

# STREET SUPPORT PROJECT

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Germany

national report

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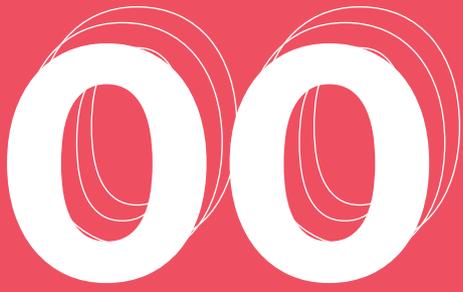
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# executive summary

Although legally required, nationwide data collection on homelessness is missing in Germany. Available estimations show that homelessness is a rising problem, with a 150% increment since 2014. The principal causes of homelessness are poverty and the housing crisis.

Marginalized people, like homeless and people who use drugs, are particularly reliant on using the public space. Within this group, people with a migratory background are particularly vulnerable, as the state offers them little social security. Currently, their situation is further affected by right-wing populist tendencies which discriminate against migrants and marginalized groups.

Nowadays, the regulation of public space is becoming stricter. As a result, marginalized people are displaced. Public opinion plays an important role in this process, as their perceptions on the quality of public spaces and on the social compatibility of certain behaviors influences the measures taken.

In Germany there is no national strategy to deal with marginalized people in public places. However, some cities and model areas, such as Berlin or Munich, have implemented plans that integrate and coordinate actions in the fields of social work, conflict mediation, urban planning, green maintenance, waste disposal and regulatory policies.

Next to this, a sophisticated homeless care system has been developed in Germany's major cities. Most commonly, these systems include services such as emergency shelters, counseling and/or day care centers ("waiting rooms") and outreach work.

Although these services do not usually have public nuisances as their main field of action, their integrated social work approach oftentimes offers more effective solutions than those reached with repressive approaches.

Services like drug consumption rooms or opioid substitution treatment not only offer aid, but also reduce the harms related to substance use, public nuisance and drug dealing. The public tolerates and accepts these kinds of services in Germany as long as they help decreasing open drug scenes, or public drug use and dealing.

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# *national situation*

*with regard to homelessness,  
drug use & public nuisances*

# 1.1. Description of Epidemiology

## **MARGINALIZED PEOPLE IN THE PUBLIC SPACE**

People who use the public space and are perceived as socially incompatible are considered “marginalized”. A structural and societal disadvantage compared to the majority society characterizes the life situation of the marginalized.

As a result, marginalized people experience stigmatization and discrimination. They are socially, healthily, culturally and economically worse off than people assigned to the majority society. They have less opportunities for realization and individual opportunities for development when compared to other groups, which refers to the “marginalization gap”.

Marginalized groups are very diverse and heterogeneous, and this report will focus on the particular social phenomena of homelessness and substance use (including alcohol)

## **POVERTY**

Despite a general economic growth in Germany, 15.7% of the total population experienced poverty in 2017. This is a record level since the country reunification (Der Paritätische Gesamtverband 2017)<sup>1</sup>.

1. <https://cloud.paritaet.org/1.1/?download=true&ticket=5661be40-fe94-11e6-be03-5254008b3c13>

## **HOMELESSNESS**

In Germany, there are no official statistics on the number of people experiencing homelessness. The country still lacks a uniform monitoring and reporting system, despite repeated requests from several associations from both national and European levels.

There is, however, some data available. It would be possible to perform a uniform statistical survey at least for those people who are affected by housing shortages and who make use of legally guaranteed assistance, such as emergency accommodation, assistance and security in special circumstances, and asylum seekers.

Table 1: Basic Definitions

<b>Homeless</b>	According to BAG Wohnungslosenhilfe (BAG W), the German Federal Association of Homelessness, the term "homeless" is defined as persons who do not have a rented housing space. This terminology implements a modern and broader understanding of the problem. Homeless people belong to the circle of persons who need or have to use public shelters, emergency or basic apartments, but have no tenant status.
	"Obdachlosigkeit" (= rough sleeping), is a condition when there is no other form of housing available, such as unsecured living conditions among family members, friends or acquaintances.
<b>Housing Emergency</b>	Housing Emergency (Deutscher Städtetag, 1987) is a technical term in the areas of research, practice and administration. Those affected by a housing emergency are:  (1) People who are currently homeless. (2) Persons living in insecure and legally unsecured living conditions. (3) People living in unacceptable living conditions.

Aiming at bridging the statistical gap, the Federal Association of Homelessness regularly publishes estimations on the number of people experiencing homelessness in Germany. Estimations are extrapolated from information on the labor and housing markets, unemployment and social security statistics, and the development of immigration.

The latest estimations showed that approximately 860.000 people did not have a house in Germany in 2016. From this amount, 420.000 people would fall under the category of homeless, and among these, between 39.000 to 52.000 would be considered rough sleepers. The other 444.000 people are estimated to be asylum seeker refugees who are registered in shelters<sup>2</sup>.

Compared to 2014, these numbers represent an increment of 150% in people experiencing homelessness in Germany. This appears to be a growing trend, as the Federal Association of Homelessness forecasts a further growth of 40% between 2017 and 2018. This could represent a total of 1.2 million people experiencing homeless.<sup>3</sup>

While a growth in migration of EU citizens and asylum seekers is arguably a contributing factor to the increase in these estimations, the main causes lie in a housing policy that has been failing for decades, along with inadequate poverty reduction in the country (BAGW 2015).

2. <https://www.feantsa.org/download/germa->

3. [http://www.bagw.de/de/themen/zahl\\_der\\_wohnungslosen/index.html](http://www.bagw.de/de/themen/zahl_der_wohnungslosen/index.html)

## PREVALENCE OF SUBSTANCE ABUSE

In 2014, the most used illicit substance was cannabis, with a year prevalence of 6.1% among the general population between 18 - 64 years old, followed by cocaine (0.6%) and ecstasy (0.6%). The prevalence of opiates was 0.3% in the same year (EMCDDA/DBDD 2015).<sup>4</sup>

4. [http://www.dbdd.de/fileadmin/user\\_upload\\_dbdd/01\\_dbdd/PDFs/kurzbericht\\_illegale\\_drogen\\_deutschland\\_2015-2016.pdf](http://www.dbdd.de/fileadmin/user_upload_dbdd/01_dbdd/PDFs/kurzbericht_illegale_drogen_deutschland_2015-2016.pdf)

In 2016, 78.500 people with an opioid addiction underwent an Opioid Substitution Treatment (OST). This number represents the highest registration of OST patients since the establishment of this treatment in the country. In Germany, OST programs operate with methadone, levomethadone, buprenorphine and retarded morphine. In some German cities (including Berlin, Hanover, Frankfurt / Main, Stuttgart, and Hamburg) the treatment with diamorphine is also possible.

In recent years, the number of reported opioid-related death cases has increased. In 2014, 1.032 cases were reported; in 2015, 1.226; and in 2016, 1.333. From all of the cases in 2016, 84% were male. This data, however, cannot be considered fully representative, as it is assumed that a high number of drug-related deaths are not recorded since they do not undergo a forensic examination<sup>5</sup>.

5. [https://www.bka.de/SharedDocs/Pressemitteilungen/DE/Presse\\_2017/pi170508\\_PKRauschgiftkriminalitaet.pdf?\\_\\_blob=publicationFile&v=2](https://www.bka.de/SharedDocs/Pressemitteilungen/DE/Presse_2017/pi170508_PKRauschgiftkriminalitaet.pdf?__blob=publicationFile&v=2)

According to DSM IV definitions, 10.8% of the German population (5.58 million people) can be considered tobacco dependent. Next to this, 14.2% engages in a dangerous high-level of alcohol consumption, and 57.3% falls under the category of low-risk alcohol use. Yearly, around 40.000 deaths are alcohol-related, and 37.000 tobacco-related. In 2007 alone, the economic costs of alcohol-related illnesses, excluding crime and intangible costs, amounted to approximately € 26.7 billion. In 2013, 30.8% of all crimes occurred under the influence of alcohol, a total of 53,071 offenses<sup>6</sup>.

6. [http://www.sucht.de/tl\\_files/pdf/veroeffentlichungen/Zahlen%20und%20Fakten/0\\_Zahlen&Fakten\\_2015.pdf](http://www.sucht.de/tl_files/pdf/veroeffentlichungen/Zahlen%20und%20Fakten/0_Zahlen&Fakten_2015.pdf)

## HEALTH CARE FOR PEOPLE EXPERIENCING HOMELESSNESS AND/OR CONSUMING SUBSTANCES

Germany counts with a well-developed system that offers a variety of opportunities for prevention, treatment and health care. This system is financed by a combination of a Statutory Health Insurance (Gesetzliche Krankenversicherung", GKV), and a Private Health Insurance (Private Krankenversicherung PKV).

Approximately, 87% of the population (70 million people) is a member of the Statutory Health Insurance, and 11% is a member of a Private Health Insurance. The last one allows for special services, such as the right to be treated by a chief physician. Following the principle of solidarity, the Statutory Health Insurance grants similar benefits for all citizens insured.

The Statutory Health Insurance is compulsory for people under regular employment and, in general, also for documented migrants. Insurance for European migrants is regulated by the social security agreements made with the different countries. Those holding a European Health Insurance Card are entitled to benefits, even though these benefits are designed to cover mainly emergency

assistance. People immigrating from outside Europe need to prove having an insurance when applying for a visa, and can get a foreign health insurance for this purpose.

Asylum seekers are entitled to medical benefits during the asylum process, although they do not receive a regular health insurance. Undocumented migrants, on the other hand, cannot get a health insurance in Germany, due to their legal status. They can receive emergency treatment in hospitals, and special facilities (such as Medibüro Berlin), can provide them with limited medical treatment.<sup>7</sup> This gap conflicts with the human right to health, to which all German residents should be entitled.

Few German cities, such as Göttingen and Hanover, developed projects to address the gap in health provision for undocumented migrants, for instance, by establishing funds, expanding public health services, and/or developing an anonymous health insurance (Deutsches Institut für Menschenrechte 2008).<sup>8</sup> Nevertheless, despite frequent discussions, a uniform national solution does not exist yet (Bundesarbeitsgruppe Gesundheit/Illegalität 2017)<sup>9</sup>.

## PREVALENCE OF INFECTIONS DISEASES

In Germany, approximately 85,000 people live with HIV. From those, 16,500 cases are recorded in Berlin. Next to this, 13,000 undiagnosed cases are estimated, out of which 1,600 - 2,100 would be in Berlin. The number of first-time HIV registrations in 2016 was 3,438, against 2,693 in 2015. In Berlin, 89% of those living with HIV know their status, and from those, 85% are under treatment. 93% of the treated persons have a viral load below the detection limit and are thus no longer considered to carry the risk of transmitting the virus<sup>10</sup>.

Between 200,000 and 300,000 people have chronic Hepatitis C (HCV) in Germany (RKI, 2016). In 2016, 4,397 new HCV infections were registered, with 76% of them occurring among people who inject drugs. In the same year, 3,480 new infections of Hepatitis B (HBV) were registered. The year of 2015 accounted for 4,925 new HCV infections and 3,909 new HBV infections<sup>11</sup>.

7. <https://www.berlin.de/sen/gesundheit/themen/migrantinnen-und-migranten-ohne-krankenversicherung/menschen-ohne-aufenthalts-status/>

8. [http://www.institut-fuer-menschenrechte.de/uploads/tx\\_commerce/studie\\_frauen\\_maenner\\_und\\_kinder\\_ohne\\_papiere\\_ihr\\_recht\\_auf\\_gesundheit.pdf](http://www.institut-fuer-menschenrechte.de/uploads/tx_commerce/studie_frauen_maenner_und_kinder_ohne_papiere_ihr_recht_auf_gesundheit.pdf)

9. [https://www.diakonie.de/fileadmin/user\\_upload/BAG\\_Gesundheit\\_Illegalitaet\\_Arbeitspapier\\_Gesundheitsversorgung\\_fu\\_r\\_Menschen\\_ohne\\_Papiere\\_April\\_2017\\_Web.pdf](https://www.diakonie.de/fileadmin/user_upload/BAG_Gesundheit_Illegalitaet_Arbeitspapier_Gesundheitsversorgung_fu_r_Menschen_ohne_Papiere_April_2017_Web.pdf)

10. [http://www.rki.de/DE/Content/Infekt/EpidBull/Archiv/2016/45/Art\\_01.html](http://www.rki.de/DE/Content/Infekt/EpidBull/Archiv/2016/45/Art_01.html)

11. [http://www.rki.de/DE/Content/Infekt/EpidBull/Archiv/2017/30/Art\\_01.html](http://www.rki.de/DE/Content/Infekt/EpidBull/Archiv/2017/30/Art_01.html)

## 1.2. Description of the national policy approach

### HOUSING MARKET & POLICY

The national housing policy in Germany is based on:

Promoting housing construction, preservation and improvement

Providing housing benefits for low-income citizens.

Governing the rights and obligations of house owners and tenants through taxes and regulations.

Promotion of housing aims at ensuring access to affordable housing, in particular through the “social housing” model, where housing subsidies are made available upon certain conditions. Social housing includes both restoration and construction of affordable housing (BMAS 2008b, p. 72). Despite the current housing crisis, some German cities have tried to increase their investments in social housing. Major investments, however, are still missing.<sup>12</sup>

12. <https://www.feantsa.org/download/germa>

Germany lacks a national strategy, program, or strategic policy addressing homelessness. However, the service provision to people experiencing homelessness is relatively extensive in the country, and is regulated by a legal framework.

Germany is increasingly discussing the possibility of adopting Housing First, an approach where people experiencing homelessness are provided housing as a first measure of care. Only Berlin has implemented the approach so far, for instance, through the non-profit organization ZIK (ZIK 2016). A new housing first project has been planned for the end of 2018, but is currently having problems in acquiring the necessary living spaces.

### DRUG POLICY

In Germany, the Federal Government defines addiction as a “societal challenge that requires the interaction of all social forces in the interest of the affected people” (Drogenbeauftragte 2017). Rather than focusing on individual substances, German drug policy is oriented to the needs of consumers.

The National Strategy on Drugs and Addiction Policy, adopted in 2012, follows an inclusive principle, being based on “four pillars” and combining legal and illegal substances in an integrative strategy:

*“In Germany, the National Strategy on Drug and Addiction Policy was adopted in 2012 by the Federal Cabinet as an ongoing strategy*

*with no specified end date. The strategy aims to help individuals avoid or reduce their consumption of licit substances (alcohol, tobacco and psychotropic pharmaceuticals) and illicit substances, as well as addictive behaviours (e.g. pathological gambling).*

*The strategy is comprehensive and based on four pillars: (i) prevention; (ii) counselling, treatment and help in overcoming addiction; (iii) harm reduction measures; and (iv) supply reduction. It covers six distinct areas: (i) alcohol; (ii) tobacco; prescription drug addiction and prescription drug abuse; pathological gambling; (v) online/media addiction; and (vi) illegal drugs. Each of the six areas contains a set of goals and measures for the implementation of the strategy.” (EMCDDA 2018)<sup>13</sup>*

13. <http://www.emcdda.europa.eu/system/files/publications/8872/germany-cdr-2018-with-numbers.pdf>

The Drug Commissioner of the Federal Government is assigned to the Federal Ministry of Health, and publishes an annual report on the drug-related situation<sup>14</sup>. The organizations Akzept, Deutsche AIDS-Hilfe und JES also publish yearly an alternative report, the Drug and Addiction Report (ADSB) (Akzept, DAH, JES 2018)<sup>15</sup>.

14. [http://www.drogenbeauftragte.de/fileadmin/dateien-dba/Drogenbeauftragte/4\\_Presse/1\\_Pressemitteilungen/2016/2016\\_2/160928\\_Drogenbericht-2016\\_NEU\\_Sept.2016.pdf](http://www.drogenbeauftragte.de/fileadmin/dateien-dba/Drogenbeauftragte/4_Presse/1_Pressemitteilungen/2016/2016_2/160928_Drogenbericht-2016_NEU_Sept.2016.pdf)

In these reports, experts demand a reorientation of drug and addiction policies in Germany, given the uneven distribution of financial resources among the different pillars. A main criticism is that most resources have been flowing into the area of repression for many consecutive years.

15. <http://alternativer-drogenbericht.de/wp-content/uploads/2018/06/akzeptADS-B2018web.pdf>

## Rational Drug Policy

The Drug and Addiction Report calls for concrete political steps to fundamentally change German drug policies towards a more rational approach. Such steps include: decreasing repression in drug policy by reorienting the German narcotics law, and decriminalizing consumers; an effective fight against organized crime; and a consistent orientation of drug policy towards public health, including youth and consumer protection.

In the 2016 report, the authors called more specifically for:

- An evidence-based review of the German Narcotic Act (BtMG);
- A state-controlled distribution of illegal substances (such as authorized shops for cannabis distribution and the distribution of medical heroin);
- The nationwide installation of life-saving measures such as drug consumption rooms, drug checking projects, availability of naloxone, and distribution of safer consumption material like syringes, needles, filters, and sterile-cups in prisons.

## Harm reduction strategies

In 2016, the German Government adopted the “BIS 2030”, coordinated by the Federal Ministry of Health. This is the government’s national strategy for the reduction of HIV, hepatitis B and C and other sexually transmitted infections<sup>16</sup>. The BIS 2030 integrated a previous plan for a national strategy to control viral hepatitis, proposed by “Aktionsbündnis Hepatitis und Drogengebrauch“, “Deutsche Leberhilfe e. V.“ and “Deutsche Leberstiftung“ in 2013<sup>17</sup>.

Germany follows agreed international strategies, such as the coordinated action package for harm reduction with its 10 key indicators, published by the World Health Organization (WHO), UNAIDS and UNODC (WHO 2009, revisions 2012 and 2016).<sup>18</sup> Moreover, the city of Berlin is a member of the Fast Track City Initiative (FTCI)<sup>19</sup>, whose participant cities aim at ending AIDS until 2020<sup>20</sup>. The FTCI implements the 90-90-90 strategy, part of the WHO agenda for the Sustainable Development Goals (SDGs)<sup>21</sup> developed by UNAIDS to end AIDS until 2030.<sup>22</sup>

16. [https://www.bmz.de/de/zentrales\\_downloadarchiv/Presse/Strategie-zur-Eindaemung-von-HIV-Hepatitis-B-und-C-und-anderen-sexuell-uebertragbaren-Infektionen.pdf](https://www.bmz.de/de/zentrales_downloadarchiv/Presse/Strategie-zur-Eindaemung-von-HIV-Hepatitis-B-und-C-und-anderen-sexuell-uebertragbaren-Infektionen.pdf)

17. [http://www.deutsche-leberstiftung.de/aktuelles/archiv/aktionsplan/aktionsplan\\_virus-hepatitis\\_final\\_web.pdf](http://www.deutsche-leberstiftung.de/aktuelles/archiv/aktionsplan/aktionsplan_virus-hepatitis_final_web.pdf)

18. [http://apps.who.int/iris/bitstream/10665/77969/1/9789241504379\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/77969/1/9789241504379_eng.pdf?ua=1)

19. <https://www.berlin.de/rbmskzl/aktuelles/pressemitteilungen/2016/pressemitteilung.495924.php>

20. <http://iapac.org/cities/>

21. <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>

22. [http://www.unaids.org/sites/default/files/media\\_asset/90-90-90\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/90-90-90_en.pdf)

## 1.3. Description of the national social support system

### WELFARE SYSTEM

Germany is defined by its constitution as a subsidiary social and welfare state. The subsidiarity principle assures that the state tasks of securing livelihoods and providing assistance to those in need are transferred, as far as possible, from the state to free and non-profit organizations, unless family and social networks are able to support those in need.

In this model, service providers are usually members of umbrella associations which are responsible for providing public welfare. These associations work on different topics such as homelessness and addiction care. Homelessness and addiction care systems are separated in Germany, and integration is missing both in the legal regulations and the practical orientation of services.

### HOMELESS CARE SYSTEM

When compared to other European countries, the care system for homeless people in Germany is based on unique legal principles implemented by the Social welfare offices. In addition to housing, social assistance benefits are available for those unable to overcome social difficulties by themselves (§§ 67 ff. SGB XII). Different types of benefits are available, such as single housing, group housing, (semi) residential homes, counseling centers, clearing or crisis facilities. On a more practical level, there are numerous projects in the area of cultural work

and income generation, such as homeless newspapers, theater projects, guided tours of the homeless and educational projects, such as homeless universities. Self-help organizations and homeless community members often organize these projects.

Specialized services are offered to specific target groups, such as females or families experiencing homelessness. A big challenge in several major cities are undocumented migrants experiencing homelessness. To provide care for this public, the so-called EHAP projects have been created in Germany, financed by the “Fund for European Aid to the Most Deprived (FEAD)”.

This fund aims at contributing to the fight against poverty and social exclusion, one of the targets of the Europe 2020 Strategy<sup>23</sup>.

A challenge brought by the lack of a national strategy to overcome homelessness are the huge regional disparities in service provision, especially between cities and the countryside<sup>24</sup>. In Germany's major cities a sophisticated care system has been developed, ranging from emergency shelters and counseling centers to outreach work, services in train stations and homeless day care centers (called “warming rooms”). Even then, several implementation problems are present, and often people are sent away from public services without housing, or are expelled from the public space by police officers.

In the forefront of changes, Berlin is currently redesigning its housing policy guidelines, based on a local strategic conference<sup>25</sup>. In 2019, the city will launch a survey for the first time, gathering data on the needs of people experiencing homelessness to allow for a better service provision plan. The survey will count the number of people experiencing homelessness on the streets and record their age, gender, nationality and health status in a multi-stage process.

As a further result of the conference, the twelve city districts are planning to advance their integration and come to agreements on how to deal with sensitive issues in the future. This includes common ways of handling police raids on homeless camps across the city and on handling the movement of homeless people from the EU during the summer.

## **ADDICTION CARE SYSTEM**

The addiction care system is divided into different modules, which are usually implemented in the municipalities as a coordinated network system.

The system counts with primary health care physicians and a total of 8,416 physicians qualified to carry on addiction treatment (BOPST 2013). In 2015, 2,613 physicians reported to be working with substitution therapy. There are approximately 1,430 addiction counseling and treatment centers in Germany. Moreover, the country counts with around 300 psychiatric outpatient clinics, 550 rehabilitation centers, 80 outpatient clinics, 240 inpatient therapy facilities, 476 outpatient assisted living facilities and 91 work projects / qualification measures.

23. <http://www.bmas.de/EN/Our-Topics/Social-Europe-and-international-Affairs/Programmes-and-Funds/FEAD/fead-article.html>

24. <http://www.bpb.de/apuz/183448/wohnungslosigkeit-in-deutschland?p=all>

25. <https://www.berlin.de/aktuelles/berlin/5149220-958092-strategiekonferenz-zu-wohnungslosigkeit-.html>

In 2016, Germany provided 226 low-threshold services such as emergency beds and outreach work, among other survival and harm-reduction services (DBDD 2016). Germany has 22 drug consumption rooms, located in Hamburg, Lower Saxony, North Rhine-Westphalia, Hesse, Saarland and Berlin. Two mobile drug consumption vans are also available in Berlin. Besides that, numerous programs, usually subsidized by municipalities, distribute safer drug use equipment. In some regions, such as in Berlin and North Rhine-Westphalia, vending machines with paraphernalia are available, providing 24/7 distribution. In 2018, for the first time in Germany, an expert working group recommended the distribution of safer drug consumption equipment (DAH 2018) to reduce the risk of drug injection.<sup>26</sup>

26. [http://fixpunkt-berlin.de/fileadmin/user\\_upload/PDF/Konsumutensilienvergabe/DAH\\_Empfehlung\\_Konsumutensilien\\_18\\_03\\_04.pdf](http://fixpunkt-berlin.de/fileadmin/user_upload/PDF/Konsumutensilienvergabe/DAH_Empfehlung_Konsumutensilien_18_03_04.pdf)

In addition to the professionally organized addiction care, there is a variety of self-help organizations (e.g. Narcotic Anonymous and Synanon). Federal states, municipalities and regions are responsible for controlling and coordinating their offer. The pension insurance has the responsibility for the reimbursement of outpatient / inpatient treatment, while the health insurance reimburses detoxification.

## LEGAL FRAME

In Germany, citizens with vulnerabilities can receive financial aid or other social benefits to reach a defined subsistence level. These include social assistance, unemployment and housing benefits, basic security, and parental and child allowance. Asylum seekers can also receive benefits under the Asylum Seekers Benefits Act, although these benefits are below the defined subsistence level.

It is not illegal to be homeless in Germany. Therefore, when people are voluntarily homeless, there is no legal means to assign them to an accommodation against their will. Already in 1967 the Federal Constitutional Court classified such a procedure as a violation of Art. 2.1 GG which assures the Free Development of Personality.

German municipalities are the lowest organs committed to security, being responsible to protect the physical integrity of homeless people. The state is obliged to provide accommodation to those people who are involuntary homeless<sup>27</sup>.

27. When an individual wishes to have his/her own living space but is unable to organize this.

The elimination of homelessness relates to the area of security, with country-specific laws aiming at protecting public safety and order (GSSO). In addition, these laws also serve to ensure homeless people's protection, since legal interests such as life, health and human dignity are at risk.

Security measures to 'protect public safety' include law enforcement interventions in cases of rough sleeping in public spaces, staying at shopping areas, consuming drugs in public toilets, begging and making music to earn money, and in case certain groups of people (such as people using drugs) are present in public spaces creating an open drug-scene. As it is not clear to what extent these behaviors endanger public order, some German states have

removed the concept of public order from their law.

Repressive measures against the homeless are especially used in cities, and particularly in economically valued areas and spaces frequented by an economically privileged population. The public opinion also pushes for coercive measures, such as in complaints by local residents and tradesmen. Legal possibilities for repression are much higher in private areas, where owners can apply specific house-rules and regulations (Schindlauer, 2015).<sup>28</sup>

28. [http://www.kagw.de/cms/contents/kagw.de/medien/dokumente/ueber-die-wahrnehmung/16-12-09-vorstudie\\_final\\_geaendert\\_druck\\_korr\\_sk.pdf?d=a&i=pdf](http://www.kagw.de/cms/contents/kagw.de/medien/dokumente/ueber-die-wahrnehmung/16-12-09-vorstudie_final_geaendert_druck_korr_sk.pdf?d=a&i=pdf)

The central legal instrument regulating drug-related crime in Germany is the Narcotics Act (BtMG). Narcotics offenses are also handled by the Narcotic Prescription Ordinance (BtMVV), the Basic Substance Surveillance Act (GÜG), the New Psychoactive Substances Act (NPSG) and the Law on Marketing of Medicinal Products (AMG).

## 1.4. Specific national guidelines to cope with homelessness, illegal drug use & public nuisances

### **PUBLIC NUISANCE & LOITERING**

Public opinion is a key driver in defining what is considered to be a socially incompatible behavior in public spaces. It also plays a key role in constructing perceptions around the public presence of marginalized populations, such as homeless and people using drugs. Increasing regulations of public spaces have been leading to stricter control strategies, especially concerning homeless people with or without a migration background. The new legislation concerning EU migrants, for instance, offers to unemployed migrants a maximum four weeks support and coverage of travel costs for repatriation.

The visible trade and consumption of illicit substances, sometimes connected with prostitution, are also targets for regulation. These activities usually take place in bigger cities, in areas with good transport links and close to shops and shopping streets. In cities like Hamburg and Frankfurt, these activities are concentrated in one specific public area. In Berlin, on the other hand, they are spread around several meeting points. In these cities, illicit drug trafficking usually happens via mobile phone, with delivery being made to different locations. Public perceptions on the need for regulating drug-related behaviors also relate to the economic vulnerability of the consumers, public consumption of drugs, drug paraphernalia left behind in public spaces, drug-related crimes, overdoses and other health or legal problems.

Homelessness is visible in different places, for example in parks, shopping streets, entrances and staircases of establishments or empty houses. Its public

visibility makes it a target of repression, even more when camps with poor hygiene are formed, and in case of misuse of playgrounds. Drinking groups are also often visible at various venues in German cities, and are usually organized in smaller groups rather than in large “scenes”. The presence of marginalized groups of drinkers in public places has been on the increase, especially since the price of alcohol in cheap pubs has increased and several of these bars have been closed. The public opinion targets as unacceptable behaviors such as loudness, violent incidents, and urinating in public. It is worth saying, however, that gatherings of non-marginalized groups who consume alcohol in public (for example, young partygoers, tourists, or sports fans) are usually larger, and also burden the public space. Moreover, there is a direct link between the consumption of alcohol and violent incidents (WHO, 2006).<sup>29</sup>

29. [http://www.who.int/violence\\_injury\\_prevention/violence/world\\_report/factsheets/pb\\_violencealcohol.pdf](http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/pb_violencealcohol.pdf)

Many specific problems such as illegal waste disposal, urinating or defecating in the streets, debris, drug-consumption related waste, annoyance and loudness are usually attributed to marginalized people alone. However, the majority society has a share in the development of these problems, but rather chooses to project them onto the marginalized groups.

## 1.5. Concurrence and/or discrepancy of national legislation & daily practice

### URBAN CRIME PREVENTION

Combating subjective feelings of insecurity has become a guiding principle of urban security and regulatory policies in recent years. Crime prevention topics have been dominating urban discourse about security and order. This happens despite the fact that it has repeatedly been empirically demonstrated that subjective feelings of insecurity are highly individual and are not based on actual crime experiences. They are rather the result of a combination of third-person narratives and reality-distorting information from the media and politics (Schindlauer 2015).

The rationality behind the prevention of crime, as stated in the “Broken Windows Theory” (Kelling 1982), is that interventions are used at an early stage in the event of misconduct or misdemeanors in order to prevent crime from occurring. This logic favors the criminalization of the so-perceived “abnormal” behaviors, such as certain ways of occupying or being in the public space.

Urban planning interventions can also act on crime prevention, for instance with the pruning of shrubs to enable visual axes, the enhancement of lighting, the installation of video surveillance, the prohibition of alcohol in public places or the installation of private security services.

Other examples are the installation of materials in the design of public spaces which intend to make marginalized (and thus undesirable) groups of people as uncomfortable as possible in these spaces. One can think of the wetting of house entrances, attaching ironing on park benches to prevent people from lying down, or attaching “spikes” to wall projections to prevent people from sitting on or leaning against them.

The effectiveness of this form of crime prevention is at least controversial. There are no evidence-based evaluations stating that they can prevent criminal acts (Wehrheim 2002). Such measures, instead, primarily aim at improving the subjective sense of security of the majority society and reducing complaints.

In this context, the basis of legitimacy and the *raison d'être* of these crime prevention measures can be called into question. In addition, the question of proportionality arises with regard to the life consequences such measures have for homeless people (Schindlauer 2015).



02

current interventions

Germany has no national strategy to deal with the presence of marginalized people in public places. However, some cities and model areas, such as Leopoldplatz and Görlitzer Park in Berlin, have implemented plans that integrate and coordinate actions in the fields of social work, conflict mediation, urban planning, green maintenance, waste disposal and regulatory policies.

In other places, political interventions of public order are primarily dominating, sometimes connected with social work. In Cottbus and Berlin-Alexanderplatz, for example, cities issued alcohol consumption bans. These prohibitions are controversial and legally not sustainable, as they restrict the personal freedom of movement. In various locations, the use of private security services also come into play.

Other forms of dealing with the presence of marginalized groups in metropolitan areas relate to the redefinition of space use and cultural enlivenment. One example was the setting up of a café at Berlin-Leopoldplatz as an alternative lounge area in a more socially acceptable place.

Both the homeless and the addiction care systems are mostly build on office-based services which do not have the public space as a focus. There is a risk, thus, that the most vulnerable target groups are not adequately reached by service providers. Nevertheless, especially in big cities, outreach services usually complement the classic office-based ones.

These low-threshold services have a high impact on public nuisance and loitering, despite their uneven distribution and low presence in terms of number of services available (especially drug consumption rooms and low threshold contact stores). Low-threshold services are very often the best solution to deal with marginalized groups in public spaces.

03

conclusions &  
recommendations

## 3.1. Main findings of this report

- **A promising approach to tackle homelessness are the coordinated action plans, integrating interventions from different services such as public order and security, social work, and other inclusive and specialized services such as green maintenance and urban planning.** These measures can be further combined with conflict management in the public space, the scientific analysis of conflicts and the social mapping of a determined region. A mix of several measures is more effective and successful than single interventions that are not sustainable and only lead to the displacement of the population. Such coordinated action plans, however, are still lacking in many places.
- **Migrants have poorer access to state support and benefits** such as health insurance and cash transfers, and are worse-off than German citizens. Specialized offers tailored to the needs of migrants are, thus, very promising. In some cities, for example, there are pilot projects to provide anonymous health certificates for undocumented migrants. **A nationwide regulation, however, is missing so far.**
- **Official statistics on the number of homeless people are not yet available** in Germany, and both the Federal Association of Homelessness and the National Poverty Conference have demanded nationwide counting.
- **Regulatory laws interfere with the area of the constitution assuring personal freedom of movement.** The establishment of so-called crime-prone places (“kbO – kriminalitätsbelastete Orte”) increases the possibilities of interventions by the regulatory authorities, justified as actions to combat crime.<sup>30</sup> The classification of an area as a “kbO” gives the police three powers of intervention:
  - The suspicion-independent identity determination
  - The suspicion-independent search of a person
  - The suspicion-independent search of objects

30. <https://www.berlin.de/polizei/polizeimeldungen/fakten-hintergruende/artikel.597950.php>

Marginalized people end up being temporarily displaced by these measures, just to reappear elsewhere.

- The concept of **urban crime prevention plays an important role in steering urban planning and urban development.**
- **Low-threshold services** for groups such as people who use drugs and those who are homeless, exist in different cities and federal states, but are **not yet available nationwide.** Low-threshold drop-in centers, for instance, have been installed in the last years in the cities of Berlin, Kiel, and Essen, helping to reduce the harms of alcohol consumption, among others. **Drug consumption rooms only exist in six federal German states.**
- **When part of an integrated strategy, low-threshold services can have an high impact on public nuisance and loitering.** These kind of services are very often the best solution to deal with the presence of marginalized groups in the public space.

## 3.2. Evaluation of the findings

There is a strong increase in the number of homeless people and rough sleepers in the streets of Germany, especially in bigger cities. The housing crisis and the social exclusion of marginalized people, especially of migrants, are problematic tendencies. The care system for homeless people is very often underdeveloped, and low threshold services are mainly organized by volunteers. These services are mostly oriented towards homeless people who are German nationals.

Housing first is a promising program, and is in a starting phase in cities like Berlin. The required living spaces to carry on the program, however, are still lacking. Germany still misses a national strategy on housing and homelessness.

Harm Reduction services exist in several federal states, but there is no nationwide coverage. These programmes are key in reducing public nuisance and loitering related to public drug use and drug paraphernalia left behind in public spaces. Good practice experiences also exist for the integration of people who use drugs in daily activities in the community.

By engaging in activities such as peer work projects and collecting drug consumption material left in public spaces, for instance, people who use drugs can actively contribute to reducing public nuisance.

Despite being very effective, integrated services provision and coordinated actions are only exceptionally chosen as a way of handling the presence of marginalized people in public spaces.

Public spaces are mainly seen as places to be comfortably used by the majority society only, rather than also by marginalized groups. Good practice examples of

mediating the co-existence of several groups in the public space exist, and relate to community-oriented social work. Most interventions, however, are still under the umbrella of public order and lead to the displacement of marginalized groups to other areas of the cities.

## 3.2. Models of best practice

There are many examples of good practices for dealing with marginalized people in public spaces.

### Anonymous health certificate

A good example is the anonymous health certificate (“anonymer Krankenschein”) for people without legal residence status in Göttingen and Hanover. The anonymous health certificates have been issued since January 2016 to people without legal residence status in a three-year pilot project via two start-up and procurement offices.

### EHAP/Frostschutzengel

The project “Frostschutzengel plus” offers outreach work, and health and social counseling in low-threshold services targeting homelessness in Berlin. The offer is aimed at people who live on the streets in Berlin and who have no access to regular care system facilities. As many of those affected are migrants, consultations are offered in German, English, Bulgarian, Russian, Polish, Bosnian, Serbian and Croatian<sup>31</sup>.

31. More information at: <http://gebewo.de/frostschutzengel-plus>

### SPAX

SPAX is a drop-in center run by Fixpunkt in Berlin-Spandau, in which alcohol can be consumed in a socially acceptable manner. The users of the facility can also take advantage of other benefits such as low-threshold employment, daily activities, and social work counseling. In addition, outreach work is performed in parks and public places to reduce alcohol consumption in the Spandau area<sup>32</sup>.

32. For more information, visit: <http://www.fixpunkt-berlin.de/index.php?id=spax>

### Mobile Sozialarbeit im Kleinen Tiergarten (MAX)

The project MAX, run by Fixpunkt, accompanies the construction and transformation of Kleiner Tiergarten / Otopark (Aktives Zentrum Turmstrasse) in Berlin-Mitte. The project is a community-oriented form of mobile outreach that aims at supporting the process of change in the park by responding to complex interests and problems of the different groups using the space. An important aspect of the project is assuring the involvement of marginalized groups in the process of change and mediating the existing conflicts between the different groups<sup>33</sup>.

33. More information at: <http://www.fixpunkt-berlin.de/index.php?id=max>

## Wohnungslosenhilfe NRW

North Rhine-Westphalia is a progressive state in providing assistance to homeless people. Under the action program "Aid in Housing Emergencies", municipalities, and voluntary and private welfare service providers can promote projects to further develop the home emergency aid. They can also integrate these actions in their respective municipal housing and social policies. In addition, the program is promoting experimental approaches to solve a relevant housing emergency problem<sup>34</sup>.

34. Find out more at:  
<https://www.mais.nrw/hilfe-bei-wohnungslosigkeit>

## AKIM München

AKIM is a central service of the city of Munich conducting conflict analysis for its entire urban area. It handles requests for conflict solutions in the public space, and provides an on-site all-party approach focusing on purely communicative means<sup>35</sup>.

35. Find more information at: <https://www.muenchen.de/rathaus/Stadtverwaltung/Sozialreferat/Wohnungsamt/akim.html>

## Handlungskonzept Görlitzer Park

The Görlitzer Park is a focal point of many public problems in Berlin-Kreuzberg, but also of many resources and solutions. A good example is the working group "AG Görlitzer Park", which developed a new concept of action based on an ethnographic analysis of the uses of the social area of the Görlitzer Park<sup>36</sup>.

36. For more information, visit: <https://www.berlin.de/ba-friedrichshain-kreuzberg/politik-und-verwaltung/aemter/strassen-und-gruenflaechenamt/gruenflaechen/gruenanlagen/artikel.489464.php>

## 3.4. Perspectives for the future

Marginalization and social exclusion are major and growing problems in Germany, and there is not always a direct connection between these phenomena and public nuisance/loitering. An unsolved problem in the country is the housing crisis in the growing cities and the increasing frequency in which the public space is used by all citizens. Based on the experiences of several pilot projects and strategies aiming at reducing marginalization and social exclusion, we recommend:

- **Analysing and monitoring the situation of public spaces from an integrated perspective**, including the view-points of city development, social work, conflict analysis, and ethnographic field research, as well as the perspectives and needs of all groups using these space
- **Establishing and supporting Harm Reduction Services** to reduce problems and improve the situation in public spaces. Examples of useful services are Drug Consumption Rooms, distribution of safer drug consumption paraphernalia, outreach work and Opioid Substitution Treatment.
- **Actively supporting the development of the homeless care system**

**and building up differentiated services to handle the needs of the various homeless communities.** Services may offer, for instance, different levels of care such as low-threshold drop in centres, medical support and outreach work. Specific services may also better address the needs of different target groups like EU-citizens and families.

- **Building up action plans to integrate different services,** including NGOs and legal authorities. Multi-professional analyses and coordinated interventions are more effective than single actions. In this integration, it is also important to acknowledge and respect the specific identity of each service provider.
- **Giving active feedback to the public opinion and being aware of individual interests playing in the foreground.** Organizing trainings on human rights can be useful to educate the larger population on issues concerning marginalized groups. Other possibilities are organizing exchange meetings with legal authorities and civil society on the legal frame of interventions and, if needed, starting up mediation processes.
- **Supporting the affected groups in self-organizing structures.** Projects working with peer involvement are better informed about the expectations and needs of their target groups.

## 3.4. Conclusions & Recommendations

Homelessness, substance use and their accompanying harms to the individual, society, and the public space, will continue to exist in the future. In this context, policies tailored to address the needs of homeless people, along with harm reduction services and a rational drug policy, can be helpful tools to reduce public nuisance and loitering, as well as to increase the quality of life of these populations.

Outreach work and community oriented services can be strong partners in reducing the harmful consequences of homelessness and the public use of substances.

Social inclusion of marginalized groups is a major challenge for the future. One question to be answered is how to fulfill human rights in terms of housing and health for all groups.

There are good experiences with several pilot projects dealing with the public space or specific target groups, as well as the participation of marginalized and hard-to-reach groups. This is a good base for building a strategy to promote social inclusion through social work and integrated approaches. Approaches

of the social sector should be based on a situational analysis, including peer involvement, low-threshold services and/or outreach work, human rights education, mediation and community-based social work.

An original and solution-oriented approach to public nuisance is recommended. This should not be a short-term action, especially when public pressure is high. More promising are process-oriented, dialogic and holistic-integrative strategies, along with the collaboration of different services.



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Drug- and alcohol-related nuisance is an important policy issue in nearly all smaller, medium-sized and bigger cities. Experience and research has shown that this is a pan-European problem which many local and municipal authorities are struggling to address in an effective manner.

A broad range of participatory interventions and prevention activities have been developed to prevent nuisance among youngsters. Intervention, targeting adults however, are limited and mainly based on repressive and sanctionary acts, including arrests, restraining orders and fines. Less is known about inclusive strategies and adult learning opportunities, which provide daily structure and support to this specific group.

The Street Support Project is built on the idea that each person has the potential to learn and to do something meaningful. Adult learning, work and other activities can play a vital role in this context, as long as it is adapted to the specific needs and living conditions of the target group.

