

EXASS Network



P-PG/COOP (2011) 3

Report



**8th meeting, Berlin,
Germany, 2 - 4 May 2011**



EXASS Net

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

Regular and irregular immigrants:

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EXASS Net

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Quotes from participants

"We must avoid that responses to drug problems are not 'overdosed' by bureaucracy." **Dr Walid Haddad**

"It must be taken into account that while immigrants leave their country, their country often does not leave them."
Nataliy Lev

"Drug addicted people with an immigrant background are marginalised three-fold: at firstly by being immigrants and not accepted for being different, secondly by being addicted as consequence of coping with marginalisation, and thirdly by having become criminal because of their addiction. All in all this constitutes a big trauma for them." **Hussein Kheir**

"Unfortunately the objectives of immigrant legislation do not correspondent with the aims of drug policy. This can make it difficult to achieve effective and successful rehabilitation of immigrant drug users". **Christine Köhler-Azara**

"Language by itself is not the only barrier in reaching certain migrant groups. Understanding their cultural background, social conventions and values are at least equally important if not more so." **Espen Freng**

"We must begin to understand that immigrant groups are not anymore homogenous but increasingly multi-ethnic with their own acquired culture and language mixes." **Jürgen Weimer**

"EXASS Net coming to Berlin is a gift for our city!"
Monika Wojak



their consumption patterns and survival strategies

Background

Different ethnic and migrant groups are often difficult to reach with the existing drug policy interventions and programmes. In addition there is frequently reluctance to accept formal help, including emergency interventions. Based on a deeply rooted general fear of official organisations help offered is frequently initially rejected.

An increase of different ethnic target groups, due to the expansion of the Schengen space and a generally greater mobility within Europe and neighbouring regions, will require more qualified personnel with trans-cultural and language competences.

Already at the 3rd EXASS Net meeting in Frankfurt in May 2008 participants expressed the need to address this issue:

“The Pompidou Group and the EXASS Net would obviously be well placed to look into further possibilities to facilitate a more international exchange of experience and support methods for professionals to assist each other. Study visits and work exchange programmes were among the specific requests articulated by many professionals that were met during the visits. There was a general feeling that while there was a lot happening on different levels to support European integration, the needs of professionals working in the drugs field concerning the consequences of European integration and globalisation –in particular the consequences of increased mobility and migration- do not appear to be sufficiently recognised and met so far.” (see para. 16. of the abridged report of the 3rd EXASS Net meeting, Frankfurt, 26 – 28 May 2008, P-PG/COOP (2008) 3 rev).

In following this suggestion the Ministerial Conference of the Pompidou Group adopted this topic for the 2011-2014 Work Programme of the Group. The Drugs Commissioner of the City of Berlin then agreed to host the 8th EXASS Net meeting on this topic.



Reflections on the visits

During a plenary session participants held an initial reflection on their visits to projects and services in Berlin together with the participation of professionals from visited projects and services.

In the view of many participants the Berlin drug policy and its implementation through services and projects have coherent psycho-social approach that is visible in policy and services alike. In addition in Berlin it has been possible to establish an effective networking between many stakeholder to allow for a network of services that can provide for individual needs of drug users and allow them as clients to find the most suitable help in their situation.

Many participants saw the Berlin drug policy as being based on a fundamental humanitarian approach. This impression was reinforced by the dedication of staff working in the field and the empathy for their clients. Despite extremely difficult area of work, challenging tasks and recurring setbacks, professionals in Berlin maintain a high level level

of professional enthusiasm, which in turn works in the benefit of the clients.

Participants observed a comparatively low level of bureaucracy in the setting up and running of drug projects. This was seen as very conducive to flexible and rapid responses to problems, as well as contributing to a high level of coverage and also contributing to the high level of staff motivation. Low level of bureaucracy in general can increase effectiveness and efficiency, and are likely to provide adequate responses. Prerequisite is the existing of standards and guidelines to be followed as well the associated quality management. Both of which are in existence in Berlin.

By making different treatments (HIV/AIDS, Hepatitis C, etc.) available in one centre, like in the substitution treatment centre of A.I.D., the overall health status of clients can be improved more effectively. At the same time this approach is likely to be overall more cost effective since it pools resources for different treatments in one venue thus allowing for synergy effects.

Careful and sensitive involvement of police officers in low threshold institutions for drug addicted women can help to more effectively pursue crime in the sphere of violence against women, as a pilot project in Café OLGA has shown.

Synanon's abstinence oriented therapy programme impressed participants with an 'any day, any time – nobody is turned back' approach that in addition did not require any prerequisites such as completed detoxification. Such an extremely low threshold approach has the potential to reach any addict. However the 'cold' detoxification, as well as the three months contact embargo make it difficult for many to endure. Consequently the drop out rate during the first three months is high and set therefore a high threshold to stay in.



Experiences with low threshold services in Berlin show that they can be important starting points for developing exit strategies from drugs and prostitution provided proper referral, follow-up and more long-term offers, from which a client can choose according to his or her needs, are in place. Long term offers also allow for more staff continuity and thus allow to develop the necessary relationships of trust which are indispensable when wanting to reach immigrants and other groups hesitant to engage with services.

Unlike wide-spread perception, low-threshold projects can be operated on tobacco-free premises, as several Berlin projects show. The notion that when prohibiting tobacco clients would come any more cannot sustain as a general rule as the positive experiences with smoke-free venues in such projects have shown. On the contrary many users of the services come quickly to appreciate the smoke-free environment, even if having initially complained.

Participants noted how important the client involvement in preparing and delivering drug policy programmes and services. They greatly appreciated the opportunity that in several of the projects visited clients had agreed to speak with the EXASS Net participants. It was underlined that the experience of users/clients is indispensable in being effective and successful in finding solutions for addicted people. In addition the contact with users is a profound mean to illustrate the work and as such creating more of an impression than a presentation or statement by a professional.



Discussions

Following the reflections on the projects and services visited the participants then discussed more generally their experiences with approaches to reaching migrants in drugs work and the challenges encountered.

Experience from practice shows that not all immigrants prefer contact with drug service professionals from their own ethnic or national background. Many seeking help actually prefer to have contact with local professionals. This can be attributed to more distance and cultural neutrality, which allows for higher degree of anonymity. In addition seeking help from someone with a different cultural background can make it easier to overcome the barrier of personal shame. In order to effectively reach the target groups both should be on offer and leave the choice to the client, including the opportunity to change.

Immigrants are often confused and/or scared to seek help. This may be because of misconceptions about the role and mission of services, pressure from families and peer groups not to submit themselves to a 'foreign system', pressure from criminals (pimps, dealers etc.). Simply providing services in their language has proven often insufficient. Often drug services are insufficiently culturally sensitive and there do not reach immigrant target groups.

Responses targeting migrants and ethnic groups language is often the only issue addressed. However many intervention first of all do not reach or succeed with some immigrant groups since they are not breaching the cultural gap. Being culturally sensitive requires the understanding that western concepts and values do not reach some target groups, neither in a cognitive sense nor emotionally. For many western concepts suspicious, alien or even perceived as threatening.

Recruiting professionals from different ethnic backgrounds is advocated as an important prerogative in building services that can successfully reach different ethnic groups. Experience from practice has shown however that there are difficulties in hiring volunteers and professionals from immigrant and other ethnic backgrounds. There is little interest to work in the drugs field, as well as different personal opinions about drugs problems in general. This makes it hard to recruit professionals from many different ethnic backgrounds. Consequently more professional exchanges between countries and direct working contacts between frontline professionals are needed.

Feedback from professionals shows when creating services and institutions exclusively targeting immigrants it has also to be taken into account this have the risk of possibly curtailing integration efforts. There needs to be a constant awareness that there is a latent risk of conflicting goals and interests between drug interventions and integration efforts.

Also immigration laws can pose barriers to successful reintegration of immigrant drug users after treatment. Particularly restrictions on permitting work or uncertainty about the residency status, or even the risk of deportation after treatment can put all therapeutic achievements in jeopardy. Consequently the resources invested in treatment could be wasted if immigrant laws are in the way of reinsertion into society. If this dilemma cannot be resolved politically at least the services operating at frontline level in the drugs field should seek active cooperation with the local agencies of the immigration authorities to discuss possible solutions on a case by case basis.

An interlinked network of coherent services with trans-cultural competence, which follows the same overall aims is the most effective way of reaching drug users of different backgrounds. Such a system must provide passages for health improvement, abstinence where possible, and above all social reintegration. It was underlined that the key for such a system to succeed is a choice of offers through which clients can navigate their way according to their situation and needs

Follow-up

1. The following proposals would constitute concrete follow-up activities to the meeting:

- Developing a training manual on trans-cultural drug work focussing on the following target groups: Roma, North Africa, CIS/former Soviet Union, Turkey and Middle East.
- Initiating a first pilot training based on the manual to gain implementation experience

Promotion and initiation of the self-help group concept among different ethnic target groups by making use of experts/facilitators from above mentioned regions (professional exchanges)

2. Mrs Sanja Ozic announced that Croatia would be happy to host the 9th EXASS Net meeting in the autumn of 2011 in Zagreb. Further details including the topic will be communicated by the Secretariat in due course before the summer.



Drug Policy in Berlin

An overview of drug policy and practices in Berlin in the context of German federal regulations. Presented by Monika Wojak, Senate Department for Health, the Environment and Consumer Protection in Berlin.

Context

Berlin is not only capital of Germany but it is also 'city state' in the sense that it has equally the status of a federal state. Within Berlin there are 12 districts which have each their local authorities. Hence the City of Berlin has three layers of government and equivalent level of administrations: state government, municipal government and local authorities.

Berlin is the capital of the Federal Republic of Germany and has 3.4 million inhabitants of which 18,4% are older than 65 years and 14,5% are under 18 years. There is a comparatively high rate of unemployment (13,9% in April 2011) as compared to other states in Germany (between 8% and 14%). In Berlin many social problems culminate because of unemployment, the re-shaping of the city since 1989, the consequences of the end of the 'cold war' and fall of the Berlin Wall, a high level of immigration, demographic developments etc.

Drug and addiction policy in the Germany is shared between the federal institutions and the institutions of the 16 federal states. In drug policy development and implementation the federal states are mandated to carry out the following tasks:

- Implementation of national drug and addiction legislation
- Development und implementation of state-based drug policy and action plan
- Funding of prevention programmes and offers of help and assistance other than treatment and rehabilitation
- Coordination with other financing institutions
- Coordination of the actions between the federal states (regular meeting of state drug commissioners, standing conference of state ministers for health on addiction issues)
- Co-representation in international committees (EMCDDA, HDG) in addition to representation of the federal government
- Coordination of the actions between the state government and the local authorities in the state, which also have funding functions and are responsible for the provision of certain social services

The drug situation in Berlin

The drug policy of the State of Berlin seeks to address the drug and alcohol situation in Berlin which presents itself as follows in 2011:

- 820.000 smokers (444.000 men and 380.000 women)
- 370.000 persons at risk from alcohol consumption (250.000 men and 125.000 women)
- 185.000 persons who misuse alcohol (120.000) or who are addicted to alcohol (65.000)
- 135.000 persons with problematic consume of legal (pharmaceutical) drugs
- 165.000 consumers of illegal drugs, among these are
 - 10.000 – 12.000 opiate addicts
 - 15.000 cannabis addicts

The figures are approximations and are based on various statistical sources, including national and state addiction surveys which are carried out in regular intervals.

As far as prevalence rates are concerned the data of independent scientific surveys show that

- 37% reported experiences with consume of illegal drugs
- 10,8% reported consume of illegal drugs during last 12 months
- 6,9% reported consume during last 30 days

These figures are based on data from National Addiction Survey, 2006, by Institute for Therapy Research, Munich (TDI).





Data provided by counselling centres and outpatient treatment facilities in Berlin give an indication about consumption patterns based on citizenship:

- Alcohol addicts (5148): German 94,9%, EU 1,9%, others 3,2%
- Opiate addicts (3436): German 81,9%, EU 5%, others 13,1%
- Cannabis addicts (1872): German 90,1%, EU 1,9%, others 8,0%
- Cocaine addicts (567): German 75%, EU 3,4%, others 21,7%
- Stimulant addicts (231): German 93,1%, EU 1,3%, others 5,6%
- Pathologic gambling (316): German 78,2%, EU 2,2%, others 19,6%

(data from TDI report 2009, Institute for Therapy Research, Munich)



Drug policy of the Federal State of Berlin

Since 1978 drug policy in Berlin is based on a state programme for combating narcotic drug abuse which is regularly reviewed, revised, up-dated and re-invented where necessary. The aims are to create a comprehensive drug and addiction policy for the State of Berlin and ensure that all action is coordinated with relevant stakeholder on all levels and in all sectors in a way of networking for mutual benefit. The policy is based on four pillars:

1. Prevention including early intervention
2. Harm reduction
3. Counselling and treatment / rehabilitation
4. Supply reduction

Under the Berlin drug policy addiction has been recognized as a disease since 1978. Until then only alcoholism was politically recognised as a disease.

Finance

The detoxification, substitution treatment, HIV/AIDS, Hepatitis C treatments and other medical treatment is mainly financed by the public and private health insurance schemes. Those who are not insured can receive cost coverage under the welfare provisions. Other programmes that are aimed at medical and social rehabilitation are funded by the German national pension schemes which have the statutory obligation to finance any rehabilitation programme following medical treatment. In addition to these sources state, municipal and local authority funds are provided for different projects and initiatives that do not directly qualify for the above mentioned schemes.

Role of the Drug Commissioner

The State Drug Commissioner of Berlin has the responsibility to coordinate the Berlin Programme for Combating Narcotic Drug Abuse between the state institutions, local authorities of the City's districts and the NGOs and private service providers (hospitals, doctors etc.) and represents the Federal State of Berlin at federal level in drug policy matters. In addition the drug commissioner plans and coordinates the actions in the fields of prevention, treatment and care. This function is implemented with a concept of networking in mutual interest and for the benefit of clients and stakeholders. The networking concept is based on the following three principles:

1. Each addict has the possibility to find the kind of support which suits his or her situation the best
2. Outpatient counselling has to be provided without waiting list and near to place of living
3. System has to work as a network, not as a bundle of single projects (coordinating function of the drug commissioner)

Prevention

In 2006 the government of Berlin adopted guidelines for drug and addiction prevention. The main aim is to prevent or postpone the start of consumption of any kind of drugs. Drug and addiction prevention programmes are community based and developed on a permanent and sustainable basis.

There is a network of services and projects for early intervention regarding cannabis and alcohol consumers. The programmes provide online counselling, short intervention and cooperation between the probation service and the addiction care system.

Targeted offers for women, migrants, cocaine users, cannabis users, and minors are available.

Programmes for social reintegration

In general two types of services are offered that organized and provided in cooperation with the government employment service. The first targets drug users in substitution treatment and addicts still consuming drugs and offers on the job training, special jobs and housing.

The second system offers abstinence oriented treatment and after care following treatment and provides training and qualification programs, including secondary education for adults, as well as housing programs.



Example for harm reduction services: drug consumption rooms

Berlin has 3 consumption rooms in 2011. The Berlin State Government enacted statutory provisions for drug consumption rooms in 2002. This became possible under section 10a ('License to operate drug consumption rooms') of the Federal Narcotics Act. The first drug consumption room opened in November 2003 the other two in 2004. The work of the consumption rooms is monitored and the implementation scientifically evaluated. The results were instrumental in adjusting the concept to meet needs in more adequate ways and therefore helped developing the present concept and locations.

The statutory minimum standards for operating drug consumption rooms include:

- Appropriate material equipments
- Immediate provision of medical emergency care
- Medical counselling and assistance
- Help to get follow-up and withdrawal counselling and therapy
- Measures to prevent criminal offences
- Required form of co-operation with local authorities for public order and safety
- Precise definition of the group of persons entitled to use the facilities, particularly with regard to their age, the type of narcotics and the consumption patterns
- Documentation and evaluation
- Permanent presence of a sufficient number of qualified staff

Example for harm reduction services: substitution treatment

In Berlin, like in the rest of Germany, substitution treatment is provided since mid 1980s to drug users based on the provisions under the Federal Narcotics Act and under section 5 ('Prescribing for substitution purposes') of the Narcotic Drugs Prescription. Section 5 describes all conditions and rules including special rules for heroin prescription. Presently between 60.000 and 80.000 drug users are undergoing in methadone treatment in Germany – approximately 300 people receive heroin prescription treatment. In Berlin 4300 drug users are in Methadone treatment, a heroin treatment programme is under consideration.

Quality Management

In general quality management is applied in all institutions, programmes and projects. More specifically the Methadone treatment is based on and controlled under the guidelines of the German Medical Association. Inpatient treatment is delivered according to guidelines for addiction rehabilitation treatment provided by the German Pension Insurance Association, as well as other specific guidelines. In addition all services and projects have reporting obligations following the Treatment Demand Indicators (TDI) of EMCDDA and specialised national reporting systems.



Examples of unique projects developed in Berlin

A number of projects have been initiated or implemented for a first time in Berlin and after proven successful been also implemented in other European countries. Amongst the most widely distributed are:



Fred goes net

'FreD goes net' is the transfer and continued development of the German federal pilot project 'FreD – Early Intervention for Young Drug Users'. Conceptually, the project is in the field of selective prevention. 17 European partner countries are set to test and where necessary modify German experiences with access routes and the implementation of the early intervention project.

It is important to reach young consumers as early as possible. 'Classic' access routes include the police and the judiciary system. Working within a European context, the project aims to test which alternative access routes can also be successful, in particular when young consumers first become noticed at school and in the workplace.



Since 2007 FreD has been exported into 17 European countries. The project which received funding from the EU achieved a considerable success, as documented by the scientific evaluation of the contacts with approx. 1,300 youngsters between Latvia and Luxemburg, Iceland and Romania. There is a short on-line video available (only in German language) which reports on two case histories.

For all information on the projects 'FreD' and 'FreD goes net' including the videos:

www.lwl.org/LWL/Jugend/lwl_ks/Projekte_KS1/Fgn-english/?lang=en

Realize-it !

'Realize it' is an intervention program for adolescents and young adults whose cannabis consumption surpasses occasional use and become a dependency (this is the case for about 4% - 5% of all consumers). The duration of the program is 10 weeks, and comprises 5 individual sessions of 50 minutes every 2 weeks and one group therapy session.

The Realize-it program is strongly structured and uses the concept of a diary. This instrument aims to support individual efforts to reduce cannabis consumption in an optimal manner. In the diary each individual notes his/her patterns of consumption as well as short- and long-term goals concerning reduction and cessation of consumption. The diary also draws attention to the problems that can emerge due to change in consumption habits. It points towards the withdrawal symptoms that may occur, the "craving" as well as the risk situations. The purpose of the auto-observation with the aid of the diary is to develop control strategies that help the participants to either reduce consumption to a low level or, if possible, quit completely. Realize-it is part of a group of programs that work with motivational interviewing, cognitive-behavioural methods and individual advice.

Realize-it was developed in Berlin and has been exported to other countries, and is currently in its assessment phase, with 7 centres participating in Switzerland and 7 in Germany. In total, about 290 persons have participated in the program until the beginning of 2007, and about 50% have completed it. The results are very encouraging so far. The majority of participants, in particular young adults from 20 years onwards, have drastically reduced their cannabis consumption or even quit completely. The amount of days of consumption has been halved (from 20-10) and the frequency of consumption has been reduced from 3.5 to 1.5. Even the amount of consumption tended towards reduction for hash, and was significantly reduced for marijuana.

At the beginning of the program, one third of the participants showed high values of depression and anxiety symptoms. These symptoms were also clearly reduced, that is, within the group presenting a double amount of strain (cannabis consumption as well as psychological problems) not only was psychological well-being improved, but also cannabis consumption diminished.

For more information see:

www.emcdda.europa.eu/attachements.cfm/att_121822_EN_Tossmann_DE.pdf

Services and Projects visited

ADV – NOKTA Addiction help for people from different cultures

Web site information available in German at www.nokta-suchthilfe.de

Since 1988 NOKTA provides long-term therapy for people with drug dependency problems from different ethnic backgrounds. The institution is state certified and accredited for residential therapy. The basic financing of the institution is ensured by the municipal authority of the City of Berlin in combination with available social welfare entitlements. Before acceptance into therapy, clients have to provide clear information as to their legal and social security / welfare status.

Services offered

In NOTKA the following languages are spoken: Arab, Aramaic, English, French, Spanish, Turkish and Russian. The language used in therapy is German.

In parallel to dealing with the drug addiction of the client the work of the institution focuses on the specific aspect and background of migration. NOKTA helps with:

- Applications for social benefits
- Questions of health and healthcare
- Legal issues relating to migrant status and residence permits
- Clarifying legal issues and situations
- Debt counselling
- Finding educational offers, professional training, apprenticeships, and traineeships based on an individual care plan



Target groups

The target groups are immigrants with drug dependency problems, and people with different ethnic backgrounds. The institution provides therapy for men over 18 years of age, women cannot apply for treatment.

Application

Applicants must have a migratory of different ethnic background. Applications for a treatment place must be in writing and can be submitted in any of the above listed languages. Taking contact and paying an information visit to the institution is possible at any moment. Applications are only considered in cooperation with the responsible drug counselling office. Acceptance for therapy requires previous detoxification as a prerequisite. Prove of cost coverage for the therapy is not a prerequisite for acceptance. Under the following circumstances clients cannot be admitted:

- In case of ,double diagnosis'
- Where a client is not a permanent resident of Berlin

Therapy plan

Mobile phones, jewellery, cash and other valuables will be temporarily stored away upon admission. Electronic devices shall not be brought in. Even though smoking is permitted, cigarettes cannot be brought in from the outside.





Daily programme

The first 6 weeks are the settling in and orientation phase. Together with the responsible carer an individual care plan is developed. During this phase clients are barred from having outside contacts (no letters, no phone calls, and no visits). Visits by family members are possible twice per month following the orientation phase where clients are barred from having outside contacts. Outside excursions and overnight visits to the family are possible once a sufficient level of stabilisation has been reached.

Treatment offers

- Individual counselling
- Group therapy
- Consultations with family members
- Physical therapy
- Legal advice on issues related to immigrant law and social welfare
- Leisure and cultural offers
- Taek won do
- Occupational offers around the house, garden and kitchen
- Technical work shop
- Traineeships
- Communication training
- PC-training

On weekends leisure activities and excursions are organised.

Duration

The therapy lasts for 12 months. Drugs, alcohol, violence, threatening or discriminating behaviour and sexual harassment are prohibited. Urine tests and alcohol checks are carried out on an ad hoc basis.

07.00	Mon – Fri	Start of the day with early morning sport
09.00	Sat – Sun	Start of the day
07.30	Mon – Fri	Breakfast
09.15	Sat – Sun	Breakfast
08.30	Mon – Fri	Work around the house and garden, external appointments, individual counselling
10.00	Mon – Fri	Coffee break
10.20	Mon – Fri	Work around the house and garden, external appointments, individual counselling
12.00	Mon – Fri	Lunch followed by break
14.00	Mon – Fri	Group therapy and/or individual counselling, physical therapy, educational offers, training
17.00	Mon – Fri	Leisure time, group activities, dinners, outside visits
23.00	Sun – Thu	Night rest
01.00		Night rest

Contact

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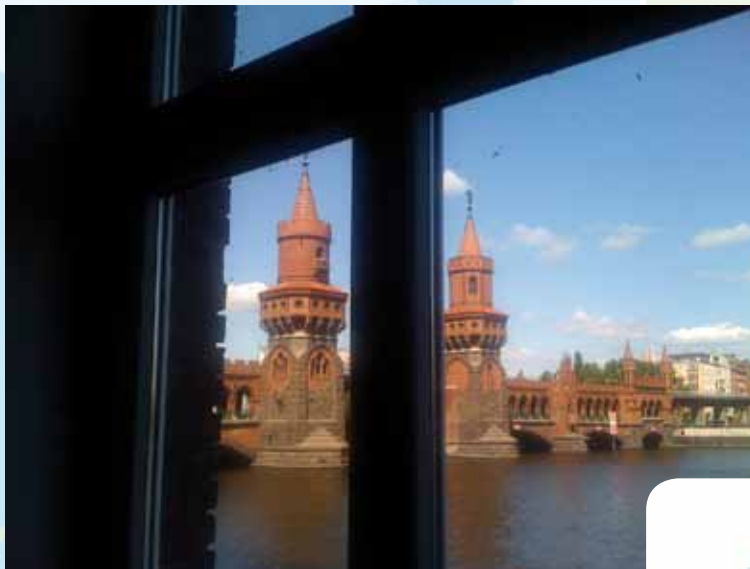


Misfit – Substance and addiction counselling

Web site information available in German and Russian at www.vistaberlin.de

Target groups

If you have questions on issues related to drugs and addiction, or if you have a drug problem – or if you are not sure if you have one – for questions of this type Misfit is at the client's disposal. One of the focus areas of Misfit is the counselling of young drug users and their relatives. Counselling is also provided in Russian and Turkish.



Overview of services

- Counselling, also in Russian and Turkish, for people with drug and addiction problems who live in the districts of Friedrichshain-Kreuzberg and Mitte.
- Information and counselling for relatives
- "FreD" - Early intervention programmes for first time drug users
- „Realize it!“ – Short-term intervention programme for cannabis abuse and addiction
- Referral into psycho-social rehabilitation, substitution treatment, detoxification units, outpatients and residential therapy, and self-help groups
- Referral into training, education and employment
- Support for information campaigns on the issues of drugs and addiction in schools and training of trainers
- Project support and advice for trainers and institutions in developing Russian language treatment offers

Staff

The Misfit team consists of eight experienced social pedagogues, psychologists and educators who conduct competent and individual counselling.

Language

The work is conducted in a culturally sensitive manner and respects the individual needs of the clients. To facilitate effective services client contacts can be in German, English, Russian and Turkish.

Services offered

For questions related to the topic of drugs open visiting hours allow for dropping in, in addition fixed appointments can be arranged by phone. Information and counselling provided is engaged and extensive. In cooperation with the client Misfit elaborates next steps and provides coordination of help and referral. Misfit pays great importance to confidentiality and anonymity.



Contact

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A.I.D. Out-patient service for integrated drug user support

A.I.D. runs three out-patient clinics for detoxification and integrated substitution therapy combined with psycho-social counselling in Berlin. The clinic in the Neukölln District offers substitution treatment for migrants in Berlin. A.I.D. is a cooperation project between doctors in the district and the local poly clinic and the emergency service for people at risk of substance abuse and dependency.

Services offered

A.I.D. offers a combination of maintenance oriented, as well as abstinence orientated treatment options. The long-term goal of abstinence is an on-going option. A.I.D. has a multidisciplinary approach ensuring that therapeutic options from different fields are considered and employed in a coordinated and comprehensive manner, as well as being delivered under one roof.



Comprehensive addiction services

A.I.D. recognises the poly-drug use that is particularly prevalent among the most seriously addicted drug users by providing comprehensive treatment offers that address addiction to illicit substances like opiates and cocaine and also abuse of licit substances like alcohol or benzodiazepines that are often used to supplement opiate consumption.

Immediate relief and long-term support

By combining immediate and short term interventions with more long-term treatment and rehabilitation offers A.I.D. provides different levels of services for different needs of

clients. The concept is built around the following offers that can be individually taken up by a client, whilst being interconnected to provide passage ways over time toward more long-term treatment goals:

- Taking first contact, crisis intervention
- Short term interventions with additional options
- Medium term comprehensive treatment offers
- Long term therapy and rehabilitation
- Cooperation and networking: the cooperation concept of A.I.D. with local doctors and other health services is not limited to facilitate treatment but is also utilized to ensure an effective referral and continuity of care.

A.I.D. seeks further qualification for better combining addiction therapy with the treatment of other drug-use related health problem such as HIV/AIDS, hepatitis C, respiratory diseases, skin conditions, mental conditions, poor health status etc.

A.I.D.

Contact

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OLGA - contact café for drug addicted female sex workers with special offers for women from Eastern Europe

Web site information available in German at www.drogennotdienst.org/content/wirbieten/wb_angebotefrauen.html

Contact café OLGA is a drop in centre style café for drug addicted women and sex workers directly located on Kurfürstenstraße, the street with street prostitution in Berlin. This low threshold institution is a meeting point, provider of information, counselling, support and referral. The opening hours in the evening and the low-threshold concept make it easily accessible for the target group.

Target Groups

Drug addicted women engaged in acquisitive prostitution to support the drug habit.

Other sex workers with different problems: other types of addictions, mental illnesses, homelessness, transsexuality, lack of health insurance, victims of violence etc. 50% of the women coming to OLGA are immigrants or from an immigrant background, the majority comes from central and eastern Europe.

Services offered

The services offered by Café Olga are based on the needs of the clients whose daily life context much determined by prostitution, homelessness, experience of violence and an overall poor mental and physical health status. The following services are on offer:

- Practical assistance in daily life (food, drink, body hygiene, laundry)
- Counselling and referral
- Condom supply and needle exchange
- HIV/AIDS and hepatitis prevention
- Crisis intervention
- Motivational training, group activities, occupational offers
- Legal advice free of charge
- Psycho-social counselling on individual basis for women undergoing substitution treatment
- Medical treatment free of charge, also for those without insurance cover, on an anonymous basis
- Street work
- Outreach work in prisons and hospitals

Specific offers for women from Poland and Czech Republic (German language courses, translations, information and counselling in Polish and Czech, information material in different languages). As a matter of principal Café Olga is open to all women in need. The staff aims at improving the quality of life of their clients and support effort to exit prostitution and abstain from drug use.

Cooperation

Café Olga cooperates closely with different projects on women and addictions around Berlin, as well as with AIDS and drug counselling centres. Café Olga is also member of the prevention council of the district of North Schöneberg. Furthermore it cooperates in a task force in police precinct 41 dealing with minors, drugs and prostitution.



OLGA

Staff

Social workers, home economics worker, nurse and doctor. trainee ships on offer

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Foundation Synanon – Life without drugs

Web site information available in German, English and Arab at www.synanon-aktuell.de

Under a concept unique for Germany clients can come any day and night without preconditions and no waiting time for immediate admission. Medical documentation or cost coverage for treatment are not required. Admission is strictly voluntarily and nobody is turned away and clients can even come with their children. Synanon House is in the very centre of Berlin and can accommodate 200 clients.



Self-help community

Synanon is a self-help organisation where all clients help each other and receive themselves help in return. Employed staff members, including the management, are all former clients of Synanon. The daily routines in the house are regulated and suited according to the needs of the clients. Since the creation of Synanon in 1971 more than 20,000 addicted people have been admitted and received help there. The environment is suitable for any immigrant/ethnic group.

Rules

For all members of the Synanon self-help community the following ruled apply:

1. No drugs, no alcohol, no mind-altering medications
2. No violence or threat or violence
3. No tobacco – all premises are strictly smoke free

Group discussions

Synanon group discussions take place every day and are primarily concerned with managing everyday life. Each person can speak about themselves and their questions and problems. In addition lunch time seminars and tea breaks are held which particularly help new residents to orient themselves in the difficult initial period.

Withdrawal and medical treatment

The withdrawal from addictive substances takes place on the premises. It is carried out 'cold' without supporting medication administered. This means that clients take a conscious step into a life without drugs. During this time 2 'sponsors', clients who have been in Synanon already for some time, are always around and available nearby. Generally, withdrawals proceed without any complications; however in situations of need medical help is made available. Medical check ups are carried out within the first weeks after arrival.

Contact pause

All clients cannot have any outside contacts, including family members, during the first three months after their arrival. This time is seen as necessary to reflect on the personal situation and find a place in the new living environment. After this period clients can have contacts with the outside and also receive visitors.

Support on civil and criminal matters

Synanon is a government approved therapy facility and is a recognised institution for providing 'treatment instead of prison' under German law. A specifically set up service assists clients with all matters concerning civil and criminal law, as well as debt counselling and the development of debt repayment plans.

Training and further education

At Synanon clients have the possibility to catch up on school education or vocational qualifications. 12 different manual professions can be learned and trained at Synanon (e.g. office administrator, insurance or real estate sales, painting and decorating, carpenter, gardener, builder, cook etc.). These can be completed in the therapeutic special-purpose workshops or the administration of Synanon.

Leisure time

There is a comprehensive leisure time programme on offer, which takes place in groups and ranges from sporting activities such as football, volleyball, jogging, bowling, swimming, cycling, canoeing, billiards etc. to music, chess and other cultural activities including visits to museums and theatres.

Aftercare

Clients are continued to be supported after successful completion of their stay in Synanon through help with finding housing, employment and suitable self help groups in their next living environment.

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