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## **Youth help meets drug help - the "Frankfurt Crack-Street-Project"**

(by Martin Dörrlamm and Pelle Heemann)

At a meeting of the "Friday group", a co-ordination circle comprising representatives of the Frankfurt police, drug-help services, and the streetwork project of the Frankfurt youth help service, Frankfurt police authorities picked out as a central issue the situation of crack consuming people in the inner city of Frankfurt. Drug-aid institutions did not have access to crack consumers but sporadically. "WALK MAN" (outreach-workers of the Frankfurt youth welfare office) had been emphasising for several years, that young people are increasingly tending to consume crack, rejecting intravenous consumption of drugs. The use of crack is frequently resulting in excessive violence attributable to the effects of this drug. In the middle of 1997, drug-aid institutions had to complain frequently of infringements by crack consumers. This topic was taken up and discussed by the so-called "kleine Trägerrunde", a co-ordination group of drug-aid institutions in the Frankfurt main station area.

The municipal drug policy co-ordination office of the City of Frankfurt, the youth welfare office, and Aids-help institutions jointly prepared a concept of a streetwork project to be started in the crack scene. This project was to consist of three different components: Drug-help (Aids-Hilfe Frankfurt), Jugendhilfe (Walk-Man, youth welfare office of the City of Frankfurt), as well as medical staff from the Malteser Werke. The new project was to focus on a monitoring and evaluation of the crack scene and on the development of new approaches of practical help for the target group. Two staff members from each of the respective institutions collaborate in this project. The drug helping services had gathered experience from projects like "mobile exchange of syringes" and "Street Junk Project" offering heroin addicts help in health-political aspects, whereas the Youth welfare service focuses on individual help (for instance to people prepared to abandon drug consumption). This constellation produced rather divergent approaches of action that could be observed in first negotiations among representatives of both drug help and Youth help services.

As far as we ourselves, staff members of the youth help service, are concerned, we were very disturbed at the approach proposed by the drug helping services, their approach having been of a predominantly health-political and medical nature. It was very difficult to apply this rather low-threshold strategy to the requirements of our work with adolescents. On the other hand, it had been rather difficult for the colleagues from the drug helping services to understand the comparably high-threshold standard our youth service intended to apply to its activities relating to young drug users. The standard set by our staff, which was exclusively oriented towards the abandonment of drug consumption, certainly caused some irritation.

In the early stage of the project, we tried to gain an insight into the scene, to set priorities, and to get acquainted with customs and meeting points of consumers. In parallel, we had been maintaining contacts with clients known to us from our "WALK MAN" activities, mainly crack consuming adolescents and young adults being some sort of "door openers", allowing us to get access to the older and considerably larger group.

To our greatest surprise, we succeeded in getting access to the predominantly under age clientele not by offering socially oriented help, but by the medical

aid offered through our doctors. Medical care and advice have often been the "gimmick" for more exhaustive talks and negotiations. This was a rather astonishing extension of our setting, opening up chances to envisage new opportunities of action. We could now use the framework of our project to distribute lunch vouchers and medicaments, rent hotel rooms, and accompany judicial proceedings. For our colleagues of the drug helping services, the subsequent concomitant aspect of this work had been entirely new. We assumed certain functions and tasks for clients, functions and tasks classical drug-aid institutions are unwilling to assume due to their focus on a "Help for self-help" strategy.

Owing to this low-threshold approach, we succeeded in winning confidence of a clientele normally mistrusting adults coming from official institutions. Nevertheless, actions to refer our clientele to official youth-help institutions are normally frustrated by the clientele itself who often rejects any subsequent additional help. We were deemed some kind of "service station" only to satisfy specific fundamental requirements.

Meanwhile, we have come to learn that young people only want to check us out. They are trying to test our intentions, seriousness and expectations, which is mostly linked to their previous experience that institutions of inpatient youth-help reward good behaviour, punishing offences by radically bouncing such people. We have been tested by people committing such "offences", for instance, by not observing dates. During these test phases, interdisciplinary co-operation proved very advantageous. Our colleagues of drug-aid services muffled our high expectations as regards liability, admonishing us to be more patient. In addition, medical care very soon increased the liability of the clientele. Moreover, interdisciplinary co-operation is showing us the limits of social work. Our explanations on effects and consequences were accepted by the clients only if they were also confirmed by the doctors.

We have got acquainted with the importance of low-threshold action approaches oriented towards general health care. The crisis intervention we are able to offer primarily focuses on "harm reduction". Only in a much later stage, help oriented towards an abandonment of consumption can be offered. In this case, we find ourselves in a rather contradictory situation as youth help doesn't have methods focusing on acceptance of drug consumption and is therefore unable to offer adequate help for young crack users. On the other hand, drug help does not offer any specific service for adolescents.

Young people use drugs, but don't see themselves as drug addicts and disassociate themselves from intravenous drug consumers. Only after having smoked excessive quantities of crack and getting into a very hopeless and super-agile condition, they try, by some kind of self-medication (taking sleeping-pills or injecting heroin), to improve their condition. Following a certain period of crack consumption nearly all clients use to change over to heroin consumption, this polyvalent consumption opening the first chances to discuss drug consumption openly as these people now realise some feeling of addiction attributable to the physical effects of withdrawal.

But it is exactly this polyvalent drug consumption that has got us caught in an insoluble deadlock situation. On the one hand, we are staff members of an interdisciplinary project involving essential elements of so-called accepting or low-threshold drug work, on the other hand we are an integral element of the youth help system that does not (yet) have any action approaches focusing on principles of accepting addiction.

Support by youth help services leaves much to be desired. As far as drug help is concerned, the aims and objectives we still pursue, are frequently too excessive. We see youth help as a form of help focusing on the abandonment of consumption. We wish to motivate young people to take any chances of trying to live a life without hard drugs.

The Crack Project is the first interdisciplinary Project of youth and drug help services initiated in Frankfurt, but, nevertheless, different disciplines must strive for co-ordination and harmonisation, deviate from their rigid dogmas and thus learn from each other, in order to offer this difficult and admittedly neglected clientele the highly needed forms of help. This co-operation also raises many legal questions, but such questions might be solved in a foreseeable future, since the objective of reaching one of the last neglected groups of young people ought to be the crucial issue.

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