THE FRANKFURT RESOLUTION 1990

We, the signatories of the Frankfurt Resolution, have agreed to a continuous exchange of experience and co-operation with respect to drug policy.

I. WE HAVE ASCERTAINED THAT:

1. The attempt to eliminate both the supply and the consumption of drugs in our society has failed. The demand for drugs persists to this day, despite all educational efforts, and all the signs indicate that we shall have to continue to live with the existence of drugs and drug users in the future.

2. Drug addiction is a social phenomenon which cannot be eradicated by drug policy, but rather regulated and at best be limited. For many drug users dependence is a transitional phase of crisis in their personal history that can be overcome by a process of maturing out of drug dependence. Drug policy should not impede this process but must rather offer assistance and support.

3. A drug policy which attempts to combat drug addiction solely by criminal law and compulsion to abstinence and which makes motivation for abstinence the prerequisite for state aid has failed. The demand for drugs has not decreased, the physical suffering and social misery of addicts is increasing, more and more addicts die, illegal drug trafficking is expanding and making larger and larger profits, the fear of city dwellers, in the face of drug trafficking and acquisitive criminality is rising.

4. Drug problems are not derived solely from the pharmacological properties of drugs, but are primarily due to the illegality of drug consumption. Illegality makes drugs impure and expensive, and the dosage is hardly calculable. Illegality is the primary factor causing misery of addicts, the deaths and the acquisitive criminality. Criminalization not only is a barrier to assistance and therapy, but also forces the police and the judiciary system to perform a task which they cannot fulfil.

5. Drug users live, for the most part, in large cities or gravitate to the cities because that is where they find the market, the drug scene and the facilities for help. Consequently, it is the larger cities which are primarily affected, but their influence on drug policy is modest and stands in stark contrast to the burden they must bear.

II. WE THEREFORE DRAW THE FOLLOWING CONCLUSIONS

1. A dramatic shift in priorities in drug policy is essential. Help for drug addicts must constitute together with preventative and educational measures an equally important objective of drug policy. The maximum amount of social and health assistance must be made available when dealing with drug addiction and drug users, and repressive interventions must be kept to a minimum. Criminal prosecution should focus its priorities on combating illegal drug traffic. The protection of the population is, in particular, a task for the police.

Anyone who wants to reduce the suffering, misery and death must firstly free the drug addicts from the threat of prosecution simply because they use drugs. Secondly, offers of help must not be linked to the target of total abstinence. Help should not only be aimed at breaking away from dependence, but must also permit a life in dignity with drugs.

2. It is essential that drug policy distinguish between cannabis and other illegal drugs whose addictive potential, danger and cultural resonance differ enormously.

3. The distribution of sterile syringes to drug users and maintenance with methadone are important means contributing to harm reduction.

4. A legal basis must be created in order to permit the establishment of "good health rooms" in which drugs can be consumed under supervision.

5. The medically controlled prescription of drugs to long-term drug users should be analysed without prejudice and in view of harm reduction. A trial within a scientific framework should be made possible.

III. WE CONSIDER IT NECESSARY:

1. That our drug policy concept receives the necessary legal, organizational and financial support from the national and regional governments.

2. That purchase, possession and consumption of cannabis no longer constitute a penal offence (Amsterdam model). Trade should be legally regulated.

5. That the legislators and the national governments create the prerequisites for low-threshold prescription of methadone (Amsterdam model) and for medically indicated and scientifically accompanied trial with drug prescription. In this connection, psycho-social assistance must be guaranteed.

IV. AGREEMENTS:

1. The strengthening of European co-ordination concerning drug-related issues.
2. Regular meetings of the drug co-ordinators.
3. The exchange of specialists from sectors of drug assistance,
prevention, police and public health.
4. An annual city conference.

The circle of cities co-operating must continually expand.

It is a matter of urgent necessity to found an institution that, in co-operation with the Council of Europe, the Commission of the European Communities and the World Health Organisation - Section Europe - both co-ordinates and conducts scientific research on the drug issue within Europe and initiates scientifically-accompanied drug assistance projects which attempt, in particular, to try out new approaches.

We urge that, in the course of the process of unification of Europe, the necessary co-ordination of the national legal systems be effected on the basis of a policy of de-criminalization and de-penalization of drug users as well as harm reduction.

SIGNATORIES TO THE FRANKFURT RESOLUTION

Germany: Frankfurt, Hamburg, Dortmund, Hannover,
Holland: Amsterdam, Rotterdam, Venlo, Arnhem,
Italy: Province of Rome, Province of Terramo, Province of Forli, Catania

Switzerland: Zurich, Basel, Bern, Luzern
Belgium: Charleroi
Croatia: Zagreb
Greece: Kallithea
Slovenia: Ljubljana