



- Summary Report -

Frankfurt Local Drug Trend Monitoring System
(MoSyD)

Scene Inquiry

The Open Drug Scene in Frankfurt/ Main

2006

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1. Introduction

This report presents the main findings of a study on behalf of the City of Frankfurt regarding the current situation in the so called „open drug scene“¹ in Frankfurt/ Main in 2006, including data from comparable surveys from 1995, 2002, 2003 and 2004.

The scene inquiry focuses on the current structure (composition) and living conditions of the open drug scene in the main train station area. It also provides insights into the developing dynamics of open scene structures and gives indications of possible developments in the open drug scene of the city.

The scene survey represents one research module within the scope of a broader Drug Trend Monitoring System that was developed and implemented through the Centre for Drug Research (CDR) on behalf of the City of Frankfurt's Drug Policy Coordination Office. The Drug Trend Monitoring System aims to provide a comprehensive description of the drug phenomena regarding both legal and illicit substances (i.e. information on changing patterns of drug use/availability in terms of new drugs, new patterns of use and new drug users) by applying various empirical and analytical approaches (Kemmesies & Hess 2001). Altogether the study design includes four research modules:

1. School Survey
2. Expert Panel
3. Trendscout Panel
4. Scene Survey

In the context of the Drug Trend Monitoring System² this survey of the open drug scene 2006 represents the third inquiry, the other two inquiries took place in 2002 (Kemmesies 2002) and 2004 (Prinzleve et al. 2005). Additionally, the data of the 2003 scene inquiry that was conducted through the Centre for Drug Research in the context of the research project ‚Cocaine Use in Frankfurt/Main‘ (Zurhold/ Müller 2007), financed by the German Research Foundation (DFG), are also incorporated in this report.

In order to be able to also trace back and present longer-term developments and changes of the open drug scene, data from an older survey from 1995 are utilised as well. The survey ‚Scene Inquiry Frankfurt/Main 1995 – The open drug scene and the safe injection room offers in Frankfurt/Main‘ (Kemmesies 1999) partly contains identical questions that offers the possibility of a comparative view.

Taking account of the previously mentioned studies this herein presented survey provides insights into the current composition of the open drug scene in 2006 during the period of time when the interviews were conducted (mid-July until mid-August 2006).

The drug scene in the main train station area – this can preliminarily be said – is in a state of flux. The ‚open‘, meaning the visible intravenous drug use taking place in the public space has decreased and congregations of drug users, who can be identified as coherent

¹ The term „open drug scene“ or „drug scene“ refers to a social context, in this case the drug users who linger in the area around the main train station.

² For the latest annual report, see Wersé et al. 2006; short version in English language: Bernard et al. 2007

groups, are less noticeable. Apparently, regulatory policy measures have had a perceptible impact on this social setting, yet the drug users do not seem to have disappeared. This is illustrated by the fact that individuals interviewed in 2006 used to spend on average around eight hours at the open scene more than five times per week. Within the area around the central station the scene has become more mobile. In addition, the members of this scene seem to venture more frequently to other districts of the city in order to purchase and consume drugs. In contrast to an intravenous consumption of drugs, the smoking of crack cocaine still takes place in the public space (61% of the interviewees named the street as their dominant spot for smoking crack). Even though smoking crack is a less noticeable method of using drugs, especially when compared to intravenous use, these figures prove the fact that illicit drugs are still consumed in public. Hence, the drug scene around the central station does still exist but it seems to have lost some of its presence and visibility. This fact also had a direct impact on the fieldwork itself, as according to these circumstances it was more difficult but still possible to recruit the intended amount of 75 interviewees in the streets of the main train station area. As mentioned in previous surveys, an inquiry like this is always an image of a situation at a certain point of time. In the case of this study this refers to a time period from mid-July until mid-August and thus to a time right after the football (soccer) world cup in Germany. According to professionals working in drug aid harm reduction services, this special situation led to the effect of a decreased police presence and larger gatherings of scene members within the quarter. These slightly different circumstances illustrate once again that the present study is a 'snapshot' of the current situation on the open drug scene during the summer 2006.

As in prior years, the thematic priorities of the interviews are:

- patterns of drug use
- coping strategies of everyday life
- health condition
- utilization of drug aid services

As emphasized above, the scene survey is one research module among others in the context of a Local Drug Trend Monitoring System. This module is exclusively focused on the specific yet in the public consciousness very present part of the drug phenomena which refers to the special group of intensive, compulsive users of hard drugs of the street scene.

2. Methodology

In order to achieve the most possible comparability to previous surveys the conditions of the inquiries are kept as consistent as possible. This applies to the survey instrument (structured questionnaire) and the inquiry period as well as to the recruitment of the research sample. The sample includes, identical to former years, 150 drug users of whom one half was recruited directly on the open drug scene, i.e. in the streets of the main train station area. The other half was recruited through low-threshold facilities of Frankfurt's drug aid system. A

structured questionnaire served as the main survey instrument. This questionnaire was very similar to the ones used in former scene surveys in order to obtain systematic comparisons and to be able to identify changes. The interviews were conducted in a structured standardized manner. Following the structure of the questionnaire, the questions were systematically asked in a face-to-face interview situation and the interviewee's responses were put down immediately. Topics covered in the questionnaire included³:

- social standard data
 - age, gender, nationality, familial status, children
 - school and professional education/ current employment situation
 - housing situation
 - financial situation
- experience with the consumption of legal and illicit drugs, current patterns of drug use
 - life-time prevalence, age of initiation
 - current intensity of consumption
 - methods of application
- opinions and views on drugs
- „everyday life in the open drug scene“
 - duration and intensity of the time spent there
 - places of consumption
 - availability, quality and price development
- health condition
 - symptoms and problems
 - overdoses and their surrounding circumstances
- utilization of the drug aid system
 - substitution
 - use of other listed services

It has to be stressed that the presented report shows the specific conditions and structure of the open drug scene in the city of Frankfurt. Hence, the findings can neither be generalized to other populations of drug users nor to 'open drug scenes' in other cities. However, for the local context of the open drug scene in Frankfurt the research design supplies a good illustration. This is not only due to the size of the selected survey sample since the quantity of the 'open drug scene' is estimated to be a few hundred people, who stay more or less permanently in this district. Furthermore, the interviewees were recruited evenly throughout the week days and different times, aiming to include a certain variety of people and groups of drug users. In this context, it is also important to note that the present survey is based on an ethnographic approach. Interviewees were directly recruited in the field, meaning in the social milieu of the open drug scene. Thus, the study stands in contrast to other inquiries that employ an institutional research approach by gaining access to drug users through drug

³ This summary report only presents the main findings, therefore not all the data of the listed topics are included herein. The detailed research report (in German) is available at the Centre for Drug Research. For further information, the questionnaire can also be requested.

treatment programs or penal institutions. To sum up, the gathered data provide a relatively comprehensive and precise portrayal of the 'open drug scene' in Frankfurt.

3. The Field Work

All in all 150 interviews were conducted. 75 interviewees were recruited in the streets around the central station – directly in the open drug scene – and the other 75 interviewees were recruited in the consumption rooms. The approach and recruitment of potential interviewees was relatively evenly spread across the four injection room facilities ['Eastside' (Schielestraße), 'Druckraum Niddastraße' (Niddastraße), 'La Strada' (Mainzer Landstraße) and 'Druckraum Elbestraße' (Elbestraße)]. As in former years, we were kindly permitted to use the facilities of 'Café Fix' (Moselstraße) for conducting interviews. Since the 'Café Fix' is located in the main train station area, this provided the opportunity to approach interviewees in the streets and then to conduct the interviews in the café section of this drop-in facility. Thus a much calmer and therefore more appropriate interview setting than the street was provided.

As mentioned above, the drug scene in 2006 can be – much more than in prior years – characterised as very mobile. During the field work it could be observed that individuals gathered but also dispersed very quickly. The reason why groups of drug users had to disperse again and again was on the one hand caused by the police presence. On the other hand the staff members of the various drug aid facilities prompted the users to move along and to avoid gatherings. Even as an interviewer, one had to make sure not to become the centre of such a congregation and not to provoke a possible reaction of the police.

Drug users who had been contacted in the streets also came across the interviewers in the injection rooms. Vice versa people were seen in the streets, who had been met in one of the drug aid facilities shortly before. Hence – as in the years before – there were no signs for the existence of a street scene that is totally separated from the visitors of the harm reduction facilities. Considering the current developments and changes in and around the drug scene it should be stressed that the main train station area obviously still remains to be the central meeting place for members of the open drug scene. Compared to former years, the efforts to act as inconspicuously as possible within this certain area have apparently increased. Now, not only drug-trading activities but also drug use can be observed in other districts of the city, although none of these quarters has become a regular spot for the drug scene yet.

Like in previous years, potential interviewees were informed about the background of the study before they were interviewed. Whenever people showed a willingness to be interviewed they were promised an expense allowance of 5 Euros for taking part in this study. This financial aspect was deliberately put at the end of any contact attempt in order to ensure a general interview motivation and to avoid a pure monetarily motivated interview.

During the process of recruiting interviewees it sometimes happened that members of the drug scene, who knew the interviewers or had already been interviewed, hooked them up with other potential interviewees. That initiated the development of a referral chain in terms of a snowball sampling, which was not an intended part of the research design but was nevertheless very helpful.

A total of 180 individuals were addressed (in 2004 172 individuals were addressed), in order to achieve the sample size of 150 interviewees. Hence, 83% (2004: 87%) of the attempts to recruit a person were successful and led to an interview. Even though this rate is slightly lower than in 2004, it can still be viewed as relatively high, especially when bearing in mind the sensitivity of the gathered data.

Among the 30 people who refused to be interviewed, 17 (2004: 6) stated 'a lack of time', 9 individuals (2004: 11) declared a 'lack of interest', one person (2004: 1) directly mentioned mistrust and 3 individuals (2004: 4) did not specify their reasons for their refusal. The slightly higher rate of refusals in this year is consequently a result of more people stating that they have no time, a fact that also supports the thesis of an increased mobility and agility within the context of the open drug scene.

The interviews were conducted by three CDR staff members between mid-July and mid-August 2006. All three interviewers are well experienced in conducting social scientific interviews and have profound experience in working in drug aid services. Each interviewer conducted 50 interviews, whereas the two male interviewers were more focused on recruiting male interviewees and the female interviewer on recruiting women – a strategy that helped to avoid double interviews.

Following the study design, 50 of the interviewees were female and 100 were male, making a total of 150 interviewed people.

The fieldwork can be characterized as arduous and exhausting. As mentioned above, the drug scene is very hectic and agile. It is dominated by the image of stressed-out crack cocaine users, who seem to be on the constant mission of getting crack but who also try to be as inconspicuous as possible in doing so.

Almost all interviews were conducted in the facilities of the drug aid system. All in all 37% of the 150 interviews were conducted in the waiting area of the injection rooms, 51% in offices of 'drop-in' institutions and 11% were conducted on the street.

The interviews took place relatively evenly spread across the days of the week. The earliest ones were conducted at around 10 a.m., the latest at approximately 11pm. The interview times averaged 30 minutes, the longest interview took 70 minutes.

It has to be explicitly stressed at this point, that a bad physical and/or mental condition of potential interviewees has not been criteria to exclude individuals from the inquiry. The field experience has shown that interviewees who were obviously in a bad physical or mental health condition were absolutely able to give structured and precise answers.

The role of the interviewees as experts of their own life-world – meaning this special social context of the open drug scene – was explicitly stressed during the interviews. Interviewees were clearly addressed and respected as such experts. Hence, the fieldwork followed a traditional ethnographic methodology: The researchers understood themselves as 'foreign' visitors in a 'foreign' culture meaning a 'foreign' social world. This methodological approach might have contributed to the fact that interviewees were interested in the survey and responded relatively openly.

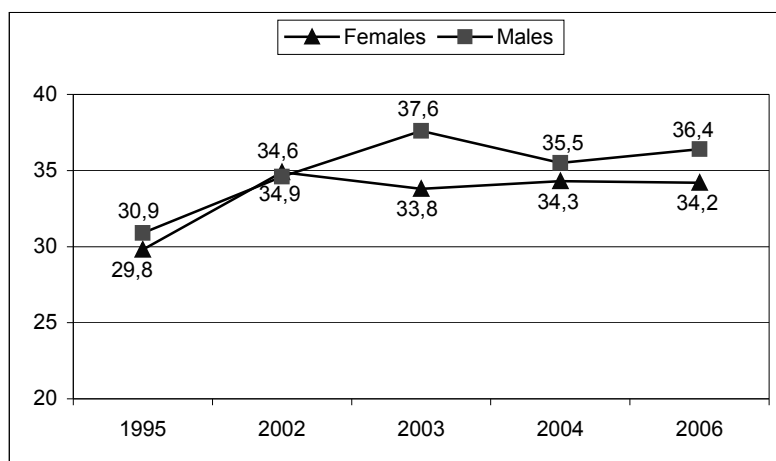
4. Findings

4.1 Socio-demographic Data

4.1.1 Age, Sex, Marital Status and Nationality

In 2006, the mean age of the sample is 35.7 years. The long-term view shows that the average age of the members of the open drug scene has increased explicitly between 1991 and 2002, a fact that can be strongly linked to the installation and expansion of so-called harm reduction services like needle/syringe exchange, safer injection rooms and an easier access to drug substitution programs. Since 2003, the mean age fluctuates between 35 and 36 years. Here, subsequent inquiries will have to show if the average age will increase further or if it will remain on this level. Gender specific differences can be observed in all surveys to that effect, that the average age of the interviewed men tends to be higher than those of female respondents (see fig. 1).

Figure 1: Average age (means) according to sex and year of survey



The vast majority (66%) of the interviewees is unmarried, 10% are married and 23% are divorced. Since a relatively great number of drug users interviewed in previous surveys stated that they have children (currently 44%), information on where these children live was also collected. In the majority of cases (40%), the children stay with the other parent, while 18% are cared for by relatives, and 17% of the children are either of legal age or placed in an institution (adoption or foster-parents). The analysis reveals the fact that the children's residence with the interviewed drug users is an absolute exception; only one male interviewee stated that his child stays with him and his partner (see table 1).

Table 1: Placement of own children (% , n=65)

	Males	Females	Total
With biological mother and biological father	3	0	2
With biological mother or biological father without interviewee	59	14	40
With family (temporary)	8	32	18
With family (foster care or adoption)	3	0	2
Variety of placement (multiple children)	3	4	3
Children are self-dependent (over 18)	14	21	17
Released for adoption or with foster parents	11	25	17
Other placements	0	4	2

Significant gender-specific differences lie in the fact that the vast majority of men (59%) leave their children with the mother, whereas women tend to commit their children (at least temporary) to the care of relatives (32%) or the children are institutionally placed. However, two females interviewed in 2006 reported a current pregnancy, whereas in former surveys none of the women interviewed had claimed to be pregnant.

In regard to the interviewees' nationality, significant differences to prior inquiries can be observed in 2006: 67% of the respondents are of German origin (1995: 79%, 2002: 79%, 2003: 75%, 2004: 76%), 4% are ethnic German immigrants (1995: 1%, 2002: 1%, 2003: 0%), and 29% are of other nationalities (1995: 19%, 2002: 19%, 2003: 25%, 2004: 20%). Thus, the proportion of interviewees with a German citizenship has somewhat decreased, whereas the percentage of people with other nationalities has slightly increased.

4.1.2 Housing Situation

Unchanging since 2002, roughly 80% of the interviewed drug users have a registered permanent residence in the Greater Frankfurt area. With regard to the current housing situation the figures demonstrate significant differences between the inquiries (see table 2).

Table 2: Current housing situation according to year of survey (%)

	1995	2002	2003	2004	2006
Homeless	19	10	18	11	14
Own apartment	27	19	23	24	31
With partner/user	6	5	5	9	1
With partner/non-user	3	8	4	5	4
Share/user	3	3	3	1	3
Share/non-user	3	6	3	2	3
Emergency shelter	27	39	33	37	30
Supervised living	0	5	4	3	7
Parents	12	4	6	5	3
Others	0	1	1	2	3

In 2006, almost every third respondent lives in his/her own apartment. Parallel to this, the ratio of accommodation in emergency shelters and also the percentage of people who share an apartment with a drug using partner have declined. In addition, the rate of people who stated that they live in a supervised living situation has also gone up.

In contrast to this positive progress, the amount of interviewees who are homeless has also slightly increased. With a proportion of 44% (1995: 46 %, 2002: 49 %, 2003: 51 %, 2004: 48 %) still almost every second person interviewed in 2006 is in fact homeless and lives either on the street or in a shelter. Whereas the living conditions for men seem to have improved within the last few years, the living situation for women still remains relatively poor and tends to be worse than the men's.

4.1.3. Education Level/ Employment

The educational level of the sample is in general deemed to be low. The majority (47%) has graduated from a general-education secondary school ('Hauptschule') as their highest level of school education. Twenty-two percent have finished the secondary school ('Realschule') and 13% have a high school ('Gymnasium') degree. Seventeen percent of the interviewees have no school degree at all (see table 3). Since 1995, a two-tier tendency can be observed: on the one hand the proportion of interviewees with no school graduation has increased over the years (1995: 13%, 2002: 13%, 2003: 16%, 2004: 10%, 2006: 17%), on the other hand there has been a steady increase of interviewees who graduated from high school (1995: 5%, 2002: 8%, 2003: 11%, 2004: 11%, 2006: 13%).

Table 3: School education, vocational training and employment situation (%) according to year of survey

	1995	2002	2003	2004	2006
School graduation					
None	13	13	16	10	17
General-education secondary school (,Hauptschule')	48	43	46	52	47
Secondary school (,Realschule')	27	34	23	25	22
High school (,Gymnasium')	5	8	11	11	13
Others	7	2	5	3	1
Vocational training					
None	52	46	43	43	43
Apprenticeship/study	44	52	55	57	54
Currently in vocational training	4	2	2	0	3
Employment situation					
Fulltime	7	7	5	3	4
Unemployed	79	83	79	85	86
Others	14	10	16	12	10

The proportion of those who have not completed any vocational training has decreased between 1995 (52%) and 2002 (46%) but has remained on a constant level of 43% since 2003. At 86% the rate of unemployment among the sample remains high. In 2006, the length of unemployment averages about 4.6 years. Thus it can be noted that the vast majority of the unemployed drug users of all four surveys are jobless on a long-term basis. Apparently, a long stay in the social context of the open drug scene is strongly linked to a longer period of unemployment. Consequently, the difficulties to reintegrate drug users into working life grow in relation to an increased attachment (meaning a longer affiliation) to the drug scene. This fact is especially problematic when considering the risen average age of the drug scene members.

4.1.4 Financial Situation

In 2006, governmental financial support (social welfare and unemployment benefits) was for 42% of the interviewed drug users the main source of income. The amount of people who generate their income mainly through drug business has dropped significantly compared to former years. Currently it adds up to 17%. However, the proportion of respondents who gain their income mostly through legal employment or jobs is also on a decline, totalling 9%. The rate of those who finance themselves exclusively through legal sources has gone up substantially from 37% in 1995 to 51% in 2002 and has levelled off since then (presently 50%). Insofar, it can be stated that since 2002 approximately every second interviewed drug user succeeds in supporting himself/herself exclusively through legal means (see table 4).

Table 4: Sources of income (last 7 days, %) according to year of survey

	1995	2002	2003	2004	2006
Legal work/ doing jobs	27	33	26	26	16
Unemployment benefits	-- ^a	18	12	17	35
Social welfare	62	60	54	50	24
Partens/family	30	11	11	11	19
Partner	11	6	3	3	4
Friends/acquaintances	-- ^a	4	5	3	13
Prostitution	11	11	16	8	14
Drug business	43	34	43	38	34
'Street Doc' ("Service") ⁴	19	1	4	3	5
Selling of medication	7	4	1	2	5
Other illegal activities	19	20	11	9	18
Other legal activities	15	7	7	9	10

In 2006, the amount of money the interviewees have at their disposal on a weekly basis averages around 462 Euro. Thus, the average amount of money is slightly higher than in

⁴ The provision of needles, syringes and other materials used for injections for other users ("Service") has been a quite common mode of obtaining small portions of drugs (usually the used paper filter with heroin or cocaine residuals inside), particularly in the 1980s and early 90s, before a wide range of low-threshold drug aid facilities was established. As the table shows, this form of 'payment in kind' has become less important since then.

2004 but lower than in the 1995-2003 inquiries (1995: 550 Euro, 2002: 552 Euro, 2003: 608 Euro, 2004: 439 Euro). Related to that, the average expenses for drugs have also increased and add up to 373 Euro per week in 2006 (1995: 413 Euro, 2002: 481 Euro, 2003: 510 Euro, 2004: 356 Euro).

4.2 Substance Use

4.2.1 30-Day and 24-Hour Prevalence Rates

In 2006, the respondents' current patterns of drug use are dominated by heroin and crack cocaine with prevalence rates of 85% (crack cocaine) and 87% (heroin) for the last 30 days and 65% (crack cocaine) and 63% (heroin) for the last 24 hours. Since 2002, the increased prevalence rates for heroin indicate a rising relevance of this substance. This can be attributed to an increased availability of the substance as well as to a clear drop in price since 2003 (median of reported prices per gram: 75 € in 2003, 33 € in 2006). Additionally, the quality of heroin also seems to have improved since 2002.

In terms of the use of crack cocaine, the figures reveal that after the jump between 1995 and 2002 the patterns of current use have remained more or less stable in the following surveys. The rates are still at a high level, even though the prevalence for smoking crack within the last 30 days has dropped slightly in 2006. However, this minor decrease is not reflected in the 24-hour prevalence: after the rate has significantly decreased between 2002 und 2003, it has slightly gone up in 2006.

In regard to powder cocaine, the trend of precedent surveys seems to have reversed in 2006: after the low rates of the 2002, 2003 and 2003 inquiries the 30-day and 24-hour prevalence rates have increased. It remains to be seen if this is just a short-term trend or if powder cocaine will gain more relevance for the current patterns of drug use among members of the open drug scene.

Table 5: 30-day and 24-hour prevalence (%) of alcohol, cannabis, heroin, benzodiazepines, cocaine and crack cocaine according to year of survey

		1995	2002	2003	2004	2006
30-day prevalence	Alcohol	67	61	62	65	56
	Cannabis	71	59	56	65	51
	Heroin	93	73	78	83	87
	Benzodiazepines	^a	47	56	63	61
	Powder cocaine	89	36	30	25	45
	Crack cocaine	8	90	91	89	85
24-hour prevalence	Alcohol	43	39	39	37	31
	Cannabis	31	26	21	26	21
	Heroin	85	58	57	59	63
	Benzodiazepines	^a	30	27	35	29
	Powder cocaine	79	9	9	4	16
	Crack cocaine	3	79	61	62	65

^a Data not available

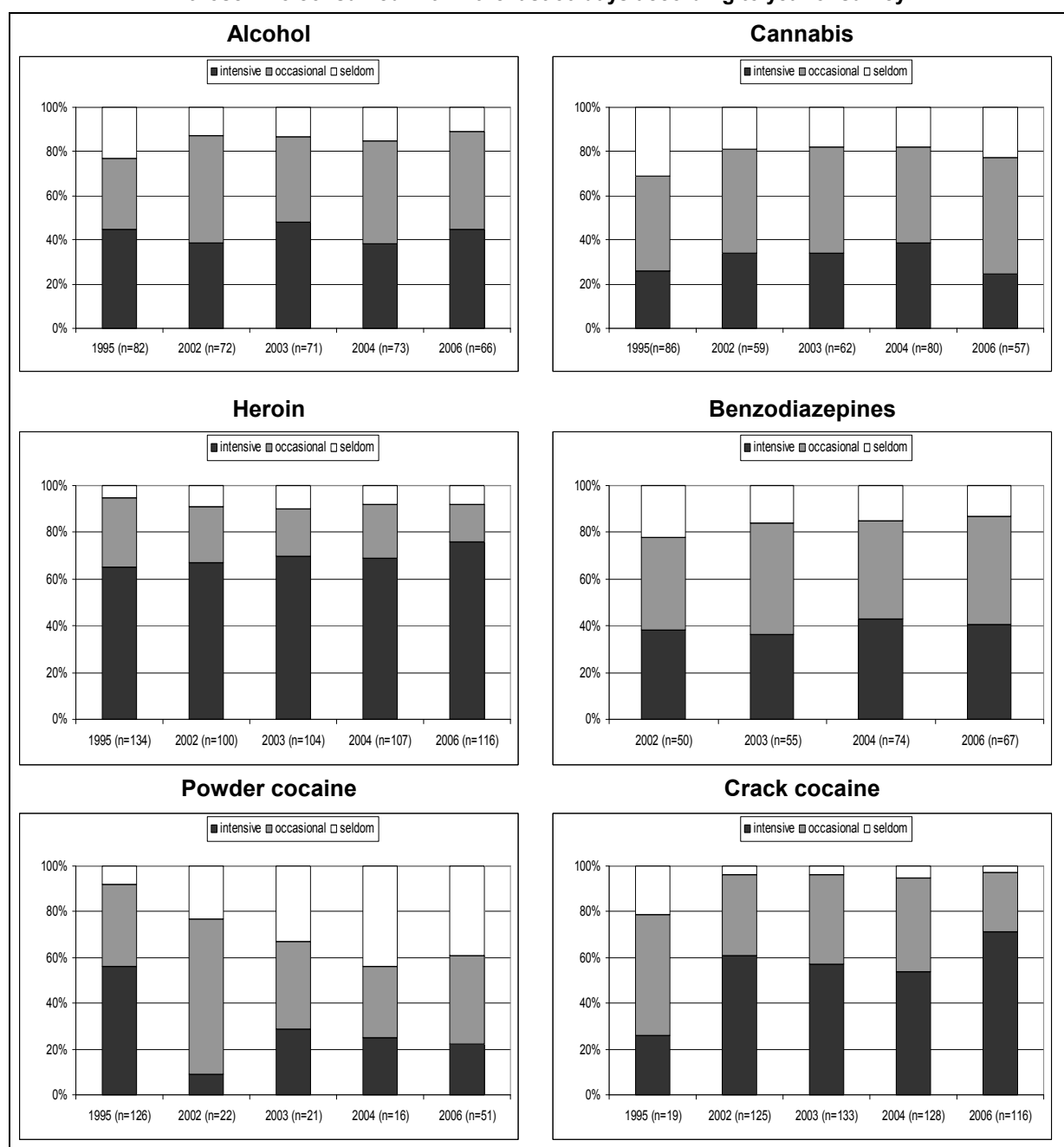
The interviewees' patterns of use can still be characterised as polyvalent: despite variations in particular prevalence rates, heroin and cocaine (as powder or crack) as well as non-prescribed medications (mainly benzodiazepines) and cannabis are an integral part of the drug use in this specific social context.

4.2.2 Frequency of Use

The data regarding the frequency of drug use was summarized according to an intensive (daily or almost daily), an occasional (once or several times a week) and a seldom (less than once a week) consumption of the respective drug.

The results for alcohol, cannabis, heroin and benzodiazepines show no significant variations within the inquiry period. Even though the findings are not statistical significant, it can be observed, that in 2006 the proportion of intensive users of heroin (75%) is the highest of all surveys. The percentage of interviewees using heroin just occasionally has declined coevally.

Figure 2: Intensity of use (%) of alcohol, cannabis, heroin, benzodiazepines, powder and crack cocaine of those who consumed within the last 30 days according to year of survey

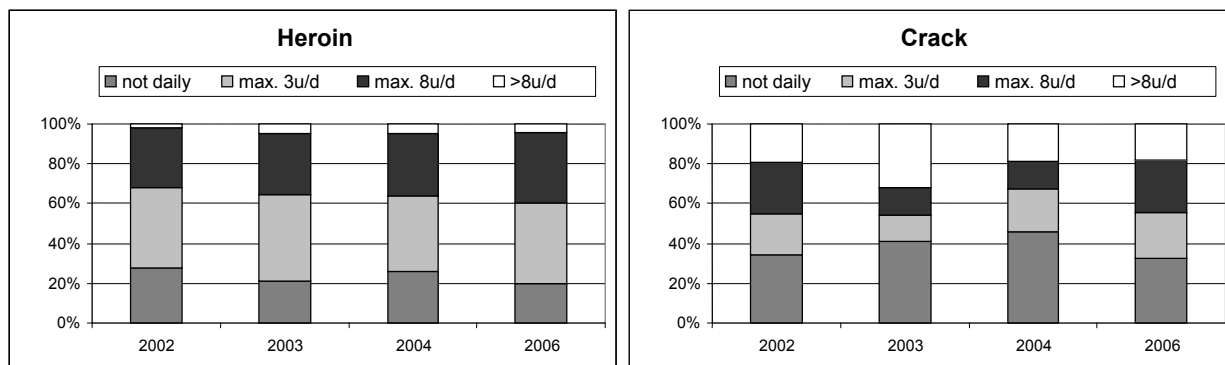


In contrast to heroin, the changes of powder and crack cocaine are significant. The proportion of respondents who rarely consume powder cocaine has increased substantially between 1995 and 2006. On the other hand, the findings for crack cocaine show that the percentage of intensive users has significantly gone up in the same period of time, with its peak in 2006. Here, more than 70% of the sample stated an almost daily consumption of crack (see fig. 2). Thus, changes in the use of crack cocaine mainly lie in the tendency of intensified patterns of use.

Although the findings for an intensive use of heroin and crack cocaine seem to be similar (with more than 70% for each drug), distinct differences can be observed when analysing the intensity of use, i.e. the number of consumption units. Here, data was clustered

as following: 1. non-daily use, 2. daily use of max. three units, 3. daily use of max. eight units and 4. daily use of more than eight units. Figure 3 illustrates the differences between heroin and crack cocaine.

Figure 3: Intensity of use (%) of heroin and crack according to year of survey



Whereas in all surveys the majority of the interviewees (40%) uses heroin in a dosed way of maximum three consumption units per day, between 20% (2002, 2004 und 2006) and 30% (2003) of the crack users show excessive patterns of use with more than three units per day. However, it has also be stressed that in all four surveys the largest group consists of crack users who do not consume on a daily basis (2002: 34%; 2003: 41%, 2004: 46%; 2006: 32%).

4.2.3 Methods of Using Drugs

The comparison of different methods of using heroin, cocaine and crack unveils significant differences between the inquiries. Throughout all surveys, heroin und cocaine powder are predominately injected. What is striking is the high prevalence of an intravenous use of crack, especially when bearing in mind that cocaine is intentionally transformed into crack in order to create a smokeable form. In Frankfurt it is very common that users purchase crack, transform it into an injectable form by breaking it down with ascorbic acid and using it as they normally would use powdered cocaine. Compared to former surveys, the 2006 inquiry reveals significant changes to the effect that an exclusively intravenous consumption of crack has increased substantially. In consequence, the rates for exclusively smoking and exclusively injecting crack cocaine are almost similar (see table 6).

Table 6: Ways of Application of Heroin, Powder and Crack Cocaine (%)^a according to year of survey

	2002	2003	2004	2006
Heroin (n)	(98)	(99)	(108)	(113)
Intravenous	93	90	84	84
Nasal	3	7	9	10
Smoking	4	3	3	4
Intravenous and others	0	0	4	2
Powder Cocaine (n)	(18)	(12)	(12)	(37)
Intravenous	72	83	100	89
Nasal	17	17	0	8
Smoking	11	0	0	3
Crack Cocaine (n)	(125)	(130)	(125)	(115)
Exclusively smoking	29	38	39	37
Exclusively intravenous	23	12	12	33
Smoking and intravenous – mainly smoking	16	23	18	16
Smoking and intravenous – mainly intravenous	28	22	22	12
Smoking and intravenous equally	4	5	9	3
Crack (multiple answers)				
Intravenous	71	62	61	63
Smoking	77	88	88	67

^a Refers to those with consumption

When asked for the motives for an intravenous crack use, most interviewees refer to a more intense high (90%) and a better utilization of the drug (63%). A high percentage (52%) also stated a lack of cocaine powder as an important reason why they inject crack cocaine.

Across all surveys, the availability of crack is declared as very high. Since 2002, a steady drop in the price of crack cocaine can be detected, that is apparently accompanied by a decrease in quality in 2006. In contrast, the clear drop in the price of heroin since 2003 obviously comes along with a rise in quality.

4.3 'Everyday Life' on the Open Drug Scene

As in previous years, the bulk of the drug users interviewed in 2006 stay very frequently and for long hours 'on the scene'. The 'open scene' not only offers the possibility to buy and sell drugs, but it also plays an important social role for the interviewees – they visit this social setting in order to meet people and to escape boredom.

Table 7: Reasons for visiting the scene (%) according to year of survey

	2002	2003	2004	2006
Purchasing drugs	89	79	81	81
Meeting people	68	73	68	78
Selling drugs	31	33	41	37
Boredom	41	46	52	65
'Street Doc' ("Service")	9	9	7	11
Transacting business	42	41	46	53
Because of substitution ^a	13	28	30	30

^a only people in treatment

Furthermore, the scene is the central site where drugs are consumed. In the case of intravenous use it mainly takes place in the safe injection rooms, whereas crack cocaine is predominantly smoked in public, that is to say, on the streets. The smoking room as an additional and fairly new harm reduction offer still plays a minor part as a consumption spot (see table 8).

Table 8: Dominant places for an intravenous use and for smoking crack according to year of survey (%)

	Intravenous use ^a				Smoking crack ^a			
	2002	2003	2004	2006	2002	2003	2004	2006
At home/ private	16	19	22	23	21	16	16	22
Street	19	20	20	8	67	77	74	61
Public buildings	1	1	1	0	3	1	0	0
Injection/smoking room	64	56	55	63	0	0	1	3
Others	0	4	3	3	9	7	9	3
Street (not central station area)	0	0	0	4	0	0	0	12

^a Referring to those who inject drugs resp. crack users

Although the smoking of crack cocaine in public still mainly happens within the main train station area, an increasing portion of people interviewed in 2006 stated to smoke crack outside this area in other parts of Frankfurt. This has to be viewed against the backdrop of changes in the local regulatory policy since mid-2002 in which the police has intensified their actions against drug dealers and especially crack dealers. Thus far, certain effects can be identified in 2006 that are apparently related to an increased police presence in the quarter. As a result of this, public smoking of crack cocaine might spread to other parts of the city and might therefore increase quality of life offences for citizens in other neighbourhoods.

4.4 Physical Health Condition

4.4.1 Infection status

A closer look at the health conditions reveals the fact that the relatively high rate of hepatitis C infections has remained more or less stable since 2002. In contrast, the infection rates for hepatitis A and B have decreased significantly since 2003.

Table 9: Infection status (%) according to year of survey

	1995	2002	2003	2004	2006
Types of hepatitis					
A	-- ^a	13	20	7	5
B	-- ^a	18	27	15	11
C	-- ^a	71	63	63	61
A or B or C	35	74	67	67	61
HIV status					
HIV positive	26	13	17	12	13
HIV negative	73	81	80	86	86
Not tested yet	1	6	3	2	1

^a Data not available

The rate of HIV infections has decreased significantly compared to 1995, but has remained steady since 2004. In 2006 13% of the respondents have been tested positive for HIV.

Table 10 demonstrates that significant differences between males and females regarding their infection status as well as health problems and symptoms can be detected. All in all, women are more affected by hepatitis A, B and C infections than men. In 2006, the difference between the HIV infection rate of men and women was even more prominent compared to former surveys.

Table 10: Health condition of the sample in 2006: summary and gender-specific differences

	Total	Gender	
		Males	Females
Infection status (%)			
Hepatitis A	5	4	6
Hepatitis B	11	9	16
Hepatitis C	61	60	64
HIV	13	7	24
Symptoms/ problems within the last 3 months (%)			
Heart and circulation problems	26	19	40
Lung problems / bronchia	21	14	34
Stomach trouble/ bowel disorders	20	17	26
Cold/ flu	17	6	38
Toothaches	29	24	38
Abscesses (raw wounds, sore feet)	17	15	20
AIDS - miscellaneous diseases	26	14	33
Epileptic seizures	8	3	18
Depressions	39	37	42
Quantity of symptoms / problems (mean)	1.5	1.2	2.2

The general health condition of the women is worse than that of the interviewed men. In terms of health grievances and problems women show higher rates in every symptom listed above. Thus, the number of reported symptoms or problems averages at 2.2 for women and is significantly higher than the average of 1.2 for men. According to these results, 57% of the male respondents estimated their general health condition as good or very good, whereas this only applies to 46% of the females.

4.4.2 Overdoses

Approximately every second person of the 2006 sample has experienced an overdose at least once. In this context, most of the interviewees reporting an overdose within the last three years named heroin as the substance they had taken on the day of the overdose. Furthermore, the analysis of the reported overdose experiences unveils a slightly increased prevalence of cocaine powder.

Table 11: Substance consumed on day of the last over dose (multiple answers, %) according to year of survey

	2002	2003	2004	2006
Alcohol	20	10	16	9
Cannabis	4	2	2	0
Heroin	76	82	88	85
Benzodiazepines or other medicines	17	12	31	17
Substitution medicine	6	8	2	7
Powder cocaine	19	6	22	26
Crack cocaine	46	35	31	24

In evaluating the major cause for an overdose, the figures show that an unknown drug quality is the most stated reason in each survey (2002: 59%; 2003: 45%; 2004: 33%; 2006: 41%).

4.5 Use Intensity of Drug Aid Services

With a proportion of 45% almost every second interviewee participates in a substitution treatment program. This percentage increased substantially in 2003 and has more or less levelled off since then. The boost in 2002 could especially be observed among male respondents. After the low value in the prior year, the average length of substitution treatment has increased again (see table 12).

Table 12: Substitution treatment according to year of survey

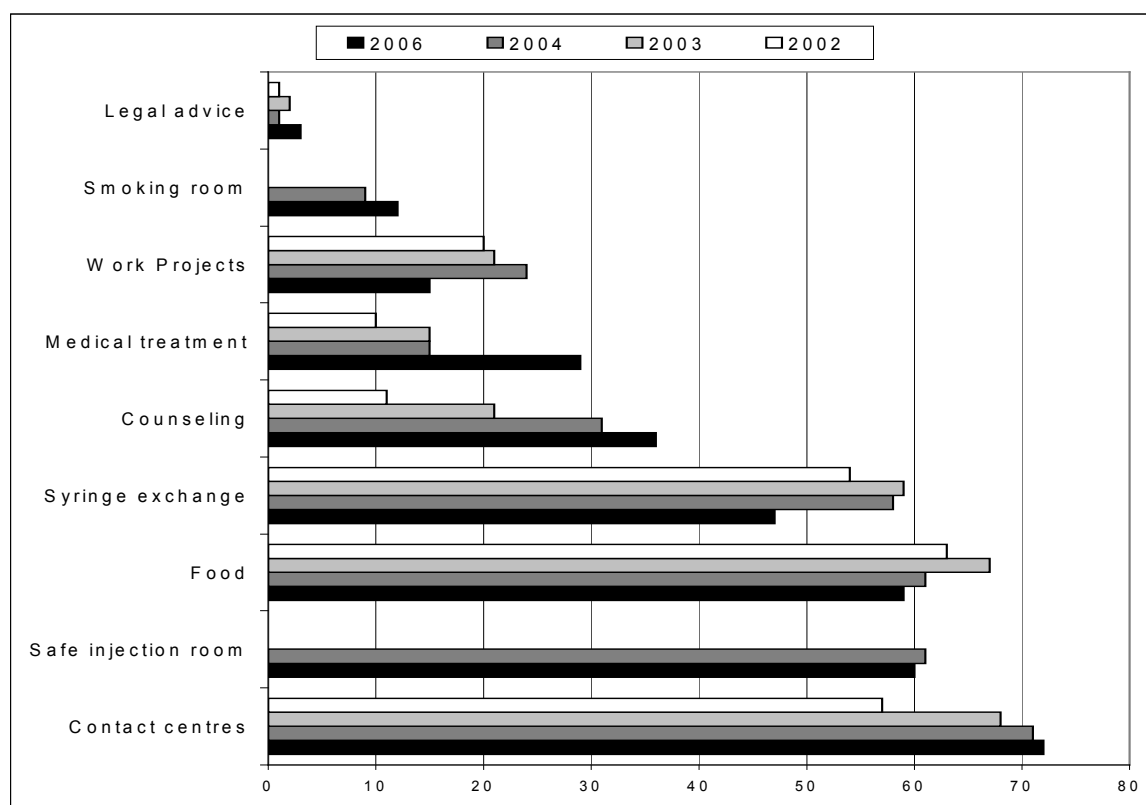
	2002	2003	2004	2006
In substitution treatment (%)	29	43	46	45
Substitution medicine (%)				
Methadone	100	75	90	90
Heroin (prescribed)	0	14	1	0
Buprenorphine (Subutex®)	0	3	6	9
Levomethadone (L-Polamidon®)	0	8	3	1
Dosis in mg Methadone (mean)	83.9	79.0	74.6	75.2
Length of substitution treatment in months (mean)	24	12	7	10.5

According to previous inquiries, the findings demonstrate that a drug substitution treatment does not only lead to clearly reduced heroin use in most of the cases, but is also accompanied with a lower prevalence of crack cocaine. Whereas heroin use among non-substituted interviewees has gone up in 2006, the heroin use of those who participate in a substitution treatment program has slightly declined since 2003 (see table 13).

Table 13: 24-hour prevalence of diverse substances (%) according to status of treatment in 2006

	Substitution	
	yes	no
Alcohol	34	29
Cannabis	19	22
Heroin	32	89
Benzodiazepines	25	33
Powder cocaine	6	24
Crack cocaine	56	73

In general it can be stated that Frankfurt's drug aid system reaches most of the members of the open drug scene and apparently meets their needs through the provided harm reduction services. The importance of those services in the life of the interviewed drug users is illustrated by the fact that almost every interviewee has made use of at least one of the services listed below within the last three months. Figure 4 shows further that most respondents use those services very frequently (at least once a week). As in prior years, this applies primarily to low-threshold offers (see above). But due to a steady increase within the last few years, counselling is also used relatively frequently (presently by 36% of the sample) – more frequently by women, however (50% compared to 29% among the male interviewees).

Figure 4: Use of ambulant services at least once a week within the last three months according to year of survey

Altogether, the proportion of respondents that uses at least one offer of the ambulant drug aid system at least once a week has increased from 89% in 2002 to 97% in 2006.

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