

## **Guidelines for the operation and use of Consumption Rooms<sup>1</sup>**

Developed at the conference:

Consumption rooms as a professional service in addictions-health:  
International conference for the development of guidelines

Organised by:

Carl von Ossietzky University, Oldenburg,  
Faculty of Addiction & Drug Research

and

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[Federal association for acceptance-orientated drug work and humane drug policy]

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## Foreword

At the conference *'Consumption rooms as a professional service in addictions-health: International conference for the development of guidelines'*, 180 participants from Germany, the Netherlands, Switzerland, Austria, France, and Australia came together to discuss the low-threshold and acceptance-orientated facilities, known as 'consumption rooms'.

Conference participants came from agencies operating and wishing to operate these services, social and health authorities, the police and justice system, and from policy making and administrative authorities active in the area of low-threshold and acceptance-orientated drug assistance. Many professional groups were represented: social workers, psychologists, nurses, doctors, public prosecutors, lawyers and police officers.

As well as a general exchange of experience, working groups developed guidelines on six specific topic areas. These covered planning, realisation, operation, documentation/data collection, and the political acceptability of these services. These Guidelines are intended to serve as a professional orientation for existing facilities as well as for those being planned. They should also inform decision making by those responsible for policy and administration.

Consumption rooms are facilities that enable the consumption of pre-obtained drugs in an anxiety and stress-free atmosphere, under hygienic and low risk conditions. The majority of conference participants agreed on the term 'consumption rooms' to describe these low-threshold and acceptance-orientated facilities. Synonymous terms include, 'health-rooms', 'lane-rooms', 'fix-rooms', 'safe injecting rooms', and 'drug consumption rooms'.

The conference organisers wanted to establish a network of people, who work in consumption rooms, are planning them, and who are involved in local politics, legal or other administrative areas related to them. One of the first summaries of practical experience and scientific knowledge in the context of consumption rooms will be posted on the internet. ([www.uni-oldenburg.de/saus](http://www.uni-oldenburg.de/saus)). All interested parties are invited to add to this pool of information with practical experiences, information, and other relevant material.

The Guidelines relate to the following key areas concerning consumption rooms:

- The planning and realisation process
- Differences in conceptual approaches
- Practice and procedures (Service delivery)
- Internal organisational structure and networks
- Community, public order, and politico-legal interests
- Consumption rooms in rural and regional areas and consumption opportunities within other low-threshold services of drug assistance.

Discussion at the conference was directed partly towards the framework of legislative changes planned for the German narcotics law, the *Betäubungsmittelgesetz*, which aimed to establish legal immunity in the operation of and use of consumption rooms.<sup>2</sup> The demand, however, for professional and target-group relevant work in consumption rooms goes beyond this legislation. In taking a comprehensive approach it is hoped these guidelines also offer a professional perspective to those interested from other countries.

This publication of the Guidelines is divided into seven parts. The first is a preamble outlining basic experiences and knowledge relating to consumption rooms addressed in most of the workgroups. The next six parts contain the guidelines that were developed in the context of the respective topic areas listed above.

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<sup>2</sup> In February 2000 the German Upper House, the *Bundesrat*, passed changes to the *Betäubungsmittelgesetz* legalizing consumption rooms under certain conditions and standards.

## Preamble

Drug consumption rooms are a meaningful supplement to existing drug assistance systems, these facilities serve on the one hand as an aid to survival and on the other to broaden the possibility of the development of individual life perspectives with and without drugs.

The objective of consumption rooms is to contribute to survival and harm minimisation in the consumption of illicit drugs. At the same time, these services should be tolerated by the community and accepted at a local government level.

The target group fundamentally consists of all illicit drug users, although the majority of individuals using these services are older drug users with poor health status and social wellbeing. Anonymity in the use of consumption rooms is a prerequisite for their acceptance by the target group.

Consumption rooms stand in the controversial field between consumer-orientated public health policy and local administrative policy. A hierarchical compromise between consumer interests, health policy, and public order interests is necessary.

In providing low-threshold and acceptance-orientated contact opportunities, consumption rooms fill a bridging function to other health and psycho-social support services. Consumption rooms should, therefore, be embedded into the health and support services system within the community.

Service provision has brought forth a variety of conceptual approaches, which grew out of equally valid but differing local, drug policy and legal contexts. Stipulations in the *Betäubungsmittelgesetz* should protect these established and proven service delivery models. In addition, consumption opportunities in the context of other drug assistance services and consumption rooms in rural and regional areas are to be supported.

Location of the site of the facility near to the target group, consideration of user interests and campaigning for acceptance of the service by residents in the surrounding area, are basic prerequisites in the conceptualisation and establishment of consumption rooms.

The establishment of consumption rooms represents a further, important step toward normalisation in dealing with users of illicit substances, and among others, has the objective of clients learning and practicing self-controlled and socially and culturally integrated drug consumption.

A realistic and practically orientated implementation of the described guidelines will only be attainable when staff and clients are not exposed to the danger of prosecution. Paragraph 29 of *Betäubungsmittelgesetz* in its current form must be modified accordingly.

## 1. The planning and realisation process

1. A needs assessment of regional drug policy with an emphasis on the local setting, target group consultation, analysis of the structure of the drug scene, and the resulting conditions for the establishment of a drug consumption are necessary. Unique regional characteristics, integration with user groups, partnerships with police and other stakeholders, and user interests are to be taken into consideration.
2. A conceptual coordination with the regional drug assistance<sup>3</sup> structure and the agencies responsible for other services is necessary: AIDS organisations, drug treatment agencies, established physicians, methadone services, social services, detoxification and therapy agencies, and particularly with any regional coordinating committees in the drug services area.
3. A prerequisite in the setting up of consumption rooms is gaining political and local community allies: The establishment of contacts with political parties, ongoing lobbying regarding the necessity of drug consumption rooms, clear differentiation from heroin substitution programs, organisation of press conferences and a forum regarding the regional drug policy situation. Beyond this, it is also necessary to point out service delivery gaps and to do so in close cooperation with drug assistance agencies, the police, the public prosecutor's office and public health authorities etc.
4. In planning and setting up a consumption room, the inclusion of residents, businesses and community groups is necessary. A clear and socially acceptable understanding of the conceptual grounds for the facility is just as important as a practical emphasis on harm reduction. Of particular importance is the understanding that the establishment of a consumption room will not result in a 'solution' to the drug problem, but a minimisation of the wide range of problems related to drug use in particular those experienced by users. A critical objective is to avoid the community developing unrealistic expectations in relation to consumption rooms. For instance, that they will result in the total disappearance of the open drug scene and injecting and needles and syringes in public places and a reduction in drug procurement related crime.
5. Participation in crime prevention councils, roundtable discussions, and civic-order partnerships in the community should be compulsory.
6. With regard to respective local and regional circumstances, the viability of a 'pure' consumption room model and/or a comprehensive model is contingent on whether there is an existing network of services, or whether a referral system can be established that provides the appropriate services (for example, by specifying a minimum referral network within the local drug assistance system).

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<sup>3</sup> 'drug assistance' is a direct translation of *Drogenhilfe*, and is used here over the term 'drug treatment' as welfare and accomodation services etc. are also included under the umbrella of *Drogenhilfe*.

7. The primary goal is the presentation of a regionally integrated, networked consumption room model: Embedded in the existing service delivery system, so that if needed and when desired, there is counselling, crisis intervention, referrals to detoxification and substitution therapy, psycho-social support, practical living assistance, and referrals to psychotherapy.
8. An interdisciplinary network, linking preventative health interventions with existing acceptance-orientated agencies and support activities where there is equality and balance between nursing/medical activities, social work and self-help<sup>4</sup> activities without medical dominance is necessary (i.e. against the promotion of a medicalisation of drug assistance services). As a result, the staff rotation principle in the service in the context of respective work activities can be of particular significance.
9. Drug consumption rooms should be located close to the scene and integrated within a low-threshold drug agency. Structurally, however, the actual consumption room it is to be separate from the contact café. The respective size of a consumption room depends on the nature of the regional drug scene and on local needs. The following should also be taken into account: a medical consultation room for the treatment of wounds, abscesses and management in the case of overdose and drug-related emergencies, also an attached room with a ventilation system for foil smokers if the occasion arises.
10. Funding and the organisational structure of the service are to be discussed and coordinated with the relevant authorities. As a minimum standard, based on opening hours from 10.00 -1700, it is recommended that there are 1.5 positions for social work (taking into consideration the competence of the individuals concerned), 0.5 positions for primary medical care, and 0.5 positions for nursing care as well as casual positions for other nursing and social work staff and students. In the case of longer opening hours such as on the weekends, corresponding to regional circumstances, an increase in staffing is inevitable.
11. Basic medical equipment should be available: Artificial respiration device (resuscitation mask, air bag), biting wedges, blood pressure apparatus, hyperventilation mask, oxygen, stretcher, blanket, first-aid kit, as well as dressing materials, ointments etc. All employees, volunteers, and students should be trained regularly in first-aid and resuscitation.
12. Consumption rooms are to be regarded as a "building block " in the framework of drug assistance services and are to be integrated into that framework, however, they should not detract from the provision of other services.
13. As well as achieving balance in the legal context, it is also necessary to look at coordinating the supervision of local health authorities, service providers and the respective political infrastructure in guaranteeing these services

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<sup>4</sup> 'self help' is a direct translation of *Selbsthilfe*. In the German context this refers to peer support and user group activities and initiatives as opposed the common English usage for 12-step abstinence orientated programs like NA or AA.

## **2. Differences in conceptual approaches**

1. Anonymous access to a consumption room must be ensured for public health reasons, that is protection against blood borne virus infection for drug consumers and the general population, and also on the grounds of reducing drug-related deaths.
2. Drug consumption rooms are not to be used as means to an end, such as being a holding cell for abstinence based interventions, rather they are to be independent from any further requests for assistance by clients. The uptake of advice/referral is the prerogative of the client (acceptance-orientated approach).
3. The target group consists of all users of illicit drugs. Given the guarantee of anonymity and the public health objective of infection prophylaxis and the containment of risky consumption practices; persons under age, individuals in substitution treatment and recreational users have to be admitted.
4. Opening hours to enable hygienic drug administration are regional and needs based (if possible around the clock, 7 days a week). A continuity of services is important.
5. Particular aspects of drug culture, for example, the promotion of a rule orientated, self-controlled consumption-behaviour, are to be worked into and realized in the conceptualisation of the service. Bodies responsible for drug consumption rooms are called upon, both on a theoretical and practical level where possible, to work together with user groups. Self-help is recognised as a critical alternative, to be actively promoted and integrated in the conceptualisation of the service
6. A drug consumption room is similar to street based programs and drop in centre work, in that it is an interface between the scene and the drug assistance system and thereby fulfills a specific function in further referrals to assistance agencies.

### **3. Practice and procedures (service delivery)**

Improvements in health and social functioning can be ensured if:

- service delivery is acceptance-orientated, target group specific, and lifestyle relevant.
- professionally trained staff are involved during the setting up and operation of the service.

#### **I Social support**

1. The consumption room fulfills an important social function (communication, contacts, peer support).
2. Depending on opportunities within the organisational structure of the consumption room, linkages to other services locally or in a network on a regional level are to be offered.
3. The installation of a consumption room offers the chance to work against any further decline in health and social well being of clients.
4. A waiting room is to be available to clients within the facility.

#### **II. Health support**

1. Preventative health measures such as advice on Safer Use techniques and other harm reduction strategies are to be on offer.
2. In the case of drug related emergencies, help is to be provided and information on first aid measures and behaviour in emergencies is to be offered to clients.
3. In consumption rooms a stress-free and hygienic atmosphere is to be created.
4. In consumption rooms the privacy of the visitor is to be protected.
5. Further medical treatment is to be offered as part of the service or by referral, and is to be discussed with the client.
6. The medical support in consumption rooms is to be provided without prejudice, particularly in the case of emergencies.

#### 4. Internal organisational structure and networks

1. The composition of the staff and their qualifications depends on local conditions and scene size as well as the respective conceptual orientation of the service. Vocational qualifications should cover medical, social work and psychological disciplines.

Beyond vocational qualifications, employees should have the following qualities: empathy; a high degree of sensitivity; understanding of the lifestyle of drug users; ability to work as part of a team (rotation principle); ability to deal with stressful, violent and emergency situations; authority and authenticity; further education and training in Safer Use techniques, emergency aid measures, emergency prophylaxis; and insight into their own work is necessary. The competence of the individual concerned should also be considered.

2. Networks

- The nature and extent of referral networks should be based on the central question: what serves the needs of the clients and what is offered by the service provider?
- internal and external networks are desirable/worthwhile.

3. Capacity

- Capacity is ideally dependent on the size of the drug scene and regionally specific characteristics.
- Experience indicates that the capacity of a room should not exceed 10-12 places and that there should be enough space for safe consumption, movement, and for the management of drug consumption related emergencies.

4. House rules

- no distribution or passing around of drugs, no drug dealing
- no threats or instigation of violence
- Sanctions are to be given out on a graduated scale up to a general house ban

5. Documentation/Data collection

- to be standardised, transparent, and basic, so that it does not interfere with daily tasks;
- refusal to provide data should not prevent entry;
- to be anonymous;
- regional agreements to be organised concerning the comparability of data.

6. Methods of drug administration and procedural requirements

- Clients should be encouraged to consume drugs according to the principles of Safer Use and suitable injecting and other equipment and information should be available and accessible to all persons concerned.

## **5. Community, public order, and politico-legal interests in a consumption room**

1. Consumption rooms act as both a symbol and building block of drug assistance services for drug users. However, basic conditions for security and acceptance by citizens must be guaranteed.
2. Legal protection and legal clarity must exist for:
  - employees, and operators of consumption rooms in their day to day work;
  - Police exercising tolerance/discretion;
  - Consumers entering and using the consumption room;
  - Preventative health interventions in and outside of the consumption room (Youth, those in substitution therapy, recreational users);
  - Consumption in facilities of drug and youth services.
3. Certainty
  - The demarcation of responsibility for the certainty of the service must be fair and balanced. Clarification of responsibilities should occur in ongoing cooperative meetings of all parties concerned (e.g. Police, community members, operators of service), and where possible with the participation of clients.
  - Consumption rooms should not function solely as a public order or a political intervention. In the operation of a consumption room, it is necessary to work towards an acceptance of the facility and the clients.

## **6. Consumption rooms rural and regional areas and consumption opportunities within other support services**

1. Federal health authorities are requested to set standards for the operation of consumption rooms such that a consumption room or the opportunity to consume can be arranged and operate legally in existing low-threshold services of addictions health, such as emergency accommodation, and contact cafes. Of course the prerequisites for setting up of this sort of service need to be taken into account.
2. Amendments to the *Betäubungsmittelgesetz* may make it possible to broaden assistance for drug users; in large cities, this can occur through the establishment of consumption rooms. However, most rural and regional areas will fail to meet the funding and staffing requirements for an adequate realisation of the stated objectives. For the development of alternatives in rural and regional areas, new concepts fitting their environment are needed.
3. Every drug user according to his or her individual needs and opportunities must have access to humane drug consumption. This opportunity should be incorporated into existing facilities so that suitable and protected venues meet the needs of users locally.
4. For rural areas the current regulations are too tightly defined and impractical. After changes to the *Betäubungsmittelgesetz* regulations should be developed according to the particular circumstances of the operator and be flexible to change. In particular, existing resources should not be forfeited because of new regulations. A legal basis must be established, so that agencies can operate a consumption room with a minimum of regulations. Consumers should take part in the planning of a consumption room and its standards. Consumers should also be included where possible in active work within the service.
5. Broadening of access
  - There should be no access restrictions in the use of consumption rooms, otherwise preventative health initiatives can not be accessed by those who are excluded. All routes of administration and consumption of all illicit drugs should be allowed. As a result of an increased supply of low-threshold service delivery, previously unreached drug users are being incorporated into the assistance-system. Existing acceptance-orientated facilities with services such as emergency accommodation or contact cafes are also well utilised.
6. Relationship between drug assistance professionals and clients
  - Active drug users will use drugs during the course of a longer stay at some services, particularly in emergency accommodation. The purchase and consumption of drugs often takes place in the proximity of these facilities. Thus consumption either within or in the proximity of the facility, mostly occurs under unhygienic or unsafe conditions (i.e. dirt, no emergency care). As a result, the relationship between clients and staff becomes dishonest and the building of rapport is made more difficult. In the event that staff tolerate drug consumption within the facility, they may find themselves in a dangerous legal situation. According to the new legislation this sort of tolerance is a criminal offence (according to old position, a legal gray area). This requires urgent modification.