amount of time drug users spend in the open drug scene (see Figure 4). We found that group 1 respondents (frequent CR visitors) are also frequent visitors of the open drug scene, and they spend substantially more time in the scene than group 2 and 3 respondents (occasional and rare CR visitors). More than three

FIGURE 4
VISITS OF THE OPEN SCENE



quarters of this group visit the scene daily, while only 29% and 21% respectively of the occasional and rare visitors do the same.

More than 70% of respondents in all groups said that they visit the drug scene for the purpose of purchasing and using drugs. However, significant differences between the three groups were found. For example, 79% of the frequent CR visitors mentioned drug purchase and 74% mentioned drug use as the main purpose for visiting the drug scene, compared with 63% and 50% respectively by drug users in groups 2 and 3. Further, it was found that the open drug scene is mainly visited in the afternoon and evening hours. Therefore, in order to reduce the public nuisance of drug use, it can be concluded that CRs' hours of operation need to correspond to those times when the drug scene is most frequently visited.

ASSESSMENTS OF STAFF AND ENVIRONMENTAL FACTORS

HARM REDUCTION ACTIVITIES BY THE STAFF

Consumption room facilities primarily rely on two activities in order to promote harm reduction. The first is the mediation of safer-use messages and the second is the prevention of drug-related emergencies. In order to examine how staff deals with these two topics, qualitative interviews were conducted with two staff members from each of the three respondent groups.

From the staffs' perspective, CRs are able to both promote harm reduction and improve drug users' health competence. First, staff pointed out that within CRs,

risky behavior becomes directly visible. Secondly, CRs provide a forum where safer-use advice can be given in face-to-face contact. Lastly, with CRs, there is always trained staff available to intervene in the case of an emergency.

All of the interviewed staff members expressed the importance of CRs as being more than merely sites for supervised drug use. Staff members felt that CRs are places of communication – places where drug users can talk with professionals about safer-use topics. As was told by the staff, CRs offer a variety of opportunities to mediate health-oriented messages:

We give safer-use counseling... Sometimes these are just details: Define the place for injection before and not after. Or inject in the direction of the heart. Pressing long enough after injection. These details are nonetheless important... These things are done more often in a consumption room, as they are more visible (CR1).

We even intervene in the consumption room concerning the drug use. When we see someone who is really stoned, we suggest putting less on the spoon or not injecting all at once... Each of us has worked here for a long time and can well estimate how many packs he is putting on the spoon... Then I know, I have to be a bit more careful. (CR3)

To improve health awareness and competencies of drug users, it is of high importance for the staff to gain insight and knowledge of consumption patterns, risky dosages and improper handling of equipment. Based on this knowledge, staff are able to give competent advice to minimize drug-related risks. In the consumption situation, communication on safer use typically focuses on practical hints such as which veins are better or worse to inject into, proper equipment and/or amount of drugs, etc. Most prevention activities take place continuously and range from identifying risky situations, suggesting safer injection techniques and better personal hygiene, to referral to medical care and services. The precise safer use messages that are given depend on situational circumstances. In order to successfully promote harm reduction topics, staff expressed that safer-use messages must be related to drug use practice, connected to daily life experiences and be given in one-on-one conversations.

It must be noted, the prevention of drug-related emergencies is a concern. In two facilities, *Drob Inn* and *Fixstern*, a high number of emergency cases have occurred. According to the staff, between 80 and 170 emergencies are seen every year – 2 or 3 cases per week. Nonetheless, there have been no drug-related deaths

since the opening of these CRs. Staff estimated that approximately 70% of these emergency cases deal with heroin overdoses, resulting in breath suppression and requiring resuscitation. Furthermore, almost half of the emergencies happened inside the facilities and half of them outside in close proximity to the facilities. An increase in the number of cocaine-related emergencies has also been observed. Staff emphasize that these emergencies are harder to handle. Cocaine-related emergencies are characterized by increased anxiety, psychotic states or epileptic seizures (see Kerr et al., this issue). Intervention generally calls for calming and protecting the drug user. To deal with emergencies, all facilities have a doctor available on occasion, and the staff is regularly trained in first-aid techniques. All facilities have the equipment necessary for carrying out resuscitation and following emergency protocols. As one of the interviewed staff members stated, the facilities are well prepared to take lifesaving measures:

Three times a week a doctor is here. We all are trained in first-aid, regularly get refresher courses in order to be up to date. We are prepared for emergencies, have an emergency plan, so that everyone knows what to do, and have the necessary equipment.
(CR3)

However, the three facilities studied had very different protocols in dealing with emergencies. For instance, the decision of whether or not life-saving measures should be taken by the staff, or if they should call for an ambulance, is made based on the actual emergency case along with a self-assessment of the staff's competence to deal with the specific situation. As described below, in situations that appear to be critical, one facility generally opts for an ambulance to be called. Another facility argued that because there is often little time to provide emergency assistance, calling an ambulance is not always a necessity.

When people have seizures, we call an ambulance. This depends on the people on duty. If they think it is necessary, they will call an ambulance. We believe, better one time too often than too few... We are trained enough to handle the cases, until a doctor comes.
(CR2)

We have everything... Nonetheless, we act accordingly and call a doctor, when it looks critical, especially with seizures... This also has to do with the fact, that we do not have the capacity here. When we have "saved" someone, there is no time to take care of

him for another hour. Therefore we do the first-aid and that is [enough]. (CR1)

However, particularly in facilities that see many emergencies, staff describe having well-developed routines for dealing with these emergencies. Also, with the continued experience of successful interventions, staff feel more self assured and competent in handling life saving measures.

We have a lot of routine. So many emergencies, that we have reanimated by ourselves, ...One sees that it always goes well and [that it] is pretty easy. You just have to do this and that and it works. So you are more self-assured. (CR1)

We conclude that prevention activities take place whenever risky behavior becomes visible. The promotion of safer use is conveyed continually through direct conversations with users and consists of consumer-oriented information on hygienic and health-related drug use. The discrepancy between the utilization of safer-use information reported by drug users and the various harm reduction activities described by the staff needs further exploration. The current data cannot explain whether drug users do not pay attention to the daily safer-use information they are offered, or whether the facilities overestimate the success of their promotion of health and risk information.

CONFLICTS AMONG STAFF IN CONSUMPTION FACILITIES

Low-threshold facilities are well known for their burnout and high turnover of employees. This is indicative of the burden and stressful conditions under which CR staff work. Staff, interviewed about various problems and conflicts they have to cope in running a CR, mentioned high number of client visits per day and the overcrowding of facilities. Over time, the high number of clients who use the facility leads to an overloading of resources and staff, making it more difficult for staff to maintain readiness to act and preserve a failure-free operation. Furthermore, the staff has to deal with a large number of problematic, mentally impaired and potentially violent persons. Due to these dynamics, staff are expected to be forever vigilant and ready to react.

It has not become more strenuous, since the consumption room started. What is strenuous is the quantity... The quantity of difficult people is strenuous. The open drug scene is also difficult, due to crack smokers and those who are mentally exhausted, who feel

cornered and then also become aggressive... I have to have an eye on everything. (CR1)

We are totally overcrowded. We have to do the most impossible things in the shortest time... We have to speak with someone, while making sure that others do not deal or consume in the toilets. Then we have to do counseling, then we look at the clock and see that the duty in the injection room is starting in 5 minutes. Then the neighbors come and complain about someone in their house entrance. (CR2)

Taking care of all the tasks a CR requires, including supervising house rules and settling conflicts with the neighborhood, is nearly impossible without the staff feeling overburdened. In fact, under these circumstances, maintaining a daily routine can be difficult.

Another problem stated by the staff is the constant fear that emergency situations will arise. Working in a consumption room means that staff have to calculate continuously the likelihood of danger at all times, that overdoses or other emergency cases will happen. This constant state of alert places high tension and strain on staff.

And working in a consumption room means having to always be aware of possible emergencies. This creates a constant feeling of tension. It certainly is different than working in a kindergarten. (CR3)

Another source of stress for staff comes from difficulties in asserting consumption room regulations or sanctioning unacceptable behavior. Conflicts with drug users arise over issues such as time limits within the consumption room. Often, these conflicts lead to aggression and even threats of violence, which results in additional mental and physical strain, as the following staff member described:

Or when setting the limit, [telling people that their] 20 minutes are up, [that] people are waiting outside, [to] pack your things and register again, if you want another hit. That leads to aggressive situations in the injection room. And the overdoses, the emergencies, they are not always just easy. (CR1)

Staff members expressed the wish to reduce their workload. Due to the overcrowding of the existing facilities, they feel that opening-up additional CRs is the most important action that can be taken to reduce stress. Some also recommend establishing facilities that offer more specialized services. Above all, the implementation of a specific CR for cocaine and crack smokers is considered a high priority. Furthermore, staff proposed increasing the amount of space and the number of staff available at the facilities in order to optimize the atmosphere and working conditions at the CRs.

Relief by opening up 2 to 3 more facilities... If only half the people would come, then it all would not be such a problem... And if this relief would force us to reduce staff, then please. We started with 6 social workers. That was a good size. Now we have a staff of 38 including all. (CR1)

The strain would be less, if we had more, smaller facilities, where specialization was possible. Then we could separate the smokers or the cocaine users from the others. (CR2)

Although there is an obvious need for additional CRs, no new CRs have been implemented. However, as a compromise, the city government consented to finance a bus for cocaine and crack smokers. Opened in August 2001, the bus stands near the *Drob Inn* facility.

In conclusion, interviews with staff demonstrates that most of the burden and strain felt by CR staff derives from the heterogeneous and sometimes difficult-to-handle drug-using population. Over time, serving this population can lead to a general overloading of the CRs' resources, primarily due to the daily threats of emergencies and conflicts with drug users regarding house rules and regulations, such as time limits.

NEIGHBORHOOD RELIEF DUE TO THE OPENING OF CONSUMPTION FACILITIES

In order to investigate whether CRs are accepted in the neighborhoods in which they have been implemented, and whether they reduced the nuisance of public drug use, we first surveyed community members about the situation before the opening of CRs. According to residents, businessmen, police and politicians, the situation could be described as intense due to the police constantly chasing drug users out of the open drug scene. This led to the relocation of the open drug scene in various residential districts where drug-related problems, previously not visible, quickly

became apparent. Such problems included injecting in public staircases and community residents finding stray needles.

The drug problem was thought to be due to the lack of facilities for addicts. The residents found the addicts consuming in staircases and children play areas, where stray needles could be found. Nothing was done for the residents or the drug users. (Sw)

Due to the large number of drug users and their risky use conditions, residents no doubt considered the need for an alternative to public drug use. For this reason, residents in general approved of the implementation of CRs. Essentially the opening of a consumption room in close proximity of residents, and drug users hanging out in front of the facilities, became defined as the lesser of two evils, as the following residents described:

I am very much in favor of this facility, as there are a lot of people taking drugs. There is no question that it is a good thing to at least do something for their security. To at least offer a basic need – some quiet and controlled conditions. (R1)

I think it is very good. Help should be given where the drug scene is. And I do not feel molested by the junkies. I would feel more molested if the facility was someplace else, which is too far away, and because they get their drugs here and would then consume them here. (R2)

Unlike residents, the police stated a more ambivalent attitude towards CRs. On one hand, the police interviewed expressed regret that there is a need for CRs. While, on the other hand, they accepted their place due to harmful circumstances in which people use drugs. From the perspective of the police, maintaining the status quo is a worse alternative than providing a safe place for users to consume drugs, as one officer described:

Sad but necessary. Necessary, since it is the only chance to consume under hygienic conditions. Everything that you find on the street is so unclean and catastrophic, which for me is not acceptable. In principle it is positive, but sad that it is even necessary. (Po)

Obviously, residents' expectations have a great influence on whether and how a CR is integrated into a neighborhood. Our interviews found that community residents expect CRs to offer better addiction services, as well as relieve the drug-related burden on the community. 'Better addiction services' was defined as both harm reduction services as well as qualified counseling for drug users, which may promote their willingness to quit drug use, as one resident described:

Addicted people, who have gotten into a situation that they cannot control themselves any longer, should be helped on a qualified level to allow them to live adequately with the dependence and then possibly find a way out of the addiction. And parallel to that, reduce the complex area of negative consequences for the drug user, which is were I am affected as a resident. That is mainly the procurement and the respective criminality around it. (Sk)

The police primarily expected CRs to reduce public drug use, thus relieving the burden on the community and avoiding the expansion of the drug scene into even more neighborhoods:

A relief is certainly there for the neighborhood, because otherwise with the open scene and no facility they would consume on the streets. It would all be more spread out and would enclose more streets. (Po)

Residents also agreed that the level of service provided by CRs had improved considerably over the years. Therefore, we have concluded, as the following residents have, that CRs have been able to fulfill their goal and offer an alternative to public drug use leading to a noticeable reduction of drug use in house entrances, and in the amount of confrontations with users:

For me it has the side effect of not being confronted with it so much. I am glad not to have to see it, because it really is not very nice. (R1)

What is positive is that they do not inject in public, or at least less so... And for all of Hamburg it is positive, that they do not inject in house entrances as much. It is still there, but much less. (Pol)

Another common attitude among those interviewed was that the implementation of CRs led to a reduction in the number of fatal overdoses, resulting in an overall decrease in the mortality of drug users.

The analysis demonstrates the acceptance of CRs by the community for several reasons. Public attitudes toward CRs improved as their benefits became more visible, particularly in the reduction of drug users injecting in house entrances. In general, community residents confirm what we found in our survey of drug users themselves: CRs contribute to the relief of the environment. Nonetheless, some residents also expressed that belief that in some ways public drug use will always be a nuisance.

NEW BURDENS SINCE OPERATING CONSUMPTION FACILITIES

Neither community residents nor businesspeople stated the introductions of CRs created new burdens. However, an increase in cocaine and crack use has been observed, resulting in a more aggressive drug scene and drug market. Within this context, the police have come to recognize the challenges associated with providing addiction services to this group of drug users. In their view, addiction services should be able to adequately respond to new drug trends. Unlike the interviewed residents, the police did feel that there was a new burden for the neighborhood, not only due to increased cocaine use, but also due to the location of a consumption room in the center of a residential quarter. From their perspective, the very rise in the number of encounters between residents, their children, and drug users – now often seen visibly sleeping on the street or again more frequently using drugs in house entrances – signified the presence of a noticeably problematic situation. Moreover, the rising number of resident complaint calls, asking for police intervention, further reinforced that a new problem was emerging. Therefore, the drug problem was defined by police as a critical problem, remaining unsolved and causing disturbance.

From our perspective the situation is tense... We have regular complaints.... The closeness between users, playgrounds for children and residents cause residents to call regularly, asking us to do something. The complaints show how strenuous it is. For some time now drug users spend time in house entrances and staircases, staying overnight and possibly also consuming...The drug problem has been a constant problem. (Po)

The politician quoted above made a distinction between the benefits of CRs in general and the negative impacts of CRs in residential quarters. The interviewee pointed out that in the context of an entire city, CRs were seen to indubitably

contribute to a reduction of public nuisance. However, CRs located in residential quarters were believed to lead to potential problems. In particular, the departure of families from the residential quarter was noted as an indication of declining quality of life.

With respect to all of Hamburg, there certainly is a relief due to these rooms. But in the quarter there is more of a burden. Because they still inject in public...It becomes less for a while, than picks up again... It is a big problem. Families are moving out. We have huge problems opening up schoolyards for children in the afternoons... It is very unsatisfactory and has to deal with the fact that there was not enough experience with these CRs. That is why they allowed them in a residential quarter. (Pol)

The consumption room seated in the middle of the residential quarter was one of the first such created rooms in Hamburg. How this location was deemed politically amenable is explained by the lack of knowledge the city had concerning outcomes and possible negative effects. After witnessing the performance of CRs over the past five years, the politician felt that the appropriate location of CRs plays an important role in reducing public nuisance.

Finally, the results from our community interviews show that the subjective awareness of burden varies considerably, regardless of the actual amount of drug-related activity. Whether a particular group or individual determines a visible drug scene to be a disturbance seems to depend on the amount of connect the group or individual has with the consumption room, which is evidently different for police and politicians than it is for residents and shopkeepers. Furthermore, the assessment of public nuisance caused by the open drug scene seems to depend on the degree of individual tolerance and understanding of the problem. Nonetheless, the decision to implement a CR should also take into consideration assessment of which location will be most suited to avoiding negative impact on residents and creating public disturbances.

DISCUSSION

CRs have been implemented in several European countries as an important measure for harm reduction and health promotion. The further development of CRs, as planned, for example in France, UK or Canada, is dependent upon the positive outcomes of the first set of rooms.

When examining CRs in operation, it is important to recognize the varying designs and models as well as the different contexts in which they operate, which are

mainly due to national drug policies and law regulations. For example, there are clinical models of CRs (Australia), CRs designed for specific target groups (The Netherlands) or for injection use only (Spain). In Germany, CRs were established in existing low-threshold facilities as an extension of services aimed at harm reduction and drug use cessation. Further, as they are intended to reach difficult-to-reach drug users, CRs were opened to all adults and experienced drug users.

The results of our survey, with 616 Hamburg drug users, indicate that clients who visited the CRs are mainly by long-term drug addicts with a high frequency of daily and public drug use, as well as a tendency towards high-risk practices. Furthermore, the analysis of high, medium and low CR use made it clear that frequent visitors generally use drugs more often than occasional or rare visitors.

With regard to the impact of CRs on reducing harm and encouraging healthy behaviors, the findings show that nearly two-thirds of the drug users stated a greater awareness of both risk and health since visiting CRs. All of the most frequently stated changes in attitude among drug users – namely, being more hygienic in their drug use, consuming less often in public, and taking more time to prepare and consume – are much more often reported from group 1 (the frequent consumption room visitors). Jacob et al. (1999) also reported that more than a fifth of the drug users in their sample indicated an increased awareness for hygiene matters since visiting CRs. Compared to this study, in Hamburg a very high number of drug users affirmed an increased harm reduction behavior.

With regard to the utilization of other services, those services that address survival needs are of particular importance for CR visitors, only a minority of the drug users did not avail themselves of any additional services. Thus, the offering of counseling and medical services is of major importance in understanding the effects of consumption room on health promotion and their function as gateways to ongoing services. Here the results documented that, compared to occasional and rare CR visitors, frequent visitors utilized a significantly higher level of counseling and medical services. As our data indicate, the relationship between the frequency of drug users' use of CRs, and an increase in their risk awareness and use of additional services, indicates that the benefit of CRs is directly tied to the frequency and consistency of their use. Moreover, CRs seem to expedite access to other addiction services, which means that the provision of a broad range of services within consumption room facilities can be seen as to achieve the best possible harm reduction effects.

From the staffs' perspective, CRs offer a variety of opportunities to promote positive health-oriented messages and improve drug users' competence in reducing risks. In CRs, risk behavior becomes more visible, such that staff can offer advice immediately. In addition, CRs provide qualified and trained employees, as well as all

necessary equipment for resuscitation, should over-doses and other emergencies occur. Such emergencies happened quite often, and CRs have a sterling record of successfully responding to them.

With regard to reducing public nuisance, our study found that CRs are indeed effective, particularly for high frequent visitors. For a considerable number of drug users, CRs offer an alternative to public drug use and thus reduce public disturbance. These findings were generally confirmed by our interviews with community residents, businesspeople, the police and politicians. From each of their perspectives, drug-related burdens have noticeably declined since the opening of CRs. Moreover, the declining frequency of encounters with drug users visibly injecting in house entrances has improved considerably, a positive outcome that has contributed to residents' acceptance of these facilities in their neighborhoods.

Despite these positive effects, a considerable amount of public drug use persists, primarily by frequent visitors of CRs who visit the drug scene most often to buy drugs. This enduring public activity may be more the result of the shortage of CRs, as well as the fact that all CRs impose time limits on their visitors and often have long waiting lists. Long waits, limited operating hours, and the small number of rooms are reported most often by drug users as reasons for not visiting a consumption room.

Even staff recognized the fact that the appeal of CRs leads to their overloading, which leads to further challenges for CR staff to manage. With high utilization by "difficult-to-handle" drug users, conflicts or even violence can arise, and sanctions become necessary in order to maintain house rules.

From the perspectives of neighborhood residents, increased public drug use, dealing, and street homelessness among drug users has been experienced as growing nuisances, made manifest by the number of residents' complaints to the police. However, these nuisances were attributed more to changing trends in drug use habits than to the existence of CRs. Particularly, the trend towards increasing of cocaine and crack use, and the mobility of the drug scene, is seen as a disturbance. Another burden, mentioned by police and politicians, was the location of CRs in the center of a residential quarter.

However, these problems rarely result in rejection of CRs by the community, but rather in suggestions for how CRs can be improved. In line with staff recommendations, these include the creation of additional CRs, especially for cocaine and crack users. This suggestion is consistent with the idea that CRs should be accessible to as many types of drug users as possible.

In summary, the study showed that CRs fulfill expectations concerning both harm reduction and reduction of public disturbance. In addition, the results indicate that, in general, CRs are publicly tolerated and acceptable so long as open drug

scenes, public drug use and dealing are made less visible, and when the facilities are located in socially suitable areas.

NOTES

- ¹ Germany officially opened the first consumption room in 1994.
- ² These reasons were also mostly given by the two other visitors group, but in a slightly different ranking and in a lower percentage.

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