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Report on the Drug Situation in Germany 2001

prepared on behalf of the European Monitoring Centre for Drugs and Drug Addiction EMCDDA
and the German Ministry for Health (BMG)

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Abbreviation	German	English
AMG	Arzneimittelgesetz	Pharmaceutical Law
ANOMO	Anonymes Monitoring in den Praxen niedergelassener Ärzte	Anonymous monitoring of a representative random sample of doctors in independent practise
AUB-Richtlinien	Richtlinien für Anerkannte Untersuchungs- und Behandlungsmethoden	Guidelines for diagnostic and treatment methods
BfArM	Bundesinstitut für Arzneimittel und Medizinprodukte	Federal Centre for Drugs and Medical Devices
BMJ	Bundesministerium der Justiz	Federal Ministry of Justice
BMG	Bundesministerium für Gesundheit	Federal Ministry for Health
BSHG	Bundessozialhilfegesetz	Federal Law on Social Help
BtM	Betäubungsmittel	Narcotics
BtM-ÄndV.	Betäubungsmittelrechts-Änderungsverordnung	Amendment of Narcotic Law Regulations
BtMG	Betäubungsmittelgesetz	Narcotic Law
BtMG-ÄndG	Gesetz zur Änderung des Betäubungsmittelgesetzes	Amendment of the Narcotic Law
BUND	Bundesstudie	Representative Survey on the Use of Psychoactive Substances in the German Adult Population
BZgA	Bundeszentrale für gesundheitliche Aufklärung	Federal Centre for Health Education (FCHE)
BLV	Badischer Landesverband gegen die Suchtgefahren	
DAS	Drogenaffinitätsstudie	Drug Affinity Study
DBDD	Deutsche Referenzstelle für die Europäische Beobachtungsstelle für Drogen und Drogensucht	German Reference Centre for the European Monitoring Centre for Drugs and Drug Addiction
DFB	Deutscher Fußball Bund	German Football Association
DND	Drogennotdienst	Drug Emergency Service
DSB	Deutscher Sport Bund	German Sports Association
DTB	Deutscher Turner Bund	German Gymnastic Association
EBDD	Europäische Beobachtungsstelle für Drogen und Drogensucht	European Monitoring Centre for Drugs and Drug Addiction
EBIS	Einrichtungsbezogenes Informationssystem	Facility based information system for outpatient centres for the treatment of addicts
ECDP		European Cities on Drug Policy
EDDRA	Austausch über Aktivitäten zur Reduzierung der Drogennachfrage	Exchange on Drug Demand Reduction Action
EU	Europäische Union	European Union
FAW	Fachverband für Außenwerbung	
GRV	Gesetzliche Rentenversicherungen	Public Social and Pension Insurance
HAART		Highly Activating Antirectroviral Treatment

Abbreviation	German	English
HBV	Hepatitis B Virus	Hepatitis B Virus
HCV	Hepatitis C Virus	Hepatitis C Virus
IVU	Intravenös applizierende Drogenkonsumenten	Intravenous drug users
KJHG	Kinder- und Jugendhilfegesetz	Law on children and youth help
LAAM	Levoalphaacetylmethadol	
MODRUS	Studie zur Modernen Drogen- und Suchtprävention	Study on Modern Prevention of Drugs and Addiction
NGOs	Nicht-staatliche Organisationen	Non-governmental organizations
REITOX	Europäisches Informationsnetzwerk zu Drogen und Sucht	Reseau Europeen d'Information sur les Drogues et Toxicomanies
RKI	Robert Koch Institut	Robert Koch Institute
SEDOS	Stationäres Einrichtungsbezogenes Dokumentationssystem	In-patient centre based documentation system
SGB	Sozialgesetzbuch	Code of Social Law
StBA	Statistisches Bundesamt	Federal Statistical Office
StGB	Strafgesetzbuch	General Criminal Code
THC	Tetrahydrocannabinol	
UN	Vereinte Nationen	United Nations
VDR	Verband Deutscher Rentenversicherungsträger	German Association of Pension Insurances
WHO	Weltgesundheitsorganisation	World Health Organisation
ZI	Zentrales Institut der Kassenärztlichen Versorgungen	Central Institute of Panel Doctors

Abbreviation	**Bundesland**	**Federal Land**
BW	Baden-Württemberg	Baden-Württemberg
BY	Bayern	Bavaria
BR	Berlin	Berlin
BB	Brandenburg	Brandenburg
HB	Bremen	Bremen
HH	Hamburg	Hamburg
HE	Hessen	Hesse
MV	Mecklenburg-Vorpommern	Mecklenburg-Western Pomerania
NI	Niedersachsen	Lower Saxony
NW	Nordrhein-Westfalen	North Rhine-Westphalia
RP	Rheinland-Pfalz	Rhineland-Palatinate
SL	Saarland	Saarland
SN	Sachsen	Saxony
AN	Sachsen-Anhalt	Saxony-Anhalt
SH	Schleswig-Holstein	Schleswig-Holstein
TH	Thüringen	Thuringia

Introduction

With this actual REITOX Report 2001 the DBDD fulfils on one hand its function as German Focal Point of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) to describe the situation for Germany comprehensively in an up-to-date version. The standardized structure of these reports enables the EMCDDA to use them for the European reporting. Simultaneously there could be established a standard system of national reporting which also receives more and more positive acceptance in Germany. For this reason, the 250 issues of this report , printed at first time in 2000, were out of stock already end of July 2001. Moreover, the bilateral transaction with other European countries receives a support by the English version issued at the same time and the standardized structure. The reciprocal action between national and European development and activities can also be noticed in other areas where it led to a prosperous transaction of ideas and concepts: in the „Registration of new Trends and Risks“ under the subject „Early Warning System“, in developing special offers for children of addicts or in improving the data base for instance concerning drug related deaths.

In Germany the Focal Point activities have been concentrated under the roof of the German Reference Centre for the European Monitoring Centre for Drugs and Drug Addiction by a decision of the Ministry of Health and the Federal Laender in 1999. This emphasizes the independent mission of the German Focal Point and its national importance. The German Reference Centre for the European Monitoring Centre for Drugs and Drug Addiction is supported by the three partner organisations which were involved in these tasks from the beginning. The Federal Centre for Health Education with its main task in the field of prevention, the German Council on Addiction Problems in the field of treatment and the IFT Institute for Therapy Research in the field of epidemiology are working closely together here. The Institute for Therapy Research is responsible for the management of the German Centre for the European Monitoring Centre for Drugs and Drug Addiction and coordination work.

Special thanks to all those persons who supported the preparation of this report by supplying information and instructions. Scientists, colleagues in associations and numerous ministries and other offices offered their cooperation. The preparation to offer information and results of own studies, research contracts or committees for the work of the DBDD, has considerably increased in the last two years. This enables us to show a complete picture of the German situation. At he same time we must however emphasize that due to the multitude activities on communal, land and federal level only a small share can be described. We made efforts to draw our attention within the range of demands of the EBDD and the national partners

mainly to new, future oriented or intensively discussed aspects of the specialized work and drug policy. The further development of this part is at least the central subject of the EBDD and Its partners.

Roland Simon

Director of the DBDD

Summary

This report on the Drug Situation in Germany has been prepared on behalf of the European Monitoring Centre for Drugs and Drug Addiction, an agency of the European Community (EMCDDA). The work has been promoted financially by the Federal Ministry of Health and the EMCDDA and carried out by the German Reference Centre for the European Monitoring Centre for Drugs and Drug Addiction. The total report follows the structure and guidelines issued by the EMCDDA and is available for download beginning November 2001 under www.dbdd.de.

Political Strategies on Federal and Laender level

Addiction policy in Germany in former years has mainly targeted illegal substance. The aim is - depending on the individual situation - to prevent starting drug use, enable to stop is through intervention as early as possible, offer help to survive or obtaining exit from an addiction with all possible help available. In the coming years the measures of the addiction policy of the Federal government will touch more than before also legal psychoactive substances. For instance sale of tobacco to children and young people under 16 years shall be forbidden by law. A working-group with the alcohol industry was installed in order to develop propositions for a „responsible approach to alcoholic beverages".

Supported by the Drug and Addiction Commission of the Federal Government it is planned, to formulate a new plan for addiction and drugs. After the „National Plan to Fight Narcotics" from 1990 a new global conception should develop as an answer to the big changes which took place in relation to illegal and legal drugs and in their assessment. In this respect also the European dimension will be of great importance.

Epidemiological situation

The use of illegal drugs is wide spread in Germany. From the age-group 18-39 years 29,5% in the old Laender (West) and 19% of the new Laender (East) of Germany having experiences with these substances. Frequently this is only an experimental use which is ceased again soon and is limited exclusively to cannabis.

Nowadays cannabis is used in very different groups of persons. Recent surveys show that more than 10 million people in Germany – most of them under 40 years old – have experiences with cannabis. About 3,4 million used this drug during the last 12 months. In a survey from the year 2000 this value has increased by more than 1 million compared to the value 3 years before.

In comparison to that, the spread of ecstasy and amphetamines is considerably lower. Projections based on surveys found out that about 300.000 respectively 400.000 people were in contact with these drugs during the last 12 months. However, these figures very likely are a considerable underestimation. During the last years the spread of ecstasy hardly changed whereas for amphetamines it seems to increase. The risks for health concerning

consumption of ecstasy have been examined in different studies. Among other effects there is some evidence for a lasting impairment of brain activity caused by consumption of ecstasy.

About 400.000 persons consumed cocaine during the last 12 months. Many consumers of cocaine use heroin at the same time. Only a rather small, however increasing number of persons consuming exclusively cocaine are treated because of drug problems.

Problematic use of drugs is frequently linked to heroin use. Heroin – often combined with other drugs – is the most frequent cause of drug-related death. An estimation of the number of cases of problematic users of heroin respectively opiates according to the EMCDDA core indicator for „problematic drug use“ shows for Germany an increase from 1995 to 2000 by about one fourth. Some sources, for instance the figures issued by police offices, talk about a stable development since 1999. It seems that developments vary also from one region to another. For instance in some regions of the new Laender (East Germany) having so far only small problems with heroin, a corresponding drug scene developed.

Measures for reduction of demand

Different projects on Federal and Laender level serve for prevention and information purposes. The demonstration programme FreD offers to young people getting into touch with police for the first time because of drugs, solid information about consumption of drugs and its risks. This should induce a critical self-reflection. Internet projects are done by the Federal Centre for Health Education (www.drugcom.de) and on Laender level (i.e. www.drugscout.de in Saxony).

In Germany drug policy is always also under responsibility of the Laender. This is true in relation to health aspects as well as for prosecution. National law (e.g. the narcotics law) in parts is interpreted and applied in a different way. A number of Federal Laender have developed their own Land plans for addiction prevention.

Germany disposes of a highly developed help system concerning drugs and addiction, combining medical, social and psychotherapeutic elements. Specialized outpatient and inpatient institutions offer drug-free care, detoxification, substitution, rehabilitation, harm reduction measures and so on. According to an estimation 50.000 persons with opiate addiction were in substitution treatment in 2000.

Due to the fact that in spite of a well-developed and strongly differentiated relief system some addicts can hardly be contacted, a model project for „case management“ should investigate possibilities of improved availability and optimised cooperation between different institutions. Results out of several years are available in the meantime.

A research project for the prescription of medical heroin for opiate addicts was developed in detail during the last years. After a number of associated problems could be clarified the real project will start now at the beginning of 2002. It will have a duration of 3 years and 7 cities will take part. The main question to be answered is if and under what condition prescription of heroin for an extremely difficult group of opiate addicts can contribute to improve their situation concerning health, social and legal aspects, consumption behaviour. Basis is a

comparison of different treatment methods (especially medication with heroin vs. methadone) under randomised referral of subjects to different other measures.

Key topics

Mixed consumption of different drugs at same time can be found very often within the group of problematic drug users. The hardly predictable total effect of these substances is also the reason for numerous deaths. This applies especially to opiates which are very often consumed together with much alcohol. But also acute risks of ecstasy increase considerably, if it is used in combination with other substances. A big share of activities of self-help groups in the surrounding of Techno-Parties and Raves aims therefore at pointing out the additional risks of mixed consumption.

Addiction has a great distribution in prisons where not only persons sentenced because of those relevant offences have drug problems. Estimations concerning the share of this group vary from 28% to 50% of the inmates, whereas the value for female inmates is evidently higher than for males. Considering this background, projects aiming at prevention of infections, i.e. distributing injection needles in prisons, are of special interest. But also various projects and routine offers ensuring addiction therapy by independent consultants also in prisons, are of great importance.

Part I NATIONAL STRATEGIES: INSTITUTIONAL AND LEGAL FRAMEWORKS

1 Developments in Drug Policy and Responses

1.1 Political Framework in the drug field

1.1.1 Objectives and Priorities of the national drug policy

The office of the Federal Drug Commissioner belongs since 1998 to the Federal Ministry of Health (BMG). In the course of a cabinet transformation the Ministry of Health changed in January 2001 from a „green" lady minister to a lady minister of the social-democratic party. Mrs. Caspers-Merk followed Mrs. Nickels in the office of the Federal Drug Commissioner due to this reorganization. Mrs. Caspers-Merk is member of the German Bundestag. She is responsible for addiction policy of the Federal Ministry of Health and is coordinating addiction and drug policy of the whole Federal Government. As the agreement regulating the policy of the actual government was not changed due to this transaction, the drug policy of the Federal Government did not change basically. However, there were set up some new priorities.

End of April 2001 the new Federal Drug Commissioner of the Federal Government presented her report on drugs and addiction. Compared to previous years, she altered the chronological order of the subjects „Addiction" and „Drugs" in the title of this publication and thus points out the intention to extend prevention above all also to legal drugs. Under the centralized control of the BMG and the Laender a common working group with the alcohol industry was founded in order to work out „recommendations for the responsible consumption of alcoholic beverages. Moreover, there were made discussions with the tobacco industry in order to receive a substantial financial contribution for the protection of children and young persons and thus keep them from smoking. The law for shelter of young people in public shall be completed by an regulation prohibiting the sale of tobacco to young persons under the age of 16.

In the report the following statements were made concerning drug situation:

- On the whole there is a slight decrease of addiction problems, however this does not apply to all partial groups. For instance, there are more and more risky behaviours in the group of young ethnic German immigrants coming from Eastern Europe, who have a share above average concerning drug related deaths.
- There are registered increasing risky consumption modes concerning alcohol (binge drinking) and tobacco.
- Misuse of heroine is considered on the whole stable to regressive, however, in some regions in the new countries (i.e. Halle/Saale, Leipzig) there is an obvious increase

especially concerning young people and young grown-ups. Drug related deaths – nearly always in connection with opiates – have increased again.

- The significant increase of distribution of cannabis as well as the considerable rise in cases of medical treatment are alarming and should be observed.
- Misuse of medicaments is considered as rarely obvious but nevertheless problematic. This applies especially to children. The high increase of medication of hyperactive children is criticized.

Depending on the situation of each person drug policy aims

- to prevent the beginning of consumption,
- to stop risky consumption as early as possible through intervention,
- to offer help to survive
- to succeed in getting out of addiction with any help available for that.

In 2000 the national addiction research programme ran out, promoted since 1994 by the Federal Ministry of Education and Research, in order to investigate and develop elements of treatment. Studies in the field of analytic epidemiology of early stage of addiction development concerning persons terminating misuse of drugs of their own initiative as well as neurobiological elements of beginning, prevention and therapy of addiction were subjects of this programme. The total volume was 24,1 million Euro for a total of 39 projects. Another promotion priority “Research association for addiction research” is intended to start in autumn 2001 according to actual timing. With this step research shall be connected with care, transfer of research results shall be accelerated and long-term structures of interdisciplinary cooperation developed.

1.1.2 Basic elements of drug policy at national, regional and local level

In Germany due to its federal structure drug policy is defined on national as well as on Laender level. The parliament and the Federal government as giver of a decree decides - in adequate in co-ordination with the Bundesrat (Federal Chamber of German Laender) - on the legal basis of drug policy. The Federal government initiates measures for demonstration projects in addiction prevention and in the field of treatment and care for addicts. The international co-operation against drug abuse and trafficking is also in its domain. The Federal Ministry for Health is competent for the international co-operation in the drug field as well as for the development and implementation of the international conventions on addictive substances, further on also for international activities in the field of health care and prevention. The Federal Ministry of the Interior is responsible for initiatives concerning public safety.

Whereas drug legislation lies predominantly within the responsibility of the Federal Government it is implemented by the 16 Federal Laender. As well as the Federal Government they are authorised to propose acts, which will be decided by the Chamber of the German Laender. The application of drug laws by Federal Laender includes mainly law

enforcement and monitoring of the circulation of narcotics as far as not in the responsibility of the Federal Centre for Drugs and Medical Devices (BfArM).

Co-ordination with the bodies responsible for health and pension insurance are tasks of the Federal Laender, too. In the interest of a perfect co-ordination of drug policy nearly all Federal Laender have installed a Drug or Addiction Commissioner. Their task basically is to bring together and co-ordinate the measures of different branches (health, social, youth, culture, interior, justice) for example through inter-ministerial work-groups. They also are networking between drug help and general health related and social services.

Furthermore municipalities play an important role in the field of drugs and addiction. The municipalities are the bodies responsible for social funds, which cover the basic financial needs of persons, which are not covered by other systems like pension and health insurance or unemployment insurance. The municipalities are funding a considerable part of counselling and social care especially in out-patient and low threshold activities. Costs associated with (secondary) diseases and detoxification are covered by health insurance, rehabilitation is paid for by pension insurance. Both of the bodies are Non-Governmental Organisations (NGO's), they are covered by their members. From their contributions detoxification, in-patient and in parts out-patient treatment and after care is financed. The law is only defining the framework of these institutions, especially in the Code of Social Law.

For arrangement and co-ordination of drug related activities at federal and Laender level there are regular meetings of the Ongoing Working group of Federal and Land Drug Commissioners. Representatives of other relevant ministries and NGOs are also included, which ensures an exchange of information and experience between federal and Laender level and NGOs.

1.1.3 Specific issues of particular interest

In the following chapters mainly new, outstanding and innovative activities are described. The masses of routine activities concerning prevention, treatment and prosecution take in only a small part in the presentation which thus does not allow an entirely representative picture of the addiction- and drug-policy and aid.

1.1.3.1 Developments at national level

Different recent activities of the German Federal Government and their implementation at national, regional or local level will be described below. Those interventions chosen are of strategic importance or innovative from a drug policy point of view regarding concept or implementation.

Children and Addiction

Children of addicted parents bear an outstanding high risk to fall ill psychically later. Last year, the Federal Ministry of Health promoted a model project of the Guttempler order in the surrounding of self-help organizations. In 2000 some projects of the lands (see below) followed, for instance in North Rhine-Westphalia and Bavaria. The new Federal Drug

Commissioner pointed out the increasing treatment of children with drugs. The – possible – misuse is rather made by parents than by children themselves. Especially the enormous increase of prescriptions of Ritalin was criticised. Whereas 2,500 children were treated with this medicament in 1990 this number has multiplied in 1999 (compare Schubert 2001). For this reason the aspect of medicament consumption will be particularly taken into account in the course of organizing the new health monitoring for children („Children Survey“) by the Robert-Koch-Institute in Berlin.

Migrants and Addiction

Actually it is known that especially the group of ethnic German immigrants coming from Eastern Europe is concerned by a comparatively high number of drug related deaths. Sporadically reports about an accumulation of drug problems in different groups of migrants are available from different sources . However, there are only a few quantitative and qualitative information about living circumstances and drug problems. Besides it has to be considered that the group of migrants is very heterogeneous: among working immigrants especially from Turkey there are immigrants of German nationality from the former Union of Soviet Republics, fugitives from Ex-Yugoslavia and people having already obtained or asking for asylum from black Africa as well as people without valid residence permit. For this reason the Federal Ministry of Health has instructed several expertises of partial subjects out of this complex being analysed and assessed right now. As first step the Federal Government promotes the production of a video by the DHS for this category of persons. This video shall inform this group of people in an understandable way about mission and working methods of the therapy organizations thus enabling them to enter easily the helping system.

Early intervention

It is not a very new opinion that consumers of drugs become noticeable comparatively early at the institutions for criminal prosecution. Most of criminal proceedings against this persons are already dismissed by the public prosecutor due to a revised issue of the Narcotic Law. However, there is a possibility of early intervention aiming at a prevention of durable and problematic use of drugs. The project „Early intervention for new drug consumers (FreD)“ tries to procure information about consumption of drugs and its risks on a voluntary base and thus initiating a critical self reflection of the young drug consumers being registered for the first time. This project follows the target of actual drug policy to delay the entry into consumption, to find an early way out of risky consumption behaviours and – where necessary – to get out of addiction with every help available. This project was started in autumn 2000 in cooperation with a number of Federal Laender (i.e. Berlin, Saxony and Mecklenburg-Western Pomeranian, Lower-Saxony, Brandenburg, Bavaria, North Rhine-Westphalia and Rhineland-Palatinate).

Rooms for drug use

End of February 2000 the German Bundestag and Bundesrat agreed upon a law clarifying the legal situation of the rooms for drug use. §10a of the Third Law for Amendment of the Narcotic Law includes a catalogue of minimum standards for local requirements, medical and social care, documentation as well as security and control concerning the use of narcotics carried along. The target is to reduce at first the risks of consumption and to legitimate the business of the staff. It is not allowed to give any support in consuming drugs. When starting rooms for drug use there have also to be offered and arranged information and therapies targeting a drug-free life. Due to legal regulations each Federal Land is allowed by issuing a respective decree with corresponding framework regulations to set up rooms for drug use.

The permission for carrying on rooms for drug use as well as detailed regulations are up to the Governments of the Laender. Corresponding decrees have been issued in Hamburg, Lower Saxony, North Rhine-Westphalia and Saarland. Some other Federal Laender are negotiating this definitely or are not working on such a regulation. According to an information of the Drug Commissioner of July 12th, 2001, there are available experiences of 16 rooms for drug use in Frankfurt a.M., Hannover, Münster, Saarbrücken and Wuppertal. She reports about numerous interventions during the year 2000 including 982 cases where treatment was arranged. Normally these are cases of substitution treatment. 13 out of 16 of these rooms were not accepted by neighbourhood, however this is likely to change. Non of the 1,417 addicts registered as emergency cases in 5 of these organizations died. Evaluation of these offers is still continuing.

Substitution

The great number of substitution measures - at the moment there are presumably 50.000 persons under substitution – is judged positively. According to general valuation the enlargement of this offer contributed considerably to a relatively low HIV- rate of drug consumers injecting into the veins. The risk of dying is on the whole considerably lower for addicts under substitution than for addicts out of this treatment (Raschke, Püschel und Heinemann, 2000).

In 1998 the substitution with Codeine and Dihydrocodeine was still permitted by an Amendment of Narcotic Law Regulations only in single cases. Patients treated with this substance have to change to Methadone in normal cases. After an interim period of roughly 2 years this was rather successful (cf. Weber 2001). 72% of these persons are treated without problems with Methadone after the change-over, 19% are substituted (again) with Codeine, 8% mixed, as a study of N=165 patients shows (Kalke et al 2001). Problems occur mainly if persons are substituted with Codeine for a longer period.

By the Third Law for the Amendment of Narcotic Law Regulations (3rd BtMG-AndG) of February 2000 (see „drug consumption rooms) there was decided about the establishment of a „central substitution register“ in order to avoid repeated prescriptions of substitution medicaments and the resulting risks for health. It will be part of the Federal Centre for Drugs

and Medical Devices (BfArM). Details for this action have to be regulated and the instalment of this institution will be made probably till 2003.

In accordance with the same law doctors practising substitution have been bound to acquire an additional qualification called „Basic care concerning treatment of addiction“ corresponding to the decision of the Federal Chamber of Doctors of 11.09.1998.

Heroin supported treatment

During the last 10 years through the fast extension of low threshold and mainly of substitution based treatment a differentiated and high quality system of drug treatment has been developed. A big portion of drug users can be reached and helped in different ways. Still it has to be stated, that this offer does not reach a certain group of drug addicts, which is characterised by health impairments, health risks, severe addiction and low motivation for treatment. These experiences have been made also in other countries and have caused further considerations on other methods of help. This has caused the model on heroin substitution under physicians' control in Switzerland. Based on results and experiences from the study in Switzerland and now also from the Netherlands a clinical multi-centre study on ambulatory heroin supported treatment of heroin addicts will be designed in Germany. The study will include the clinical trial of heroin based prescriptions. Such a clinical trial of medicines is needed to find out pharmacological effects of a substance, which is not allowed by Pharmaceutical Law until now. In addition it is expected to clarify, how far opiate addicts who have hardly been reached by therapeutic measures could through heroin supported treatment be

- stabilised in their health, psychological and social situation,
- integrated definitely into the help system,
- kept within the help system and
- motivated for further treatment

It will also be studied, if and how

- heroin supported treatment can be implemented into the treatment offered to opiate addicts and
- risks for public security can be limited.

Furthermore the study will examine the development of drug use for opiate addicted clients, their motivation for treatment and the psycho-social consequences as well as the consequences of heroin supported treatment for public order and penal law.

Under responsibility of the Federal Ministry of Health there was set up in February 1999 a coordination group consisting of representatives of interested cities and Laender as well as a representative of the Federal Chamber of Doctors. This group developed a frame of concepts on the basis of which a call for tenders for the preparation of a research design took place. Out of the three research institutes taking part with a project draft in January

2001 two were requested by the expert committee to revise their tender and submit it once again. In September 2000 the steering committee consisting of representatives of the Federal Government, Laender and Cities chose the proposal of Prof. Krausz and colleagues of the University of Hamburg. Beginning June 2001 the project was approved by the responsible ethic commission in Hamburg. The examination by the Federal Centre for Drugs and Medical Devices being responsible for the exemption permit concerning Narcotic Law is actually made.

According to present planning this project shall start in January 2002. This project has a term of three years altogether. The following cities will take part : Bonn, Frankfurt / Main, Hannover, Hamburg, Karlsruhe, Cologne and Munich. The costs of this model project are borne bb the Federal Government, Laender and cities. Whereas the Federal Government cares for financing of the scientific support as well as half of the case-management, i.e. those members organizing additional help if necessary, the cities care for the local costs as well as proportionate costs for case-management and the examining doctors.

Drug-related deaths

The number of drug-related deaths has increased again in the year 2000 to 2,023 (1999: 1,812) which means approximately 2.5 deaths per 100.000 inhabitants. The reasons for this increase are very complex due to different studies for instance in Bavaria and Baden-Württemberg. The most important are mentioned below:

- The frequency of mixed consumption is continuously very high which causes a reduction of forecast possibilities to the reaction on the drugs also for experienced consumers and thus increases the risks to a great extent.
- Emergency cases can only be contacted under difficult conditions or too late because helping persons are not enough or they do not judge the condition of the patient as seriously. In some cases there is no emergency call out of fear of the police.
- There can be found increasing amounts of methadone on the illegal market. As the Federal Criminal Investigation Office has no knowledge about the professional, illegal production and distribution of methadone, it must be assumed that illegal deal with methadone takes place between consumers and originates mainly from medical prescriptions.

The following actions have been taken to improve this situation:

- During the course of substitution it was tried more and more to initiate additional quality standards by the 15th Amendment of the Narcotic Law Regulations. This applies to the qualification of the treating doctors as well as to the control of double prescription.
- In addition to the quality of the treatment supported by substitution also its accessibility shall be improved. An investigation made on instruction of the Federal Ministry of Health made evident that apart from a comparatively positive acceptance of the legal skeleton conditions concerning the prescription of methadone there are a number of bureaucratic

obstructions complicating the formal substitution treatment. It is expected that due to the results of this study (Weber 2001) the Regulations of the Federal Commission of Doctors and Sickness Insurance Funds will be revised. The handling of the corresponding regulations shall be simplified.

Cannabis based pharmaceutics

Cannabis in the form of hashish or marihuana as well as the main active substance tetrahydrocannabinol (THC) are subject to international conventions on psychotropic substances ratified by Germany and are covered by the Narcotic Law. The Federal Republic of Germany is bound by the Single Convention from 1961 about addictive substances (Art. 4, Letter C) to restrict the use of cannabis products only for medical and scientific purposes. Following the regulations of the Law on Pharmaceutics (§1 AMG) reproducible quality, effectiveness and harmlessness of the active substance of cannabis have to be proofed before its active substances can be added to the list of narcotics which can be circulated as well as prescribed. Illegally acquired hashish or marihuana may vary in active substances and may contain other added substances which are harmful. Therefore they can be dangerous and strongly reduced in pharmacological quality and must not be circulated according to Narcotic Law. The Law on Pharmaceutics has the possibility for pharmacies to provide single patients with allowed imported drugs. At present small amounts of finished marinole and nabilone are imported from the USA and GB. In Germany several studies targeting at the scientific examination concerning application and effectiveness of these medicaments are running at present. In Germany this medicine is already now available by prescription. The Federal Drug Commissioner pointed out very clearly that there must be made a distinction between the application of cannabis as basis of pharmaceutics and the legalization of the substance as „leisure-time drug“ which is not intended in Germany.

Prevention and fight against addiction in the German Federal Armed Forces

The readiness for action required of the armed forces as well as the legal obligation to maintain health make the prevention and struggle against addiction to an important subject. also in the German Federal Armed Forces. The necessary new conception of addiction prevention also within the Federal Armed Forces has been enacted by the Federal Ministry of Defence under the title „Regulations for coordination and steering of actions concerning prevention and struggle against addiction for soldiers“ on July 1999. As next step a „coordination group prevention and struggle against addiction of the Federal Ministry of Defence“ was established. On one hand it serves the purpose of bilateral exchange of actions and programmes out of the respective own range of responsibility. On the other hand it shall acquire recommendations for further development of actions and programmes for the prevention and struggle against addiction within the armed forces. This coordination group cooperates with the team of drug commissioners of the Federal Government and the Laender. As useful result of this cooperation so far prevention material for training purposes (range of videos) , a computer-controlled learning programme for officer candidates as well as a CD-ROM with training material concerning drugs and AIDS for instructors have been

produced. Material of the Federal Centre for Drugs and Medical Devices (BfArM) is examined and adapted if suitable for their purposes. An important aspect of this work is the organization of a documentation centre for prevention and struggle against addiction. By means of instructing multipliers and developing networks the subject „prevention of addiction“ shall enter many places of everyday life of the Federal Armed Forces.

1.1.3.2 Developments at Laender level

In principle in the Federal Laender there are the same strategies to deal with addiction and drug problems as at national level. Prevention for demand reduction are in the fore. Counselling and therapy are basic elements in the existing drug help system of the Federal Laender, aids for survival and harm reduction interventions are increasingly established. Some countries have already made meetings and published reports with an critical evaluation of 10 years of substitution (e.g. Ministerium für Frauen, Arbeit, Gesundheit und Soziales des Landes Saarland 2000a, 2000b). Law enforcement as an undeniable intervention is used in all Federal Laender to reduce supply and criminal drug trafficking. Depending on the drug policies of the Laender governments as well as on scope and appearance of the local drug problem the focus on these interventions is different. Drug commissioners of the Laender were asked for recent information on approaches and activities in the Laender by the DBDD. Out of all responding ministries some activities will be described as examples. This report mainly describes changes and new developments, so especially the picture of the Laender given here is not representative for all their activities in the field of drugs.

Projects of the Laender concerning prevention of addiction

The systematic observation of the situation on national level is carried out by the Laender using regional and national data sources (inquiries, monitoring systems for treatment , various statistics). In Saxony-Anhalt it was repeated an inquiry in schools supplying qualified information about manner and motivation of the consumption of psychotropic substances (FOKUS 2001). In 2000 for instance Saxony published an addiction report in an edition of 3,000 copies, in Mecklenburg-Western Pomerania the Federal State Parliament received central information by an instruction of the State Government. On this basis for instance Saxony and Brandenburg are working on a project of precaution against addiction.

A number of Laender has developed own concepts of precaution against addiction which generally apply to legal or illegal drugs. Essential elements of all these activities is the continuous exchange of information between all participants about new findings and the organization of suitable cooperation structures between addiction and drug help institutions as well as between social and medical help institutions.

Cooperation

In addition to the national committees for cooperation and coordination concerning drugs there are regional groups working together in specific areas. This applies for instance to the team of addiction coordinators of the 5 North German Federal Laender and the coordinators of Brandenburg.

It seems that right now the project „FreD“ is of especially high interest to the Laender. More than half of the Laender take part in this model project which shall work at secondary prevention and intervene at an early state by a new kind of cooperation between criminal prosecution authorities and helping system.

Research and Development of Models

A number of research projects were also carried out in 2000 with promotion of the Federal Laender. For instance Bavaria and Baden-Württemberg have supported financially special investigations about regional reasons of drug-related deaths. The Saarland realized a model project in which the often complained lack of psycho-social care in addition to substitution treatment was carried out by special experts financed by the Land in the local consulting rooms of the participating doctors. The steering of the mobilization of the staff is made by a clearing office. An evaluation of this attempt shall also be realized.

Innovative attempts of prevention and treatment

Model projects on new attempts to deal with drug problems were also financed by the Laender. For instance in Saxony-Anhalt was carried out a project in which the problem of legal and illegal drugs in road traffic is treated during the instruction in driving schools. This is done by persons of the same age in order to avoid communicative barriers. In Saxony two projects for the prevention of addiction aiming at young people and their supervisors („Ikarus“) respectively at people experienced in drug consumption („Drug Scouts“) were carried out by means of the Internet.

Information

An equivalent to the European Project Data Bank EDDRA is actually developed in Saarland. In doing so outstanding innovative prevention projects shall be made available in a data bank to all interested institutions. Presently 100 entries can be found in this data bank. By some lower requests to the methodical aspects of the projects a quite big number of entries could be made.

1.2 Policy implementation, legal framework and prosecution

1.2.1 Realization of strategies in drug policy

1.2.1.1 National Strategies and federal structure

Within the federal structure in Germany the Federal Government disposes of several possibilities to pursue and realize its targets in drug policy. Whereas main responsibility for the health section lies within the Federal Laender, the Federal Government is responsible for the issue of skeleton laws and international affairs. For instance the skeleton law regulating the establishment of consumption rooms was issued in this way in order to reduce risks for health – especially drug-related deaths. Realization is up to the Laender who are able to allow the establishment of consumption rooms in their country by enacting a corresponding decree on this basis.

By decree of the Federal Minister for Health new substances can be included in the Narcotic Law for a certain period. A durable integration requires the agreement of Federal Laender by an legislation procedure.

Another possibility to realize strategic targets is the execution of model projects. They are often carried out in cooperation and financial contribution of the Laender in order to test new methods and organization structures for a certain period. Later on they shall be carried on by the Laender. The global target to combine addiction aid with the common infra-structure of social and medical support was for instance realized with the projects „Pro-active Social Work“ and „Pursuing Social Work / Case Management“. The first project should improve coordination of existing relief offers and their optimised use by drug consumers. „FreD“ is a new project in which information and contact offered by relief institutions are used in the field of first acquaintance between drug consumers and prosecution.

Prevention is especially promoted within most different fields by the Federal Centre for Health Education, an institution subordinated to the Federal Ministry of Health. For instance the Internet programme drugcom (www.drugcom.de) in the surrounding of Love Parade 2001 was started in order to use communication with young people by this medium. It shall inform about effects, risks and dangers of legal and illegal drugs and inspire a critical analysis with own consumption. Moreover there are carried out competitions to support and make known outstanding innovative actions.

1.2.1.2 Realisation of actual national targets and strategies

According to the Federal Drug Commissioner it is top priority to optimise and complete already existing help offers and attempts. The following activities have been started in order to realize above mentioned targets and strategies:

- misuse of medicaments in the treatment of children shall be observed as part of the planned health survey for children by the Robert-Koch-Institute.
- Concerning risk reduction especially in relation to intravenous drug addicts the Laender are recommended by the Federal Government to extend the offer on drug consumption

rooms. Additional requirements to the qualification of substituting doctors as well as the establishment of a methadone register in order to avoid double prescription serve the same purpose.

- Already existing support offered by the drug help institutions and offers by common and medical help shall be condensed in order to avoid parallel work and offer to the drug consumers suitable support concerning education, job-hunting and others. In a model investigation running for several years Case Management proved to be an important attempt for this.
- Also between criminal persecution (police, Department of Public Prosecution) and help institutions cooperation shall be intensified. In connection with the stay of proceedings secondary preventive activities shall be made by help institutions. Concerning this subject the Federal Government is promoting a project running in several Federal Laender for the purpose of early intervention (FRED).
- New attempts for the treatment of severely addictive patients hardly reached by helping offers up till now shall be inspected and evaluated within the study „heroine-based treatment“. This study is intended to start actually in autumn 2001 with about 1,100 patients.
- Also international cooperation is mentioned. In the field of drugs the EU drug-action-plan, the conference of the Ministers of Health within the Pompidou-Group as well as collaboration with the EBDD are stated.

1.2.2 Drug laws and prosecution

1.2.2.1 Legal status

As reaction to increased drug us in Germany a new Narcotic Law (Betäubungsmittelgesetz BtMG) was passed. The law was based partly on the international conventions on „Narcotic Drugs“ (1961) and on „Psychotropic Substances“ (1971). In parts in reaction to the continuous worsening of the drug situation the law was amended in 1981 in order to make it more simple. At the same time negative impacts on health and social behaviour should be reduced, whereas punishment for illegal trafficking were stiffened. For the first time special regulations have been edited for drug addicted delinquents. If they are willing „treatment instead of punishment“ should become possible and punishment should be remitted or reduced in order to promote therapies. In order to convert the UN convention of 1988 on illegal circulation of addictive and psychotropic substances further penal regulations have been added to the BtMG, for instance to put aside chemical substances for illegal production of drugs has been made a punishable offence. In another amendment in 1992 substitution based treatment and issue of injection needles was explicitly permitted. Moreover, public prosecutors are now able to stop punishment for use-related petty cases also without judge’s agreement. „Therapy instead of punishment“ was further promoted by improving the possibilities of crediting periods of therapy to punishment by deferring imprisonment and

reducing threshold for entering. In 1992 and 1994 further penalties for heavy delinquencies of illegal drug trafficking were increased.

Narcotics (BtM) are according to the German Narcotic Law (Betäubungsmittelgesetz BtMG) substances included in three schedules. They cover all substances mentioned in international conventions on addictive substances. Narcotics included in schedule I and II must not be prescribed or handed out in the framework of medical treatment.

- Schedule I: Narcotics which are forbidden generally (no trade allowed)
  (for example cannabis, MDMA, heroin)
- Schedule II: Narcotics, for which trade is allowed, but which cannot be prescribed
  (for example Delta-9-tetrahydrocannabinol (THC), dexamphetamine)
- Schedule III: Narcotics, for which trade and prescription are allowed
  (for example amphetamines, codeine, dihydrocodeine, cocaine, methadone, LAAM, morphine and opium)

The prescription of narcotics (from schedule III) as part of a medical treatment has to follow the special rules of the regulation on the prescription of narcotics (Betäubungsmittelverschreibungsverordnung BtMVV). So special narcotics-form-sheets have to be used. They are also used in the treatment of severe conditions of pain (for example in the treatment of cancer). Each legal circulation of narcotics is allowed only either on the basis of a licence of the Federal Institute for Drugs and Medical Devices (Bundesinstitut für Arzneimittel und Medizinprodukte; BfArM) administration or as part of a medical treatment. A licence for narcotics mentioned in schedule I can be issued by the Federal Institute for Drugs and Medical Devices (Bundesinstitut für Arzneimittel und Medizinprodukte, BfArM) only by way of exception for scientific and other reasons in public interest (§3 Abs. 2). Circulation of narcotics mentioned in schedules I and II are only issued if the Federal Institute for Drugs and Medical Devices (Bundesinstitut für Arzneimittel und Medizinprodukte; BfArM) gives a permission for specific circulations (e.g. production, import, export) (§3 Abs. 1 BtMG) and for each transaction, too (§11 ff BtMG).

Any other circulation is forbidden and punishable (§29 ff BtMG). This means especially possession, production and growing, import, export, trafficking and free transmission of drugs. The penalty is tightened (sections 29a, 30, 30a) when in a criminal offence according to BtMG or others a “not insignificant quantity” of drugs is involved, persons above 21 years transfer drugs to a person below 18 years, trafficking is done professionally, an offender is a member of a criminal gang or arms are used. Within amendments as well as for the ongoing administration of justice the concern is visible to make a clearer difference legally between drug users and drug traffickers**.** While penalties for drug trafficking increased during the last years, other legal regulations comprise to depenalise drug users partially. Courts or prosecuting attorneys’ offices should refrain from prosecution and judges should refrain from penalties, in case only minor guilt would be judged for the offender, only ‘insignificant quantities‘ of drugs for personal use are involved, there is no public interest in prosecution and especially others are not endangered of have been harmed.

The regulations on the prescription of narcotics are handling the practical details concerning these substances. According to these regulations the substitution with codeine was terminated by January 1st, 2000, apart from exceptions due to medical reasons.

Studies (Weber 2001) show that practice has followed these suggestions and that nowadays substitution is made nearly exclusively by methadone. This adaptation caused no problems within the majority of cases (see Kalke et al 2001). In the course of the 15th Amendment of the Narcotic Law 15 substances have been included preliminarily into the conception of the Narcotic Law on June 6th, 2001. The conception has then been edited according to the international nomenclature. Of special importance are those in connection with item 2 provided amendment of the Narcotic Law Prescription Regulations. With this amendment a qualification for therapies in accordance with addicts defined by the Chamber of Doctors and a reporting-system (substitution register) shall be established compulsory for doctors prescribing substitution drugs for heroine addicts. At the same time the regulations refer to the guidelines of the Federal Chamber of Doctors which have to be respected for the prescription of substitution drugs. These regulations became effective on July 1st, 2001. The regulations concerning the qualification of doctors treating addicts with substitution drugs and the substitution register shall become effective on July 1st, 2001.

1.2.2.2 Actuality of Law

End of February 2000 the Third Law for the Amendment of the Narcotic Law (3. BtMG-ÄndG) has been passed in upon approval by the Federal Council. The law determines minimum requirements for the running of consumption rooms and releases the individual Governments of the Laender to provide the precondition for a permission by a relevant executive order law. Corresponding enactments have been passed in Hamburg, Lower-Saxony, North Rhine-Westphalia and the Saarland. First experiences in 16 drug consumption rooms in Frankfurt a.M., Hannover, Münster, Saarbrücken and Wuppertal for the year 2000 have been reported by the Federal Drug Commissioner on July 12th. According to this report numerous interventions were made including 982 cases of procurement of treatment. Most of these cases are substitution treatments. In 13 out of 16 cases neighbours complained about these institutions which, however, tends to result in becoming less. None of altogether 1,417 emergency cases registered in 5 of these institutions ended with death of the patient. The evaluation of these offers is still ongoing.

In its present issue the Narcotic Law offers extensive possibilities to terminate criminal proceedings already by the public prosecutor. As Aulinger showed in 1997 already in a study about actuality of law in the different Federal Laender, practice of criminal proceedings concerning possession of cannabis for personal use is rather equal. It shows that approximately 90% of all these proceedings are dismissed. However, administration concerning drugs with a higher potential of risk differed considerably within the Laender at the time of this study. However, there is not available an actual estimation figure.

1.2.3 Other relevant laws

Further important regulations in the control of drugs are especially the Money Laundering Act (Geldwäschegesetz) and the Precursor Control Act (Grundstoffüberwachungsgesetz).

In several respects the general laws (StGB, StPO) take considerable influence also in the field of drugs. For example drug related crime is touched in the General Criminal Code (Strafgesetzbuch StGB). Special regulations are here to be found in several parts concerning the limited ability of addicts to control their own behaviour. For drug as well as for alcohol addicts, penalties can be reduced due to the limited ability for control given. On the other side it is possible to put offenders under custody, if they tend to use drugs and there is a risk that they may commit further severe offences. The same is to non-offenders who have been found to be permanently unable to control their behaviour when serious damages for health or life have to be suspected (§63,64 StGB).

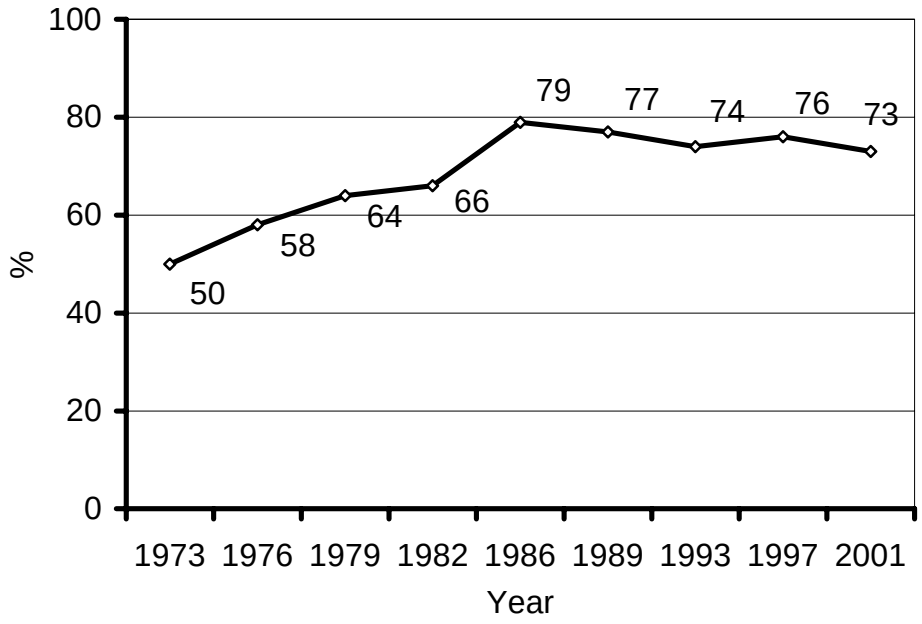
Especially in the field of drug research, but also in treatment of drug addicts the Data Protection Law (Bundesdatenschutzgesetz BDSG) plays an important role. It governs all types of information and data collection. Data collection referring to a person is allowed only then, if there is a legal basis. Within treatment of drug addicts this means that data, which are directly related and necessary for treatment can be collected without the patient's consent. In all other cases (e.g. treatment statistics) the patient's consent is needed, as well as a clear definition of the purposes of the data collection and use. As there are more than 50 different Data Protection Commissioners in Germany, who are responsible for diverse regions and organisations, the interpretation of the data protection law in practice differs.

The Social Security Code defines the framework for the field of treatment. Bodies paying for drug treatment are the public health insurances and pension insurances: rehabilitation lies mainly within the responsibility of pension insurance (SGB VI), whereas detoxification has to be paid by health insurances (SBG V). Special laws have been made in the last years to fight money laundering, which are concerning all types of profit oriented serious criminal activities and not only drug related crime.

1.3 Developments in public attitudes and debates

Information about attitudes and opinions concerning consumption of drugs and drugs are obtained by representative surveys in regular terms. In the Drug Affinity Study (DAS), raised every three years since 1973 among young people of 12-25 years by the Federal Centre for Health Education there are investigated besides use of legal and illegal substances also attitudes and motives influencing the use of substances by young people. The last survey out of this series of the year 2000 (BZgA 2001b) shows that about 75% of young people in the age between 12 and 25 refuse drugs generally. However this share decreased slightly since 1986 (Figure 1).

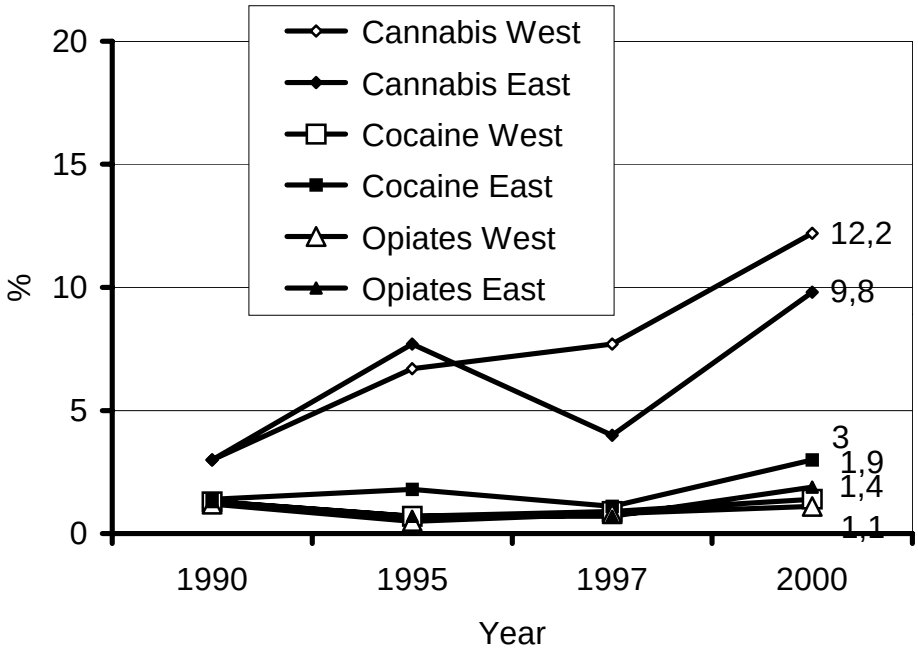
Figure 1: Rejection of illegal drugs (1973 -2001)



Source: Drug Affinity Study 2000 (BZgA 2001b)

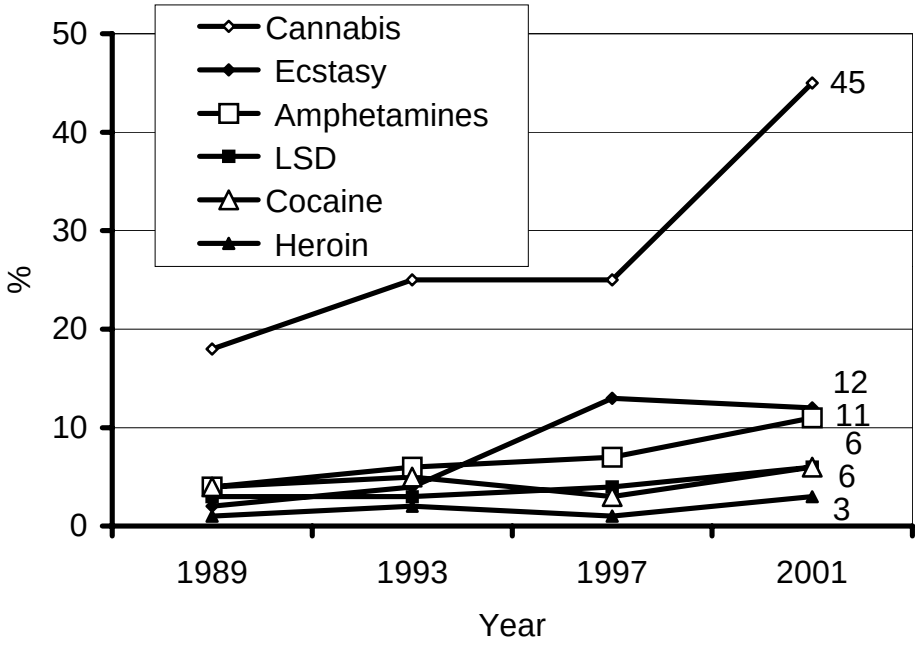
At the same time the preparation to consume drugs in the same age group increased considerably at least for cannabis. Almost each second person without drug experience up till now is of the opinion that „one could try Cannabis“. However consumption of cocaine and heroine for testing purposes is still refused by more than 90% of this group (Figure 2). Since 1980 there is made a second survey in Germany, the so-called „Federal Study for the use and misuse of psycho-active substances“ watching adults (now the group of age between 18 and 59). The results of the Federal Study 2000 show the same trends also in this group of age: a significant increase in the preparation of testing cannabis on one hand and only a slight change in the estimation of cocaine and heroine on the other hand in the Eastern as well as Western Laender. Due to the significant differences in formulating the questions having a considerably nearer relation to realistic behaviour in the Federal Study than in the Drug Affinity Study, the percentage values are however considerably lower in the first-named study (Figure 3).

Figure 2: Willingness to use illegal drugs (age group 12-25 years)
(„ ... one could try them once “)



Source: Drug Affinity Study 1989 - 2000 (BZgA 2001b)

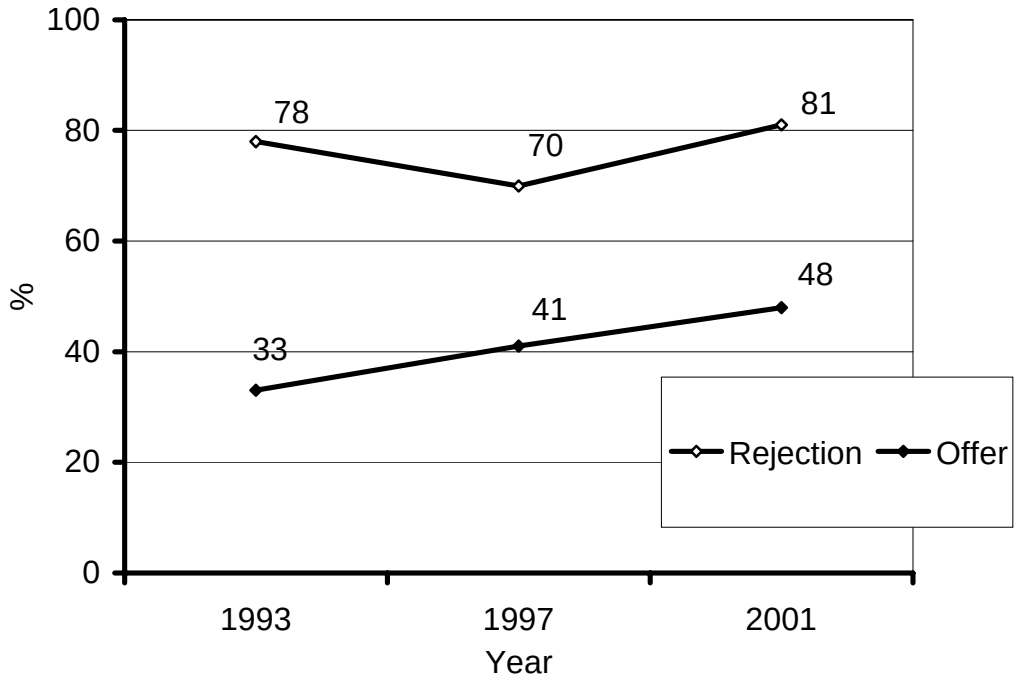
Figure 3: Readiness to use drugs when offered (age-group 18-39 years)



Source: Bundesstudie 1990-2000 (Kraus & Augustin 2001)

Corresponding to the big share of rejection it is a fact that in 2001 80% of all persons between 12 and 25 years to whom drugs were offered indicate that they refused them the first time. However the share of persons receiving already once such an offer increased evidently from 33 to 48% during the last 8 years. This refers to a higher availability of at least some drugs (Figure 4).

Figure 4: Rejection of first drug offer (age group 12-25 years)



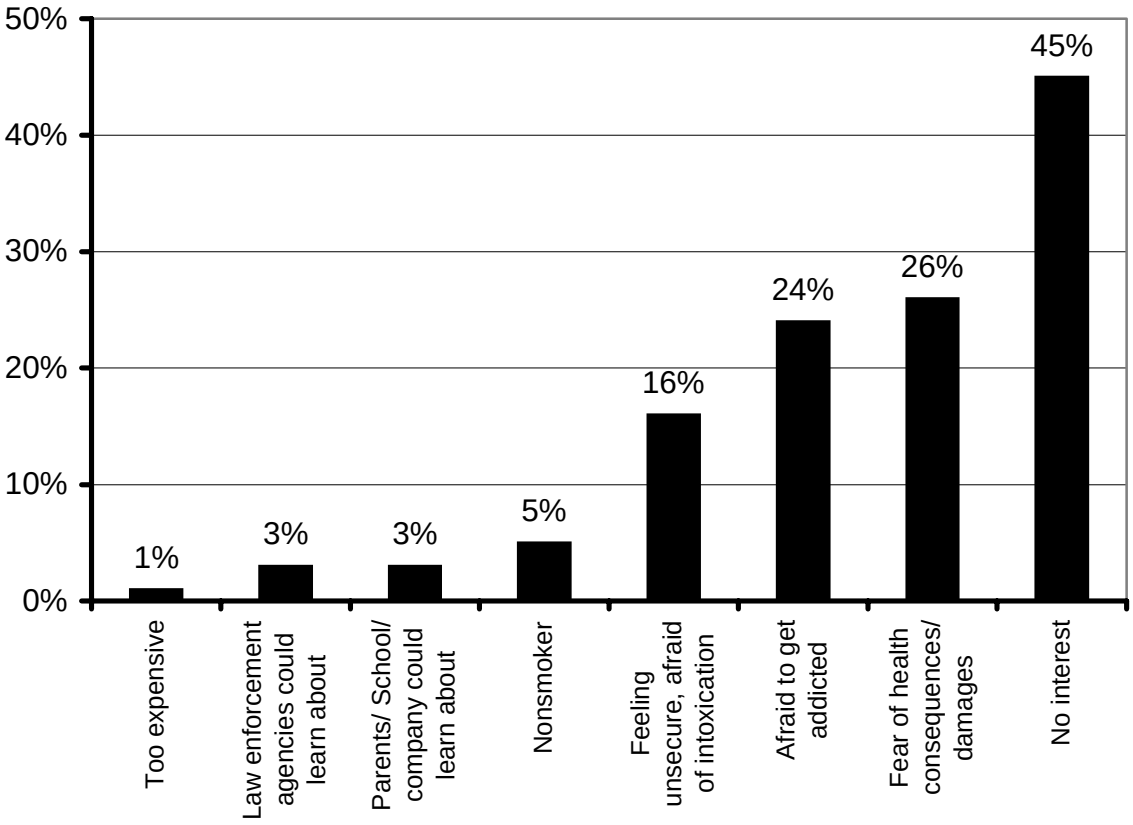
Source: Drug Affinity Study 2001 (BZgA 2001b)

More details concerning evaluation of risk and risk behaviour can also be found in a regional study from the new Laender. In Saxony-Anhalt there was conducted a Study of Modern Prevention of Drugs and Addiction (MODRUS I) in which the opinions of 3,087 schoolboys and –girls of classes 6 to 12 (age approx. 12-18), and 1.000 adults (teachers, parents= concerning „Drugs and Addiction“ (FOKUS 1999) were inquired. A follow-up study (MODRUS II) based on comparable methodology was carried out in 2000 by a spot-test of 4,091 schoolboys and –girls.

About half of the interviewed East-German children and young people showed higher interest in the subject „Drugs and Addiction“ already during the survey in 1998, only for 20% this subject is not very significant. In this regard the most important sources of information concerning „Drugs and Addiction“ are television (80%) and newspapers (68%), but also school instruction (56%) and friends (56%) are of importance.

Reasons for rejecting the first drug offer are on one hand concentrated on the risks and fear of injuries to health (26%) and addiction (24%). However, the most important motive is by far lack of interest being the reason for refusal in almost half of the cases. The threat of social sanctions or criminal prosecution are due to the estimation of the persons concerned only of little importance (Figure 5).

Figure 5: Reasons for rejection of the first drug offer (age-group 12-25 years)



Source: Drug Affinity Study 2001 (BZgA 2001b)

The estimation of various psychoactive substances as „drug“ and as „very dangerous“ shows the different valuation of legal and illegal substances but also the differences for instance between cannabis and heroine. Heroine, cocaine, ecstasy and cannabis are estimated by 90% as „drugs“, nicotine by 68% and alcohol by 61%. More than 80% value heroine, cocaine, LSD and ecstasy as very dangerous, marijuana and hashish are classified this way by only half of the interviewed persons and nicotine as well as alcohol by only one fourth. Whereas dangerousness of heroin and cocaine was valued still more critically between the surveys of 1998 and 2000, the development of cannabis went slightly into the opposite direction: from 54% to 50% (Table 1).

Table 1: Knowledge about drugs and perceived risk

	1998		2000	
Substance	is a drug	is dangerous	is a drug	is dangerous
Heroin	93%	89%	94%	89%
Cocaine	93%	79%	94%	83%
Ecstasy	89%	74%	92%	84%
Cannabis	87%	54%	81%	50%
Nicotine	71%	25%	68%	24%
Alcohol	64%	28%	61%	26%

Source: FOKUS 2001

In the course of representative inquiries made by telephone in the years 1994 – 1996 the interviewed persons estimate the drug problem in Germany as at least as high (higher or equal) as the alcohol problem. In 1997 the corresponding percentages were 67% in the Western and 65% in the Eastern Laender (totally: 66,7%). In 2000 this estimation decreased evidently to 58%. This shows a contrary development between frequency of consumption and estimation of risk regarding a drug which became also evident in the American study „Monitoring the Future“ (www.monitoringthefuture.org) during the last 10 years.

1.4 Budget and funding arrangements

During the fiscal year 2000 the Ministry of Health disposed of an amount of EURO 13,9 Mio. (1999: 12,3) to take measures against misuse of drugs and narcotics (chart 4). This field includes legal and illegal substances. Financial data concerning only illegal drugs are not available. The biggest share of above means, the amount of EURO 6,1 Mio. was provided for preventive measures. Model projects were promoted with EURO 5 Mio. out of Federal means. In some cases they are financed jointly with the Laender, communities or responsible bodies (i.e. the model project for the prescription of heroine, see chapter 1.2). Research and investigation in the field „Drug and Addiction“ have been supported with roughly Euro 1 Mio. out of means of the Federal Ministry of Health. The work of the DBDD as well as investigations concerning basic indicators (surveys, treatment demand) were promoted with EURO 0,8 Mio. Roughly another EURO 24,1 Mio. have been made available by the Minister of Education and Research for the research of addiction during the years 1996 to 2000. A new research programme follows end of 2001 / beginning 2002 with a course of 3 years for the time being.

The Federal Laender have different responsibilities in the field of drugs and addiction. They are competent for the common health care, social help (according to the Federal Social Help Law), for measures according to the Law on Children and Youth Help as well as criminal prosecution. This means that prevention of addiction, consultation, struggle against drug criminality and partly also the treatment of addicts are financed to a great extent by public

means out of Laender and communities. For the field of „Drugs and Addiction there have been spent EURO 136 Mio. (1999: 127 Mio., 1998: 126 Mio.). For the city-states this includes partly also municipal means, i.e. expenditure for supervised living and shelter.

Table 2: Budgets for drugs and addiction in Germany 2000

Institution	Field of activities	(Mio. €)	
		Addictive Substances (no further specification)	drug and multiple addiction[1]
Federal Ministry for Health[2]	Education in the field of misuse of drugs and addictive substances	6,1	
	Models in the field of misuse of drugs and addictive substances	5	
	Financial support for research and development projects in the field of misuse of drugs and addictive substances	1	
	Support of central facilities and associations	1	
	Support of national information focal points in the field of addiction	0,8	
Federal Ministry for Education and Research	Support of the research focus “addiction” 1991 - 2001	24,1	
Federal Laender[3]	Activities in the field of drugs and addiction	136	
Federation of German Pension Insurance Institutions (VDR)[4]	Inpatient services	694,9	159,9
	Outpatient services	24,2	5,6
	Interim funding	136,9	31,5
	Other services	17,0	3,9

Whereas the total expenses for criminal prosecution in Germany are known, an estimation of the share of costs caused by drugs is not available up till now. Based on a study of Hartwig,

[1] Factor is the proportion of finished rehabilitations because of drug and multiple addictions of all finished rehabilitations financed by public pension insurances in 1997 (VDR-Statistik Rehabilitation 1997 und 1999)

[2] Source: Drogen- und Suchtbericht 2000 der Drogenbeauftragten der Bundesregierung (BMG 2001)

[3] Source: Bundesministerium für Gesundheit 2000b

[4] VDR-Statistik Rehabilitation 1999 (Verband Deutscher Rentenversicherungsträger 2000)

K.-H. & Pies, I. (1995). Rational drug policy in democracy. Tübingen: J.C.B. Mohr) an amount of at least Euro 6,5 billion for drug and procurement criminality, losses of production and income caused by illness and dead of addicts, expenditure for drug help as well as costs for prevention, research and substitution has to be taken into account. However, also in this case the calculation of the proportionate costs in the field of criminal prosecution is methodically not satisfactory.

Costs in accordance with (secondary) illness and physical detoxification are generally born by the health insurances. Stationary and ambulatory rehabilitation are born by the annuity insurance bodies. In 2000 the legal annuity insurance companies (GRV) granted payments for psychical and behaviour disturbances caused by medicaments and drugs in 2,662 cases. In 1999 the legal annuity insurance companies (GRV) spent on the whole DM 873 Mio. for rehabilitation and other performances for addictive diseases (alcohol, medicaments, drugs). Whereas the biggest share is spent for stationary performances (79%) and transitional costs (16%), ambulant (3%) and other supplementary performances (2%) are only of little importance. According to information of the GRV about apportionment of the cases concerning alcohol-, medicament- and drug-related problems a rough estimation that addiction causes about 23% of these total costs is possible.

PART II EPIDEMIOLOGICAL SITUATION

2 Prevalence, Patterns and Developments in Drug Use

2.1 Main developments and emerging trends

2.1.1 Overview of most important characteristics and developments of drug situation

Since about the end of the sixties in Germany like in other European countries, the use of drugs like cannabis or heroin started to increase in importance. Obviously in specific groups opiates and cocaine had been in used in certain groups before - it could not be called a widespread use though at that time. In the late sixties, the use especially of cannabis and LSD began to play a more important role. In 1972 a new drug law was set up as a reaction to the emerging drug problem in society. Cannabis use, which was rather stable for some years considerably increased. Today cannabis use is spread all over the country and over quite different social groups. LSD became less important after the seventies and remained only a minor problem until the middle of the eighties.

Heroin started to be used in Germany already in the seventies to a greater extent. Till today heroin use is primarily found in metropolitan areas, prevalence rates and seizures in rural areas are much lower. In the new Laender heroin use is still less frequent but single local drug scenes have been appearing in the previous years. Although the total number of heroin drug users is still much lower than the number of cannabis users many social and health problems are mainly linked to heroin drug use - especially drug related crime, death and HIV or AIDS. Methadone, needle-exchange and harm reduction programmes are installed to reduce risks of infection for i.v. drug users. The impact of these programmes is evaluated quite positive, as the epidemic went on much slower than expected. The proportion of HIV-positive heroin users has been at a constant level in the last years (Simon & Palazzetti 1999a; Türk & Welsch 200a; Welsch 2001, Robert Koch Institut 2001). Many harm reduction approaches are nearly not evaluated.

Cocaine use became more visible around 1980 with very small figures in the beginnings. Since then it has increased continuously in importance. While until a couple of years ago cocaine was almost exclusively used as secondary drug by heroin users there is a general increase in primary cocaine users in the meantime. Today the number of cocaine users seems considerably higher than the number of heroin users. Treatment statistics show, that persons with a mono cocaine use report fewer problematic somatic or social consequences than heroin users, but respective in-depth studies are still missing. Cocaine is much more frequent in urban or metropolitan areas but still rare in Eastern Germany. Berlin however has a special status as it has an Eastern as well as an Western part which are gradually growing together since reunification. While amphetamines played some role in drug use in Germany already in the eighties, MDMA and related substances became more popular since the end of the eighties.

The Representative Survey on the Use of psychoactive Substances in Germany shows, that ecstasy is the drug used second most in Eastern Germany and third most in Western Germany. Recent studies indicate a parallel use of amphetamines, cocaine and LSD also in this group of drug users. Unlike heroin and cocaine use ecstasy use can be found all over the country and there seem to be only small differences in prevalence between urban and rural areas. The differences between Eastern and Western Germany are smaller than for other drugs. Recently increases in cannabis use have been observed and today it is also widespread in rural areas.

2.1.2 Trends and changing patterns of use and drug users

Epidemiological sources on drug consumption and drug users in Germany are mainly based on regular representative population surveys and prevalence studies.

The Drug Affinity Study (Drogenaffinitätsstudie; DAS) conducted by the Federal Centre for Health Education (BZGA; Bundeszentrale für gesundheitliche Aufklärung) (BZgA 2001b) and the “Representative Survey on the Use of Psychoactive Substances in the German Adult Population (BUND)” conducted by the Institute for Therapy Research (IFT) (Kraus & Augustin 2001) are two ongoing surveys on national level. Since 1973 and 1980, which cover the field of illegal drugs. The Drug Affinity Study is running sine 1973 the Representative Survey since 1980. Both studies cover illegal and legal drugs.

The Drug Affinity Study is a long-term examination of tobacco, alcohol and illegal drug use and its underlying motives and preconditions. A representative sample of persons between 12 to 25 years is built by a computer based random sample of telephone numbers. In 2000/2001 teenagers and young adults were asked by computer based telephone interviews (CATI) for the first time. In the latest survey (November 2000 until January 2001) the size of the sample was 3,000 (2,000 in the old Federal Laender and 1,000 in the new Federal Laender). Since 1973 the study has been carried out at 3 to 4 year intervals with almost the same techniques and questions, thus facilitating comparisons between years Because of the rather small sample size only very few users of “hard” drugs are found amongst the interviewees (BzgA 2001b).

The Representative Survey on the Use of Psychoactive Substances is a questioning in written from on the use of psychotropic substances, its consequences and assessment as well as other framework data. The survey is carried out among a representative sample of 18 to 59 year old resident population. A relatively large sample (2000: 6.632 persons in the old federal Laender and 1.430 in the new federal Laender) allows to make valide statements on the use of legal substances, Cannabis and partly Ecstasy. Trend analysis on “hard” drugs is possible. Because of changes in municipal administration and the German reunification sample generating procedures were modified within the last years. Some parts of the survey were carried out as telephone interviews in the framework of methodological studies. Due to a bias in samples those results are not completely comparable. The core of the questionnaires remained the same since 1980. In 2000 45,5% of those interviewed were willing to respond (response rate) (Kraus & Augustin 2001).

On behalf of the federal Laender and city states regional or local prevalence studies were conducted from time to time. Those studies focus on specific substances, their extent, consequences and patterns of use or on features of a certain group of drug users. In Berlin, North Rhine-Westphalia and Rhineland-Palatinate (2000) as well as in Hamburg (1997) local surveys have been carried out in the framework of the Representative Survey on the Use of Psychoactive Substances. Regional samples were additionally funded by the Federal Laender. In Saxony-Anhalt the Study on Modern Drug and Addiction Prevention (MODRUS II) was carried out for the second time. Subject were patterns of drug use, opinions etc. (Böttcher, Chrapa, Chrapa, Teltscher & Voigtländer 1999).

Recent numbers show the following picture of different drug profiles in Germany: The most significant group of substances among illegal drugs by members continues to be cannabis (Kraus & Augustin 2001). More than 10 million people - most of them under 39 years - have made experiences with Cannabis, 3.4 millions have smoked cannabis in the last 12 months, one million more than in 1997 when the last surveys were made on this subject.

Use of drugs other than cannabis is still less frequent. It seems that ecstasy use has been stabilising lately whereas the spread of amphetamines has clearly been rising. Ecstasy use is more often in the new federal Laender than in the old ones. Prevalence rates of recent drug use (last 12 months) are higher than in the last survey carried out in 1997. Ecstasy and amphetamines are often used by the group of users and play an important role in the party and techno scene. Among those drug users alcohol, cannabis and cocaine are also important.

Compared to the drugs mentioned above, the trend in the case of heroin and the other opiates is pursuing a different course. Since around 1992, various surveys - which admittedly are only appropriate to a limited extent in this area - have shown that the problem is only slightly increasing or is stagnating. In the treatment area these figures are also stable, although here it is becoming clear that very marked shifts have taken place in the last few years within the opiates, these being explained chiefly by the increasing substitution figures. Today there is an estimated number of 50,000 persons in methadone substitution. A definite number will be available will be available from the end of next year on when a substitution register will be implemented.

Cocaine shows a stable and steady increase in comparison to the other drugs which have been discussed before. Here too the results from the treatment area are in line with those of the surveys of drug use. Cocaine continues to be one of the preferred subsidiary-use drugs for those addicted to opiates, according to the results on multiple substance use.

Relatively new is an increasing spread of natural drugs such as mushrooms or preparations of other local plants, especially among younger adults. More than 6% of all 21-24 year olds have made experiences with mushrooms containing psylocibine, almost 3% of this age-group have used them in the past 12 months and a considerable number of drug emergencies were caused by those substances in the last year.

Besides those drug users experiencing with drugs, the results shown allow a description of several types of drug users, even if the groups cannot always be clearly separated from each other.

- Cannabis users who have been using this drug for a certain period in life. They frequently live inconspicuously and without major problems and further illegal drug use.
- Young groups of users with multiple drug use, which are less specific with regard to the choice of drug. Cannabis is in first place but ecstasy meanwhile is also used very frequently. This group is at least partly associated with the rave scene, where MDMA is particularly active (e.g. at techno and rave parties). Other drugs, however, have also made their way into this scene. In particular there is evidence of an increase in LSD and cocaine.
- The group facing the most difficult circumstances continues to be that of heroin addicts. However the number of problematic cases has been stable in the last years. Alongside heroin, there is subsidiary use of cocaine, rarely also of crack. Additionally addiction to alcohol is a problem in many cases.
- Users of cocaine who take no further drugs are statistically more common than heroin users. They are, however, more inconspicuous - according to information from hospitals, counselling centres and other social institutions. In addition to results from general population surveys, it is chiefly the high volumes seized which point to a comparatively wide distribution of this drug.

2.2 Drug use in the population

The Representative Survey on the Use of psychoactive Substances of adults in Germany shows that 19.8% of all 18 to 59 year old questioned have used drugs at least once in their life (lifetime prevalence) 21.8% in the old federal Laender and 11% in the new federal Laender (Kraus & Augustin 2001). This corresponds to about 9.4 million adults with drug experience in the total population of Germany . 23.4% of men have made drug experience - obviously more often than women (16.0%). This difference is even more striking in the new federal Laender: There the prevalence rate for men (14.6%) is more than two times as high than for women (7.1%).

In the group of younger adults aged between 18 and 39, the proportion of people with drug experience is even 29.5%. In the new Laender the prevalence rate in this age-group is 19% (Table 3). Noticeable in both parts of Germany are rates of increase since the last survey in 1997. In the west the portion of drug experience among 18-59 year olds went up about 50% (prevalence rate in 2000: 21.8%; 1997: 11%), in the east about 130% (prevalence rate in 2000: 11%; 1997: 4.8%). This large increase is mainly caused by a sharp increase in cannabis use (West: 21.4%; East: 10.8%) (see 2.2.1). Experience with other illegal drugs than cannabis have only few adults (West: amphetamines 2.4%, ecstasy 2.0%, LSD 2.0%; cocaine 2.4%; East: amphetamines 1.7%, ecstasy 2.0%, LSD 1.1%; cocaine 1.6%). In the West and in the East the prevalence for opiates and crack is below 1%.

More than quarter of all German teenagers and young adults (12 - 25 years) have made experiences with illegal drugs at least once in their lifetimes. The results of the Drug Affinity Study (BZgA 2001b) reveal that there is nearly no difference in drug experience of teenagers between old and new federal Laender anymore (lifetime-prevalence 28% re 24%). Cannabis is the drug the mostly used (26%) followed by ecstasy (4%), amphetamines (3%), LSD (2%), cocaine (2%), solvents (1%), heroin (0.3%), crack (0.2%) and other drugs (3%).

Table 3: Lifetime-prevalence of illegal drug use in Germany (2000/2001)

Source	Age-group	West	East	Total	Population per age-group [1]	Projection total population
DAS '01	12-18	n.a.	n.a..	17%	≈ 5 530 000	≈ 940 000
BUND '00	18-20	38,0%	34,5%	37,3%	≈ 2 800 000	≈ 1 044 000
BUND '00	21-24	38,3%	29,4%	36,5%	≈ 3 615 000	≈ 1 320 000
BUND '00	25-29	32,5%	27,6%	31,7%	≈ 5 220 000	≈ 1 655 000
BUND '00	30-39	24,5%	9,3%	21,8%	≈ 14 092 000	≈ 3 072 000
BUND '00	40-49	17,5%	3,0%	14,6%	≈ 11 875 000	≈ 1 734 000
BUND '00	50-59	7,0%	0,7%	5,8%	≈ 10 040 000	≈ 582 000
BUND '00 (Men)	18-59	25,4%	14,6%	23,4%	≈ 24 280 000	≈ 5 682 000
BUND '00 (Women)	18-59	18,1%	7,1%	16,0%	≈ 23 360 000	≈ 3 738 000
BUND '00	18-39	29,5%	19,0%	27,6%	≈ 25 726 000	≈ 7 100 000
BUND '00	18-59	21,8%	11,0%	19,8%	≈ 47 640 000	≈ 9 433 000
DAS '01 BUND '00	12-59	n.a.	n.a.	19,5%	≈ 53 170 000	≈ 10 373 000

Source: Drug Affinity Study 2001 (BZgA 2001b); Representative Survey 2000 (Kraus & Augustin 2001)

1.) Federal Statistical Office 2001 (as of 31.12.2000, figures rounded to improve clarity)

2.) Projection calculated with reference to total population (only rough approximation); Figures are weighted and rounded to improve clarity

In many cases, experience with drugs means a one-off or only infrequent use of drugs. After the drug was "tried" in most cases its use is completely discontinued in the course of the next few years. Lifetime drug use is therefore only a rough indicator of the extent of drug use at a given point in time. The figure includes people reporting experience with drugs going back 20 or 30 years. Drug use in the 12 months prior to the survey therefore is a better indication of current user numbers (12-moth-prevalence).

In the meantime there are around 5.2% of adults between 18 and 59 years in the new Laender stating that they used illegal drugs within the past 12 months. The prevalence has doubled since the last survey (1997: 2.7%) and reached - 11 years after the German reunification - the same level than in Western Germany. Projected to the total population these are about 2.9million people. In both parts of the country drugs are more often used by

men than by women (West: 1.7:1; East 1.8:1). Among younger adults (18 - 39 years) prevalence rates are noticeably higher (10.7% in total Germany).

There were no major changes in drug use of teenagers and young adults between 1997 and 2000. Of all 12 to 25 year olds questioned in the Drug Affinity Study 2001 13% stated that they have already used illegal drugs (BZgA 2001b). In 1997 the respective number was 15%. Effects of a change in questioning methods (face-to-face interview in 1997 and telephone interview in 2000) have to be taken into consideration. They may affect the willingness of the interviewed to admit drug use as well as the composition of the sample. Main changes took place between 1993 and 1997 in Eastern Germany (1993: 3%; 1997: 14%) especially among female drug users (1993:1%; 1997: 14%) (Table 4).

Table 4: 12-months prevalence of illegal drug use in Germany (2000/2001)

Source	Age-group	West	East	Total	Population per age-group	Projection total population
DAS '01	12-18	n.a.	n.a.	11%	≈ 5 530 000	≈ 608 000
BUND '00	18-20	25,6%	25,3%	25,3%	≈ 2 800 000	≈ 708 000
BUND '00	21-24	20,4%	13,6%	18,1%	≈ 3 615 000	≈ 654 000
BUND '00	25-29	11,7%	14,0%	11,7%	≈ 5 220 000	≈ 611 000
BUND '00	30-39	5,8%	3,1%	5,0%	≈ 14 092 000	≈ 705 000
BUND '00	40-49	1,5%	0,8%	1,3%	≈ 11 875 000	≈ 154 000
BUND '00	50-59	0,4%	--	0,3%	≈ 10 040 000	≈ 30 000
BUND '00 (Men)	18-59	8,2%	6,7%	7,6%	≈ 24 280 000	≈ 1 845 000
BUND '00 (Women)	18-59	4,7%	3,7%	4,4%	≈ 23 360 000	≈ 1 028 000
BUND '00	18-39	11,0%	9,5%	10,7%	≈ 25 726 000	≈ 2 753 000
BUND '00	18-59	6,5%	5,2%	6,0%	≈ 47 640 000	≈ 2 858 000
DAS '01 BUND '00	12-59	n.a.	n.a.	6,5%	≈ 53 170 000	≈ 3 467 000

Source: Drug Affinity Study 2001 (BZgA 2001b); Representative Survey 2000 (Kraus & Augustin 2001)

3.6% of all adult men and women in the old federal Laender and 2.6% in the new Laender stated in the Representative Survey that they have been using illegal drugs in the last 30 days prior to the questioning (Kraus & Augustin 2001). Cannabis is also the drug mostly used among this group of persons (West: 3.4%; East: 2.5%). All 30 days prevalence rates can be found in the annex of this report. In the Drug Affinity Study (BZgA 2001b) no data on 30 days prevalence rates was collected (Table 5).

Table 5: 30-days-prevalence of illegal drug use in Germany (2000/2001)

Source	Age-group	West	East	Total	Population per age-group	Projection total population
DAS '01	12-18	n.a.	n.a.	n.a.	≈ 5 530 000	n.a.
BUND '00	18-20	13,8%	14,4%	13,9%	≈ 2 800 000	≈ 389 000
BUND '00	21-24	13,9%	8,1%	11,8%	≈ 3 615 000	≈ 427 000
BUND '00	25-29	5,7%	5,3%	5,5%	≈ 5 220 000	≈ 287 000
BUND '00	30-39	3,0%	1,5%	2,6%	≈ 14 092 000	≈ 366 000
BUND '00	40-49	1,0%	0,3%	0,8%	≈ 11 875 000	≈ 95 000
BUND '00	50-59	0,1%	0,0%	0,0%	≈ 10 040 000	≈ 0
BUND '00 (Men)	18-59	4,9%	3,4%	4,6%	≈ 24 280 000	≈ 1 117 000
BUND '00 (Women)	18-59	2,2%	1,7%	1,9%	≈ 23 360 000	≈ 444 000
BUND '00	18-39	7,9%	3,8%	5,9%	≈ 25 726 000	≈ 1 518 000
BUND '00	18-59	3,6%	2,6%	3,3%	≈ 47 640 000	≈ 1 572 000
DAS '01 BUND '00	12-59	n.a.	n.a.	n.a.	≈ 53 170 000	n.a.

Source: Drug Affinity Study 2001 (BZgA 2001b); Representative Survey 2000 (Kraus & Augustin 2001)

2.2.1 Cannabis

Cannabis is the illegal drug most frequently used in Germany. 21.4% of all questioned Western Germans and 10.8% of all questioned Eastern Germans (18-59 years) have used cannabis at least once in their lifetime (Kraus & Augustin 2001). There has been a considerable increase in cannabis use in the last 20 years, as prevalence rates of 18-24 year old West German drug users show. Lifetime prevalence rose from 14% (1980) to 25% (1997) and reached its highest level in 2000 (38%).

Cannabis is mostly used by 18 -29year old West German men (lifetime prevalence 40.4%; 12-moth-prevalence: 21.1%; 30-days-prevalence: 13%). In East Germany the portion of cannabis users among 18 to 29 year olds has risen from 2% to 12% manifestly between 1990 and 1995. In consequence the prevalence rate has been rising up to 29% and is approaching the West German prevalence rate. Almost all teenagers have made their drug experience with cannabis (BZgA 2001b). 27% of all interviewees have ever been using drugs before, 26% of all interviewees have been using cannabis. In the last 8 years cannabis lifetime prevalence have also clearly been rising among teenagers (1993: 16%; 1997: 19%; 2001:26%).

Table 6: Lifetime-prevalence of cannabis use in Germany (2000/2001)

Source	Age-group	West	East	Total	Population per age-group	Projection total population
DAS '01	12-18	n.a.	n.a.	16,0%	≈ 5 530 000	≈ 885 000
BUND '00	18-20	38,0%	33,7%	37,1%	≈ 2 800 000	≈ 1 039 000
BUND '00	21-24	38,1%	27,8%	36,0%	≈ 3 615 000	≈ 1 301 000
BUND '00	25-29	31,8%	27,6%	31,0%	≈ 5 220 000	≈ 1 618 000
BUND '00	30-39	24,1%	8,8%	21,4%	≈ 14 092 000	≈ 3 016 000
BUND '00	40-49	16,9%	2,8%	14,1%	≈ 11 875 000	≈ 1 674 000
BUND '00	50-59	6,6%	0,7%	5,5%	≈ 10 040 000	≈ 552 000
BUND '00 (Men)	18-59	24,8%	14,3%	22,8%	≈ 24 280 000	≈ 5 536 000
BUND '00 (Women)	18-59	17,7%	6,6%	15,7%	≈ 23 360 000	≈ 3 668 000
BUND '00	18-39	29,1%	18,4%	27,6%	≈ 25 726 000	≈ 7 100 000
BUND '00	18-59	21,4%	10,8%	19,3%	≈ 47 640 000	≈ 9 195 000
DAS '01 BUND '00	12-59	n.a.	n.a.	19,0%	≈ 53 170 000	≈ 10 080 000

Source: Drug Affinity Study 2001 (BZgA 2001b); Representative Survey 2000 (Kraus & Augustin 2001)

Table 7: 12-months-prevalence of cannabis use in Germany (2000/2001)

Source	Age-group	West	East	Total	Population per age-group	Projection total population
DAS '01	12-18	n.a.	n.a.	10%	≈ 5 530 000	≈ 553 000
BUND '00	18-20	25,3%	25,3%	25,3%	≈ 2 800 000	≈ 708 000
BUND '00	21-24	19,7%	11,6%	18,1%	≈ 3 615 000	≈ 654 000
BUND '00	25-29	11,3%	13,4%	11,7%	≈ 5 220 000	≈ 611 000
BUND '00	30-39	5,5%	3,1%	5,0%	≈ 14 092 000	≈ 705 000
BUND '00	40-49	1,5%	0,6%	1,3%	≈ 11 875 000	≈ 154 000
BUND '00	50-59	0,4%	--	0,3%	≈ 10 040 000	≈ 30 000
BUND '00 (Men)	18-59	7,9%	6,2%	7,6%	≈ 24 280 000	≈ 1 845 000
BUND '00 (Women)	18-59	4,5%	3,6%	4,4%	≈ 23 360 000	≈ 1 028 000
BUND '00	18-39	10,6%	9,0%	10,3%	≈ 25 726 000	≈ 2 650 000
BUND '00	18-59	6,2%	4,9%	6,0%	≈ 47 640 000	≈ 2 858 000
DAS '01 BUND '00	12-59	n.a.	n.a.	6,4%	≈ 53 170 000	≈ 3 411 000

Source: Drug Affinity Study 2001 (BZgA 2001b); Representative Survey 2000 (Kraus & Augustin 2001)

Table 8: 30-days-prevalence of cannabis use in Germany (2000/2001)

Source	Age-group	West	East	Total	Population per age-group	Projection total population
DAS '01	12-18	n.a.	n.a.	n.a.	≈ 5 530 000	n.a.
BUND '00	18-20	13,8%	14,4%	13,9%	≈ 2 800 000	≈ 389 000
BUND '00	21-24	12,8%	7,4%	11,8%	≈ 3 615 000	≈ 427 000
BUND '00	25-29	5,5%	5,3%	5,5%	≈ 5 220 000	≈ 287 000
BUND '00	30-39	2,9%	1,5%	2,6%	≈ 14 092 000	≈ 366 000
BUND '00	40-49	0,9%	0,3%	0,8%	≈ 11 875 000	≈ 95 000
BUND '00	50-59	0,1%	--	--	≈ 10 040 000	≈ 0
BUND '00 (Men)	18-59	4,8%	3,4%	4,6%	≈ 24 280 000	≈ 1 117 000
BUND '00 (Women)	18-59	2,0%	1,6%	1,9%	≈ 23 360 000	≈ 444 000
BUND '00	18-39	7,8%	3,4%	5,7%	≈ 25 726 000	≈ 1 466 000
BUND '00	18-59	3,4%	2,5%	3,3%	≈ 47 640 000	≈ 1 595 000
DAS '01 BUND '00	12-59	n.a.	n.a.	n.a.	≈ 53 170 000	n.a.

Source: Drug Affinity Study 2001 (BZgA 2001b); Representative Survey 2000 (Kraus & Augustin 2001)

2.2.2 Amphetamines

In the last years amphetamines were becoming more important on the German drug market. This has also be viewed in the context of a spread of ecstasy. About 3% of all persons aged 18 to 39 years have used amphetamines in their lifetime. With prevalence rates of 3.1% in the West and 2.9% in the East in this age-group amphetamines are as frequent in the West as in the East. In comparison to the survey of 1997 the numbers were rising (West: 2.4%; East: 1%). The last 12 months prevalence was also going up if compared to 1990. In 2000 they are 1.1% (West) re. 0.8% (East) whereas they were 0.5% (West) re. 0.0% (East) in 1990.

Amphetamine use is most frequent among 21 to 24 year olds (lifetime-prevalence: 5.6%; 12-moth-prevalence: 3.0%) (Kraus & Augustin 2001). The Drug Affinity Study 2001 shows that its use is less frequent among teenagers and younger adults (lifetime-prevalence and 12-moth-prevalence: 1.0%) (BZgA 2001b).

Table 9: Lifetime-prevalence of amphetamine use in Germany (2000/2001)

Source	Age-group	West	East	Total	Population per age-group [1]	Projection total population
DAS '01	12-18	n.a.	n.a.	1,0%	≈ 5 530 000	≈ 55 000
BUND '00	18-20	2,4%	2,2%	3,1%	≈ 2 800 000	≈ 87 000
BUND '00	21-24	3,4%	5,2%	5,6%	≈ 3 615 000	≈ 202 000
BUND '00	25-29	2,5%	5,8%	3,1%	≈ 5 220 000	≈ 162 000
BUND '00	30-39	2,5%	1,2%	2,3%	≈ 14 092 000	≈ 324 000
BUND '00	40-49	2,0%	0,6%	1,7%	≈ 11 875 000	≈ 202 000
BUND '00	50-59	1,1%	--	0,9%	≈ 10 040 000	≈ 90 000
BUND '00 (Men)	18-59	2,8%	2,4%	2,7%	≈ 24 280 000	≈ 656 000
BUND '00 (Women)	18-59	2,0%	0,9%	1,8%	≈ 23 360 000	≈ 421 000
BUND '00	18-39	3,1%	2,9%	3,0%	≈ 25 726 000	≈ 772 000
BUND '00	18-59	2,4%	1,7%	2,2%	≈ 47 640 000	≈ 1 048 000
DAS '01 BUND '00	12-59	n.a.	n.a.	2,1%	≈ 53 170 000	≈ 1 103 000

Source: Drug Affinity Study 2001 (BZgA 2001b); Representative Survey 2000 (Kraus & Augustin 2001)

Table 10: 12-moths-prevalence of amphetamine use in Germany (2000/2001)

Source	Age-group	West	East	Total	Population per age-group [1]	Projection total population
DAS '01	12-18	n.a.	n.a.	1,0%	≈ 5 530 000	≈ 55 000
BUND '00	18-20	2,1%	2,2%	2,1%	≈ 2 800 000	≈ 59 000
BUND '00	21-24	3,3%	1,9%	3,0%	≈ 3 615 000	≈ 109 000
BUND '00	25-29	0,7%	0,6%	0,7%	≈ 5 220 000	≈ 37 000
BUND '00	30-39	0,5%	0,2%	0,4%	≈ 14 092 000	≈ 56 000
BUND '00	40-49	0,1%	0,3%	0,1%	≈ 11 875 000	≈ 12 000
BUND '00	50-59	--	--	--	≈ 10 040 000	0
BUND '00 (Men)	18-59	0,8%	0,6%	0,8%	≈ 24 280 000	≈ 194 000
BUND '00 (Women)	18-59	0,4%	0,4%	0,4%	≈ 23 360 000	≈ 93 000
BUND '00	18-39	1,1%	0,8%	1,0%	≈ 25 726 000	≈ 257 000
BUND '00	18-59	0,6%	0,5%	0,6%	≈ 47 640 000	≈ 286 000
DAS '01 BUND '00	12-59	n.a.	n.a.	0,6%	≈ 53 170 000	≈ 341 000

Source: Drug Affinity Study 2001 (BZgA 2001b); Representative Survey 2000 (Kraus & Augustin 2001)

2.2.3 Ecstasy

In 2000 Ecstasy is the only drug with higher lifetime and 12-months prevalence rates of 18 to 59 year olds in the East than in the West (Kraus & Augustin 2001). This is due to the drug use of younger interviewed persons. 6.5% of all those questioned in the new federal Laender and 4.4% of those in the old Laender agreed that they have made experiences with ecstasy. During the last 12 months 1.9% of all 18 to 29 year old in the West and 2.8% in the East were using ecstasy. Among elder questioned there are nearly no differences between East and West. Generally men have higher prevalence rates than women. Ecstasy is less prevalent among older drug users (table 11).

In the Drug Affinity Study 4% of all 12 to 25 year olds have ever used ecstasy in their lives (BZgA 2001b). In this age-group there have been no major changes since 1997 (1997: 5%).

Table 11: Lifetime-prevalence of ecstasy use in Germany (2000/2001)

Source	Age-group	West	East	Total	Population per age-group	Projection total population
DAS '01	12-18	n.a.	n.a.	2,0%	≈ 5 530 000	≈ 111 000
BUND '00	18-20	5,2%	3,1%	4,7%	≈ 2 800 000	≈ 132 000
BUND '00	21-24	5,7%	4,8%	5,5%	≈ 3 615 000	≈ 199 000
BUND '00	25-29	3,2%	9,9%	4,3%	≈ 5 220 000	≈ 225 000
BUND '00	30-39	1,1%	1,0%	1,0%	≈ 14 092 000	≈ 141 000
BUND '00	40-49	0,2%	0,3%	0,2%	≈ 11 875 000	≈ 24 000
BUND '00	50-59	0,1%	--	--	≈ 10 040 000	≈ 0
BUND '00 (Men)	18-59	1,8%	2,8%	2,0%	≈ 24 280 000	≈ 486 000
BUND '00 (Women)	18-59	1,1%	1,1%	1,1%	≈ 23 360 000	≈ 257 000
BUND '00	18-39	2,6%	3,6%	2,7%	≈ 25 726 000	≈ 695 000
BUND '00	18-59	1,5%	2,0%	1,6%	≈ 47 640 000	≈ 762 000
DAS '01 BUND '00	12-59	n.a.	n.a.	1,6%	≈ 53 170 000	≈ 873 000

Source: Drug Affinity Study 2001 (BZgA 2001b); Representative Survey 2000 (Kraus & Augustin 2001)

Table 12: 12-month-prevalence of ecstasy use in Germany (2000/2001)

Source	Age-group	West	East	Total	Population per age-group [1]	Projection total population
DAS '01	12-18	n.a.	n.a.	1,0%	≈ 5 530 000	≈ 55 000
BUND '00	18-20	1,8%	3,1%	2,1%	≈ 2 800 000	≈ 59 000
BUND '00	21-24	3,7%	2,6%	3,5%	≈ 3 615 000	≈ 127 000
BUND '00	25-29	0,8%	2,9%	1,1%	≈ 5 220 000	≈ 57 000
BUND '00	30-39	0,5%	0,4%	0,5%	≈ 14 092 000	≈ 71 000
BUND '00	40-49	0,1%	0,0%	0,1%	≈ 11 875 000	≈ 12 000
BUND '00	50-59	--	--	--	≈ 10 040 000	≈ 0
BUND '00 (Men)	18-59	1,0%	1,1%	1,0%	≈ 24 280 000	≈ 243 000
BUND '00 (Women)	18-59	0,3%	0,5%	0,3%	≈ 23 360 000	≈ 70 000
BUND '00	18-39	1,1%	1,5%	1,2%	≈ 25 726 000	≈ 309 000
BUND '00	18-59	0,6%	0,8%	0,7%	≈ 47 640 000	≈ 333 000
DAS '01 BUND '00	12-59	k.A.	k.A.	0,7%	≈ 53 170 000	≈ 389 000

Source: Drug Affinity Study 2001 (BZgA 2001b); Representative Survey 2000 (Kraus & Augustin 2001)

2.2.4 Cocaine

The use of cocaine has clearly been increasing in the 1990s. This is the case for lifetime cocaine use as well as for recent cocaine use. After a slight decrease of lifetime prevalence in 1997 (age-group 18 to 39 years) they are increasing in 2000 again (West: 2000: 3.8%; 1997: 2.2%; 1995: 3.7%; 1990: 1.5%; East: 2000: 2.9%; 1997: 0.4%; 1995: 0.3%; 1990: 0.1%) (Kraus & Augustin 2001). Drug use in the last 12 months is more frequent in this age-group - primarily in the new federal Laender (2000: 1.4%; 1997: 0.2%; 1995: 0.3%). 2% of all teenager and younger adults (12 to 25 years) have ever used cocaine before (BZgA 2001b). In the 1990ies there have been no relevant changes in cocaine use (1997: 2%; 1993: 3%).

Table 13: Lifetime-prevalence of cocaine use in Germany (2000/2001)

Source	Age-group	West	East	Total	Population per age-group	Projection total population
DAS '01	12-18	n.a.	n.a.	n.a.	≈ 5 530 000	≈ 0
BUND '00	18-20	2,6%	3,9%	2,9%	≈ 2 800 000	≈ 81 000
BUND '00	21-24	4,8%	1,9%	4,2%	≈ 3 615 000	≈ 152 000
BUND '00	25-29	4,7%	8,1%	5,2%	≈ 5 220 000	≈ 271 000
BUND '00	30-39	3,5%	1,0%	3,0%	≈ 14 092 000	≈ 423 000
BUND '00	40-49	1,2%	0,3%	1,0%	≈ 11 875 000	≈ 119 000
BUND '00	50-59	0,2%	--	0,2%	≈ 10 040 000	≈ 20 000
BUND '00 (Men)	18-59	3,0%	2,4%	2,8%	≈ 24 280 000	≈ 680 000
BUND '00 (Women)	18-59	1,9%	0,7%	1,7%	≈ 23 360 000	≈ 397 000
BUND '00	18-39	3,8%	2,9%	3,6%	≈ 25 726 000	≈ 926 000
BUND '00	18-59	2,4%	1,6%	2,3%	≈ 47 640 000	≈ 1 096 000
DAS '01 BUND '00	12-59	n.a.	n.a.	2,1%	≈ 53 170 000	≈ 1 096 000

Source: Drug Affinity Study 2001 (BZgA 2001b); Representative Survey 2000 (Kraus & Augustin 2001)

Table 14: 12-month prevalence of cocaine use in Germany (2000/2001)

Source	Age-group	West	East	Total	Population per age-group	Projection total population
DAS '01	12-18	n.a.	n.a.	n.a.	≈ 5 530 000	≈ 0
BUND '00	18-20	2,0%	3,1%	2,2%	≈ 2 800 000	≈ 62 000
BUND '00	21-24	2,7%	1,0%	2,3%	≈ 3 615 000	≈ 83 000
BUND '00	25-29	1,7%	3,5%	2%	≈ 5 220 000	≈ 104 000
BUND '00	30-39	1,0%	0,4%	0,9%	≈ 14 092 000	≈ 127 000
BUND '00	40-49	0,2%	--	0,2%	≈ 11 875 000	≈ 24 000
BUND '00	50-59	--	--	--	≈ 10 040 000	≈ 0
BUND '00 (Men)	18-59	1,2%	1,0%	1,1%	≈ 24 280 000	≈ 267 000
BUND '00 (Women)	18-59	0,5%	0,5%	0,5%	≈ 23 360 000	≈ 117 000
BUND '00	18-39	1,5%	1,4%	1,5%	≈ 25 726 000	≈ 386 000
BUND '00	18-59	0,9%	0,7%	0,8%	≈ 47 640 000	≈ 381 000
DAS '01 BUND '00	12-59	n.a.	n.a.	0,7%	≈ 53 170 000	≈ 381 000

Source: Drug Affinity Study 2001 (BZgA 2001b); Representative Survey 2000 (Kraus & Augustin 2001)

There are two current studies analysing the group of crack-users in the local drug scenes of Frankfurt am Main and Hamburg. In Frankfurt Vogt, Schmid and Roth (2000) investigated three different sources of data: an interview of 59 crack users in cafés and drug consumption rooms (study 1), and interview of 312 users of beds provided by the AIDS-Aid for recovering during the day (study 2) as well as data from 2.160 clients registered in the "JJ basis monitoring system" in 1999 (study 3). In all three studies the mean age of women is slightly below 30 years, the mean age of men is slightly above 30 years. About two thirds of all persons were German citizens. One quarter (study 2) was registered in Frankfurt and only a small portion was living in an own apartment (study 1: 33% men; 27% women; Study 2: 9%men, 2% women; "JJ basis monitoring system": 32% men; 61% women). In the first study all persons interviewed were crack users, in study 2 28% of men, 47% of women and in the "JJ basis monitoring system" 27% (men) resp. 26% (women) (table 15).

As data from the "JJ basis monitoring system" shows polyvalent patterns of consumption are predominant among crack users. For all substances mainly used there is a considerable use of additional drugs. Men and women with crack use more additional substances than those without crack use. Therefore crack users turn out to be a highly problematical group of drug users (table 16).

Table 15: Crack users in three Frankfurt studies

	Crack Use		
	Men	Women	N
Study 1	100% (33)	100% (26)	59
Study 2	28% (42)	47% (76)	312
JJ basis monitoring system	27% (454)	26% (137)	2,160

Source: Vogt, Schmid & Roth (2000)

Table 16: Polyvalent patterns of drug use of crack users

Drug Use	Males		Females	
	Crack (n = 454)	No Crack (n = 1,176)	Crack (n = 137)	No Crack (n = 393)
Crack	100%		100%	
Cocaine	91%	80%	88%	80%
Heroin	87%	84%	90%	89%
Methadone	32%	26%	42%	28%
Codeine	38%	25%	44%	28%
Cannabis	84%	73%	73%	66%
Alcohol	67%	55%	62%	53%
Sleeping pills	49%	30%	56%	33%
LSD	47%	34%	39%	29%
Designer Drugs	39%	26%	35%	24%
Tranquillizer	38%	27%	56%	35%

Source: Volt, Schmid & Roth (2000)

In 1999 in the open drug scene of Hamburg 64 crack smokers were interviewed (Thane & Thel 2000). 63% were male (average age was32 years), 37% were female (average age 29 years). This study also shows that smoking of crack is often accompanied by polyvalent drug use. 83% additionally use cocaine, 75% heroin, 58% heroin and cocaine, 22% heroin, cocaine and other drugs. Only 8% use exclusively crack. 50% of the persons interviewed have a daily smoke of crack, 19 pipes on the average. The effects of the substance were reported to be 3 minutes on average.

A recent description of the situation of crack use in Germany (Stöver 2001) confirms that crack is spread in certain drug scenes of Frankfurt and Hamburg. A result of the expertise is that until now there is no dramatic increase in crack use on national level. It still has to be investigated and watched if crack is a phenomenon of specific drug scenes of large cities (“open drug scenes”, availability of drugs through near-by sea- or airports).

2.2.5 LSD

LSD is the substance, the most frequently used among hallucinogens. It was very fashionable at the beginning of the 70s. From the mid 80ies until today they have been playing only a minor part in the German drug scene. Now they are “rediscovered” in the context of ecstasy. 2% of all adults in the West and 1.1% in the East of Germany have ever used LSD in their lives, 0.2% in the last 12 months (in both parts of the country). Recent LSD use was most frequent among 18 to 20 year olds (West: 1.5%; East: 2.2%) (Kraus & Augustin 2001). The results of the Drug Affinity Study confirm that LSD plays only a minor part among younger drug users. This has not been changing since the beginning of the 90ies until today (lifetime-prevalence 1993: 2%; 1997: 2%, 2001: 2%) (BZgA 2001b).

Table 17: Lifetime-prevalence of LSD use in Germany (2000/2001)

Source	Age-group	West	East	Total	Population per age-group	Projection total population
DAS ’01	12-18	n.a.	n.a.	1%	≈ 5 530 000	≈ 55 000
BUND ’00	18-20	2,4%	3,5%	2,6%	≈ 2 800 000	≈ 73 000
BUND ’00	21-24	3,6%	1,9%	3,2%	≈ 3 615 000	≈ 116 000
BUND ’00	25-29	2,3%	4,1%	2,6%	≈ 5 220 000	≈ 136 000
BUND ’00	30-39	2,1%	0,4%	1,8%	≈ 14 092 000	≈ 254 000
BUND ’00	40-49	2,2%	0,6%	1,9%	≈ 11 875 000	≈ 226 000
BUND ’00	50-59	0,9%	--	0,8%	≈ 10 040 000	≈ 80 000
BUND ’00 (Men)	18-59	2,6%	1,8%	2,5%	≈ 24 280 000	≈ 607 000
BUND ’00 (Women)	18-59	1,4%	0,2%	1,2%	≈ 23 360 000	≈ 280 000
BUND ’00	18-39	2,4%	1,7%	2,3%	≈ 25 726 000	≈ 592 000
BUND ’00	18-59	2,0%	1,1%	1,8%	≈ 47 640 000	≈ 858 000
DAS ’01 BUND ’00	12-59	n.a.	n.a.	1,7%	≈ 53 170 000	≈ 931 000

Source: Drug Affinity Study 2001 (BZgA 2001b); Representative Survey 2000 (Kraus & Augustin 2001)

Table 18: 12-month-prevalence of LSD use in Germany (2000/2001)

Source	Age-group	West	East	Total	Population per age-group	Projection total population
DAS '01	12-18	n.a.	n.a.	1%	≈ 5 530 000	≈ 55 000
BUND '00	18-20	2,4%	3,5%	2,6%	≈ 2 800 000	≈ 73 000
BUND '00	21-24	3,6%	1,9%	3,2%	≈ 3 615 000	≈ 116 000
BUND '00	25-29	2,3%	4,1%	2,6%	≈ 5 220 000	≈ 136 000
BUND '00	30-39	2,1%	0,4%	1,8%	≈ 14 092 000	≈ 254 000
BUND '00	40-49	2,2%	0,6%	1,9%	≈ 11 875 000	≈ 226 000
BUND '00	50-59	0,9%	--	0,8%	≈ 10 040 000	≈ 80 000
BUND '00 (Men)	18-59	2,6%	1,8%	2,5%	≈ 24 280 000	≈ 607 000
BUND '00 (Women)	18-59	1,4%	0,2%	1,2%	≈ 23 360 000	≈ 280 000
BUND '00	18-39	2,4%	1,7%	2,3%	≈ 25 726 000	≈ 592 000
BUND '00	18-59	2,0%	1,1%	1,8%	≈ 47 640 000	≈ 858 000
DAS '01 BUND '00	12-59	n.a.	n.a.	1,7%	≈ 53 170 000	≈ 931 000

Source: Drug Affinity Study 2001 (BZgA 2001b); Representative Survey 2000 (Kraus & Augustin 2001)

2.2.6 Heroin and other opiates (e.g. codeine, opium, morphine)

Heroin and other opiates are used only to a very small extent by general population. The Representative Survey 2000 gives a corresponding image: 0.5% of all 18 to 39year olds in the West and 0.7% in the East have ever used heroin in their lives. In the last 12 months prior to the study these were 0.2% resp. 0.3% (Kraus & Augustin 2001). Heroin is not common among teenagers of younger adults as show the results of the Drug Affinity Study. Here the lifetime-prevalence is 0.2% in 2001 (BZgA 2001b).

In the Representative Survey lifetime-prevalence of other opiates (e.g. codeine, opium, morphine) are 1% among 18 to 39 year olds, the 12-month-prevalence is 0.2%. Methadone is not very important either (lifetime-prevalence 0.2%; 12-months-prevalence 0.1%) (Kraus & Augustin 2001). Prevalence and estimates for heroin use are subject to limited significance when based on population surveys, because it is not frequent and prosecuted. Therefore it may be underestimated considerably. Prevalence estimates can describe the dimension of the opiate problem in comparison to other drugs but can not give an exact figure. The number of substituted (2001: 50.000 - 55.000) makes clear that the real number of heroin addicts should probably be much higher (see chapter 2.3).

Table 19: Lifetime-prevalence of heroin use in Germany (2000/2001)

Source	Age-group	West	East	Total	Population per age-group	Projection total population
DAS '01	12-18	n.a.	n.a.	n.a.	≈ 5 530 000	≈ 0
BUND '00	18-20	0,4%	0,9%	0,5%	≈ 2 800 000	≈ 14 000
BUND '00	21-24	0,5%	1,0%	0,6%	≈ 3 615 000	≈ 22 000
BUND '00	25-29	0,7%	2,3%	1%	≈ 5 220 000	≈ 52 000
BUND '00	30-39	0,5%	--	0,4%	≈ 14 092 000	≈ 56 000
BUND '00	40-49	0,3%	--	0,2%	≈ 11 875 000	≈ 24 000
BUND '00	50-59	--	--	--	≈ 10 040 000	≈ 0
BUND '00 (Men)	18-59	0,5%	0,6%	0,5%	≈ 24 280 000	≈ 121 000
BUND '00 (Women)	18-59	2%	0,1%	0,2%	≈ 23 360 000	≈ 47 000
BUND '00	18-39	0,5%	0,7%	0,6%	≈ 25 726 000	≈ 154 000
BUND '00	18-59	0,4%	0,4%	0,4%	≈ 47 640 000	≈ 191 000
DAS '01 BUND '00	12-59	n.a.	n.a.	0,4%	≈ 53 170 000	≈ 191 000

Source: Drug Affinity Study 2001 (BZgA 2001b); Representative Survey 2000 (Kraus & Augustin 2001)

Table 20: 12-months-prevalence of heroin use in Germany (2000/2001)

Source	Age-group	West	East	Total	Population per age-group	Projection total population
DAS '01	12-18	n.a.	n.a.	n.a.	≈ 5 530 000	≈ 0
BUND '00	18-20	0,4%	0,9%	0,5%	≈ 2 800 000	≈ 14 000
BUND '00	21-24	0,3%	1,0%	0,4%	≈ 3 615 000	≈ 15 000
BUND '00	25-29	0,5%	--	0,4%	≈ 5 220 000	≈ 21 000
BUND '00	30-39	--	--	--	≈ 14 092 000	≈ 0
BUND '00	40-49	0,1%	--	0,1%	≈ 11 875 000	≈ 12 000
BUND '00	50-59	--	--	--	≈ 10 040 000	≈ 0
BUND '00 (Men)	18-59	0,2%	0,2	0,2%	≈ 24 280 000	≈ 49 000
BUND '00 (Women)	18-59	--	0,1%	--	≈ 23 360 000	0
BUND '00	18-39	0,2%	0,3%	0,2%	≈ 25 726 000	≈ 52 000
BUND '00	18-59	0,1%	0,1%	0,1%	≈ 47 640 000	≈ 48 000
DAS '01 BUND '00	12-59	n.a.	n.a.	0,1%	≈ 53 170 000	≈ 48 000

Source: Drug Affinity Study 2001 (BZgA 2001b); Representative Survey 2000 (Kraus & Augustin 2001)

Table 21: Lifetime-prevalence of opiates other than heroin (2000/2001)

Source	Age-group	West	East	Total	Population per age-group	Projection total population
DAS '01	12-18	n.a.	n.a.	n.a.	≈ 5 530 000	≈ 0
BUND '00	18-20	1,1%	--	0,8%	≈ 2 800 000	≈ 22 000
BUND '00	21-24	1,0%	1,9%	1,2%	≈ 3 615 000	≈ 43 000
BUND '00	25-29	1,0%	1,1%	1,1%	≈ 5 220 000	≈ 57 000
BUND '00	30-39	1,1%	0,7%	1%	≈ 14 092 000	≈ 141 000
BUND '00	40-49	0,8%	0,3%	0,7%	≈ 11 875 000	≈ 83 000
BUND '00	50-59	0,1%	--	0,1%	≈ 10 040 000	≈ 10 000
BUND '00 (Men)	18-59	1,1%	0,7%	1%	≈ 24 280 000	≈ 243 000
BUND '00 (Women)	18-59	0,5%	0,4%	0,5%	≈ 23 360 000	≈ 117 000
BUND '00	18-39	1,1%	0,9%	1%	≈ 25 726 000	≈ 257 000
BUND '00	18-59	0,8%	0,6%	0,7%	≈ 47 640 000	≈ 334 000
DAS '01 BUND '00	12-59	n.a.	n.a.	0,6%	≈ 53 170 000	≈ 334 000

Source: Drug Affinity Study 2001 (BZgA 2001b); Representative Survey 2000 (Kraus & Augustin 2001)

Table 22: 12-moths-prevalence of opiates other than heroin (2000/2001)

Source	Age-group	West	East	Total	Population per age-group	Projection total population
DAS '01	12-18	n.a.	n.a.	n.a.	≈ 5 530 000	≈ 0
BUND '00	18-20	--		0%	≈ 2 800 000	≈ 0
BUND '00	21-24	0,5%	1,0%	0,6%	≈ 3 615 000	≈ 22 000
BUND '00	25-29	0,3%	--	0,3%	≈ 5 220 000	≈ 16 000
BUND '00	30-39	0,2%	--	0,1%	≈ 14 092 000	≈ 14 000
BUND '00	40-49	0,1%	--	0,1%	≈ 11 875 000	≈ 12 000
BUND '00	50-59	--	--	0%	≈ 10 040 000	≈ 0
BUND '00 (Men)	18-59	0,2%	0,2%	0,2%	≈ 24 280 000	≈ 49 000
BUND '00 (Women)	18-59	0,1%	--	0,1%	≈ 23 360 000	≈ 23 000
BUND '00	18-39	0,2%	0,2%	0,2%	≈ 25 726 000	≈ 52 000
BUND '00	18-59	0,1%	0,1%	0,1%	≈ 47 640 000	≈ 48 000
DAS '01 BUND '00	12-59	n.a.	n.a.	0,1%	≈ 53 170 000	≈ 48 000

Source: Drug Affinity Study 2001 (BZgA 2001b); Representative Survey 2000 (Kraus & Augustin 2001)

2.2.7 Mushrooms

Since February 1st 1998, mushrooms containing psylocibine fall under the narcotic law. Among other natural drugs those psychotropic substances have been becoming more frequent in the last years. The largest lifetime prevalence of mushrooms containing psylocibine and fly agarics is 7.2% among 18 to 29 year old East German men, among West German men in the same age-group the prevalence rate is 5%. Among women the highest prevalence rate is 3.3% (18 to 29 year old women in West Germany). Recent use in the last 12 months is only reported by persons under 30 years. Here too the respective percentage is highest among18 to 29 year old East German men (3.3%), followed by West German men (2.5%), West German women (1.2%) and East German women (0.5%). Use of mushrooms containing psylocibine was not subject of the Drug Affinity Study.

Table 23: Lifetime-prevalence of mushrooms (2000/2001)

Source	Age-group	West	East	Total	Population per age-group	Projection total population
DAS '01	12-18	n.a.	n.a.	n.a.	≈ 5 530 000	n.a.
BUND '00	18-20	3,4%	3,9%	3,5%	≈ 2 800 000	≈ 98 000
BUND '00	21-24	7,1%	3,6%	6,4%	≈ 3 615 000	≈ 231 000
BUND '00	25-29	2,6%	5,2%	3%	≈ 5 220 000	≈ 157 000
BUND '00	30-39	2,1%	--	1,7%	≈ 14 092 000	≈ 240 000
BUND '00	40-49	1,3%	0,6%	1,1%	≈ 11 875 000	≈ 131 000
BUND '00	50-59	0,1%	--	0%	≈ 10 040 000	≈ 0
BUND '00 (Men)	18-59	2,5%	2,1%	2,4%	≈ 24 280 000	≈ 583 000
BUND '00 (Women)	18-59	1,5%	0,2%	1,2%	≈ 23 360 000	≈ 280 000
BUND '00	18-39	3,0%	2,0%	2,9%	≈ 25 726 000	≈ 746 000
BUND '00	18-59	2,0%	1,2%	1,8%	≈ 47 640 000	≈ 858 000
DAS '01 BUND '00	12-59	n.a.	n.a.	n.a.	≈ 53 170 000	n.a.

Source: Drug Affinity Study 2001 (BZgA 2001b); Representative Survey 2000 (Kraus & Augustin 2001)

Table 24: 12-moths-prevalence of mushrooms (2000/2001)

Source	Age-group	West	East	Total	Population per age-group	Projection total population
DAS '01	12-18	n.a.	n.a.	n.a.	≈ 5 530 000	n.a.
BUND '00	18-20	2,5%	3,9%	2,8%	≈ 2 800 000	≈ 78 000
BUND '00	21-24	3,2%	1,6%	2,8%	≈ 3 615 000	≈ 101 000
BUND '00	25-29	0,8%	1,1%	0,8%	≈ 5 220 000	≈ 42 000
BUND '00	30-39	0,1%	--	0,1%	≈ 14 092 000	≈ 14 000
BUND '00	40-49	0,1%	--	0,1%	≈ 11 875 000	≈ 12 000
BUND '00	50-59	--	--	0%	≈ 10 040 000	≈ 0
BUND '00 (Men)	18-59	0,7%	0,9%	0,7%	≈ 24 280 000	≈ 170 000
BUND '00 (Women)	18-59	0,3%	0,1%	0,3%	≈ 23 360 000	≈ 70 000
BUND '00	18-39	0,9%	0,9%	0,9%	≈ 25 726 000	≈ 232 000
BUND '00	18-59	0,5%	0,5%	0,5%	≈ 47 640 000	≈ 238 000
DAS '01 BUND '00	12-59	n.a.	n.a.	n.a.	≈ 53 170 000	n.a.

Source: Drug Affinity Study 2001 (BZgA 2001b); Representative Survey 2000 (Kraus & Augustin 2001)

2.2.8 Additional studies on the level of some Federal Laender

On the level of single Federal Laender or on local level representative surveys on thug use were carried out. In the framework of the "Representative Survey on the Use of psychoactive Substances" some local surveys on the consumption of legal and illegal drugs were conducted in the past two years. Those cross-sectional surveys mainly cover substance use in general population, but it has to be taken into account that fringe groups, heavy drug users and socially unwanted behaviour are rather underrepresented.

In 1997 a local survey was carried out in the framework of the national survey "Representative Survey on the Use of psychoactive Substances" (Kraus, Scherer & Bauernfeind 1998) on behalf of the city of Hamburg. As there has been a separate analysis in 1990 trends can be analysed over the 1990ies. Between 1990 and 1997 lifetime-prevalence of cannabis remain nearly unchanged as table 25 shows. In 1990 27.9% and in 1997 26.5% of all 15-39 year old respondents used cannabis. In this age-group lifetime-prevalence of other substances have nearly not been changing. Major changes can be found in the group of very young drug users. While in the beginning of the 90s nobody amongst the youth had used LSD during the last 12 months, in 1997 it were already 1.4%. The survey also shows, that amphetamines in the meantime have become the most wide-spread drug amongst youth after cannabis. Special high is the 12 months prevalence of ecstasy use in this age group (3.8%). In 1990 this substance was not yet been included, as it was of little importance then.

Table 25: Consumption of illegal drugs in Hamburg (age-group 15-39 / 15-17 years)

15-39 Years	1990 Lifetime-Prevalence	1990 12-Months-Prevalence	1997 Lifetime-Prevalence	1997 12-Months-Prevalence
Cannabis	27.9%	9.3%	26.5%	9.8%
Amphetamines	6.9%	0.3%	5.2%	2.1%
LSD	3.9%	0.3%	4.1%	2.3%
Opiates[1]	3.6%	0.3%	3.4%	2.7%
Cocaine / Crack[2]	3.3%	1.2%	4.1%	2.7%
15-17 Years	Lifetime-Prevalence	12-Months-Prevalence	Lifetime-Prevalence	12-Months-Prevalence
Cannabis	9.2%	8.4%	21.2%	17.9%
Amphetamines	0.0%	0.0%	5.2%	3.8%
LSD	0.0%	0.0%	1.4%	0.9%
Opiates[1]	0.8%	0.8%	2.4%	1.9%
Cocaine / Crack[2]	0.8%	0.8%	1.4%	1.4%

Source: Representative Survey 1997 (Kraus, Scherer & Bauernfeind 1998)
1 Heroin, Methadone other opiates
2 Cocaine without Crack in 1990

2.3 Problem drug use

To some extent there are considerable methodical difficulties in assessing the data from existing survey systems or studies in detail to establish whether they allow conclusions to be drawn as to the overall spread of problematic or harmful use. In the case of illegal drugs, the question of where to define the boundary of “problematic” use at first seems simpler. Their use is almost declared a problem by law. However, if one considers the legal reality and the everyday situation in Germany at the end of 1990s, one realises that a relatively large number of young people consume cannabis or ecstasy without any obvious damage being caused to them or to others at first. The prosecution of possession of cannabis for personal use has in effect been discontinued in some parts of Germany. On the other hand, there have been a significant number of people with psychotic symptoms possibly caused in part by excessive cannabis use. Other substances are linked to heavy health harms and cases of death. Here too it is necessary to define a boundary if “problematic” use is not simply to be defined on the basis of a formal legal assessment. In principle, use always becomes problematic for the individual if

- the user feels it to be so,
- negative physical consequences arise or threaten,
- serious psychological problems arise and / or
- in particular an addiction develops
- harm is done to other persons

In addition to the inherent methodical difficulties in defining problematic use, there are a series of specific difficulties affecting statistical surveys in the area of illegal drugs. A series of investigations have shown that in surveys users of ‘hard drugs’ tend only to report correctly the use of "soft" drugs such as hashish or LSD, whilst denying the use of heroin, for example, or understating the frequency of use and the dosage. If one bears in mind that surveys of the use of psychotropic substances enquire into types of behaviour which in some circumstances lead to prosecution, these effects are not surprising. They also demonstrate the validity problems affecting investigations of this type.

Whereas representative surveys are able to provide valid statements on experimental drug use and lighter forms of multiple or permanent drug use the group of so-called “hard users” must be seen as underrepresented. Moreover, in their case the extent of the problem is “under-reported”. The more detailed the information on the pattern and details of use, such as quantity, frequency, method of administration etc., the more difficult it must be - considering the large amount of information needed - in the context of representative samples to portray adequately in particular that group of people already affected by harmful use, abuse or addiction. Methodological problems and some studies in the context of the representative survey are published by Kraus, Bauernfeind & Bühringer (1998). For the reasons given, additional information is required, particularly in the area of "problematic use". This must above all take into account the groups of users that are under-represented in the representative studies. Here the most appropriate data takes the form of treatment statistics describing the use made of medical or welfare establishments dealing with substance addiction or abuse. This data also makes it possible to assess the nature of the addiction problem with a high degree of accuracy.

2.3.1 National and local prevalence estimates of drug use

Police data as well as data from treatment and drug related deaths result in estimations of the number of problematic opiate users in Germany between 150.000 and 210.000. The demographic method and the estimation on the basis of the HIV cases give lower estimates between 90.000 and 160.000. If the range is limited to those upper und lower boundaries, which are included at least by half of the methods, it is 150.000 to 160.000. The multivariate indicator, which method includes several other indicators, is at the upper limit of this range already for the old Laender (West Germany). The new Laender still show much lower prevalence rates, but they cannot be ignored for a total estimation. Taking into consideration the estimates based on the broadest sets of data - police and treatment - therefore a total number of 150.000-175.000 cases of problematic users of opiates is assumed for Germany (Table 26).

Table 26: Comparison of estimates from different estimation methods

Demographic-method	Police	Multivariate Indicator [1]	Mortality	Treatment	Extrapolation from HIV cases
128,000-160,000	150,000-190,000	160,000	170,000	175,000-210,000	90,000-158,000

[1)] Old Laender only (West Germany)

If one considers only those three methods, which have produced estimates for 1995/97 and 2000, they indicate a clear increase in the prevalence of problematic opiate use between 1995 and 2000. Part of this increase is caused by the multipliers. Through recent research results these have become more reliable, which has resulted also in an upwards adjustment. The real increase in cases therefore might be overestimated for treatment and mortality, while the estimation procedure for police data remained rather stable. Altogether an increase in cases of about one quarter can be assumed (Table 27).

Table 27: Comparison of estimates from different years

Method	Estimate on the basis of data from the years 1995-97	Estimate on the basis of data from the year 2000
Police	141,000-165,000 (1996)	150,000-190,000
Mortality	80,000-112,000 (1995)	170,000
Treatment	94,000-141,000 (1997)	175,000-210,000

The quality of estimates has improved considerably compared to former years. Several studies in the meanwhile allow to use empirically based figures instead of expert ratings for example for the access rate of drug addicts to treatment. This is especially helpful for the multiplier methods. Other factors also influence the results, e.g. the decreasing mortality of drug users as a consequence of the extension of substitution treatment

2.3.2 Problematic drug use at local level

Surveys on problematic drug use in German drug scenes are mostly conducted at irregular time intervals on an ad-hoc basis. As part of the Hamburg Project NOX - an inpatient counselling and treatment centre for homeless drug users of the open Hamburg drug scene - the clients (n = 166) were asked, among others, about their drug use (Prinzleve 2000). 75% of all persons interrogated stated that they had taken more than one substance on each of the previous 30 days before the survey. 82% regularly used heroin, 75% cocaine, 51% benzodiazepine, 38% cannabinoids, 32% methadone and 37% alcohol. Heroin and cocaine were intravenously applied by little less than 90%, benzodiazepines by slightly more than 40% of the clients.

In Hamburg, 64 crack-smokers of the open drug scene were interrogated in 1999 (Thane & Thiel 2000). 63% of the interviewees were males (average age 32), 37% females (average

age 29). Also this study showed that smoking of crack goes hand in hand with polyvalent drug use. 83% additionally take cocaine, 75% heroin, 58% heroin and cocaine, 22% heroin, cocaine and other drugs. Only 8% exclusively use crack. About half of the interviewees smoke the substance daily, almost an average of 19 pipes. The reported duration of effect was three minutes on an average.

A study currently conducted on crack use in Germany (Stöver 2001) confirms that crack is common use in specific scenes of the metropolises Frankfurt and Hamburg. However, the results of the study do not suggest at present the existence of a nationwide 'crack wave'. It remains to be analysed and observed whether crack is and remains a phenomenon of specific scenes in large cities ("open drug scenes", availability of drugs due to closeness to seaports and airports).

2.3.3 Risk behaviour of drug users

To drug users a great risk is posed by the intravenous application of substances. Through the injection, the drugs directly get into the blood stream provoking a quicker and intense intoxicant effect. As quality and concentration of a substance may considerably vary, drug users are faced with an incalculable risk of infection and overdose. In this way, blended or filler substances also enter the blood circulation. Lower risk drug use such as smoking or sniffing of substances is often practiced by younger users. In 1997 254 drug users of the "open drug scene" of Hamburg were asked among other things for there recent route of drug administration (Homann, Paul, Thiel & Wams 2000). 89% of all persons asked stated that they had intravenous drug use: 78% reported i.v. heroin use, 70% i.v. cocaine use, 17% i.v. benzodiazepine use (multiple responses were possible). When asked "What kind of drug do you sniff?" 30% reported nasal use of heroin and/or cocaine. Exclusive heroin use was common among 23%, nasal cocaine use among 20% (multiple responses were possible). Smoking of drugs was especially widespread among young drug users. 49% of all younger than 20 years were smoking heroin but only 20% of older people asked. Cocaine was smoked by 33% of younger drug users and only by 12% of the elder ones. The study shows that risky routes of drug administration are especially evident.

The treatment documentation system EBIS (facility based monitoring and reporting system for outpatient drug aid centres), started recording drug application forms of outpatient clients (N = 74,700) in 2000. The system differentiates between injecting, smoking, eating, sniffing and other drug use forms. Heroin is the drug which is most commonly applied through the intravenous route (69,5% of the users treated), followed by cocaine (32,8%) and other opiates (11%) (Strobl et al. 2001). Cannabinoides (98%) and crack (78%) are mostly smoked. All other substances are preferably applied orally with the exception of volatile solvents (60%), cocaine (31%), amphetamines (29%) and other stimulants (15%) which are sniffed. EBIS does not survey drug use patterns in relation to combined drug use (e.g. heroin-cocaine-cocktails) (cf. table 28).

Table 28: Drug mode of application for clients in outpatient treatment (EBIS 2000)

	Mode of application					
Substance	Injection	Smoking	Eating	Sniffing	Others	Total
Heroin	69,5%	21,0%	0,7%	8,2%	0,6%	5236
Methadone	2,9%	2,0%	94,6%	0,1%	0,4%	2571
Codeine	1,2%	2,0%	95,6%		1,2%	505
other opiates	11,0%	24,5%	60,3%	1,7%	2,5%	237
Cannabis	0,3%	97,6%	1,8%	0,2%	0,1%	8297
Barbiturates	3,7%	1,7%	90,4%	0,2%	4,1%	592
Benzodiazepine	3,4%	0,9%	93,2%	0,2%	2,3%	1773
other sedatives/ hypnotics	3,0%	2,6%	86,2%		8,2%	268
Cocaine	32,8%	26,8%	1,9%	31,3%	7,2%	2775
Crack	6,3%	77,7%	7,3%	8,3%	0,5%	206
Amphetamine	4,5%	7,0%	50,7%	28,5%	9,3%	1393
MDMA	0,3%	2,0%	93,0%	1,6%	3,1%	1767
other stimulants	0,5%	11,5%	62,3%	15,2%	10,5%	191
LSD	0,3%	4,6%	88,4%	1,3%	5,3%	905
Mescaline		13,0%	75,9%		11,1%	54
other hallucinogenic	0,9%	19,5%	70,1%	1,4%	8,1%	221
Volatile substances		38,7%	1,6%	59,7%		62
other psychotropic substances	2,6%	6,1%	67,8%	6,1%	17,4%	115

Source: EBIS 2000 (Strobl et al. 2001)

The danger of infection is particularly high with the shared use of utensils to prepare and inject the drugs (injection needles, spoons, water for dissolving the drug or cleaning the needle, cups, filters, stirrers). They carry a considerable risk of viral or bacterial contamination.

3 Health consequences

3.1 Drug treatment demand

This year, for the first time, a cross-system documentation system on drug aid in Germany has been made available. Data evaluation is no longer referred to the EBIS[5] (facility based monitoring and reporting system for outpatient drug treatment facilities) software alone, but systematically integrates data also from the software programs Horizont and Patfak.

The annual statistics 2000 are based on data collected of a total of 135,105 persons from 401 outpatient drug aid facilities, out of which 22 used the software program Horizont and 179 the EBIS-A program. As for inpatient treatment, data on 12,183 persons were collected. 89 facilities used EBIS-S, 18 Patfak and 2 Horizont. Parallel to the countrywide used drug treatment monitoring systems, there are smaller, regional data collection systems e.g. in Hamburg and in Schleswig-Holstein. With 401 facilities, the annual statistics 2000 covers about 40% of the total of 944[6] German outpatient drug counselling and treatment facilities. Measured by the number of withdrawal treatments financed by pension insurance institutions, the cover quota amounts to roughly 66% in inpatient treatment[7]. The evaluation of the treatment situation of drug users in Germany, made on the basis of the data on hand, can be qualified as sufficiently reliable.

In comparison with population surveys, treatment documentation statistics have the advantage of including in particular users of “hard” drugs who apparently escape representative surveys leading to distorted results. On the other hand, particularly in the case of data from treatment monitoring systems, one has to acknowledge that there are limits on how representative they are.

3.1.1 Characteristics of drug users

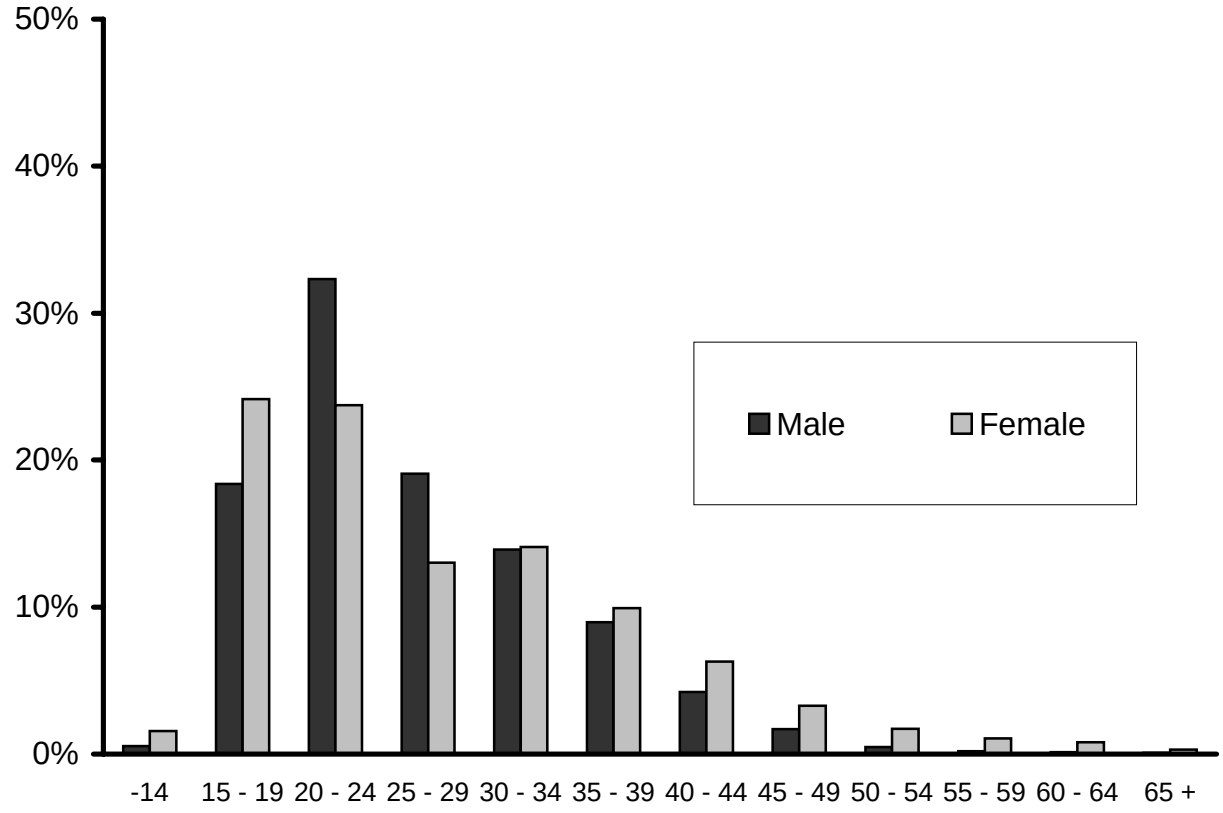
Data collected on clients in outpatient counselling and treatment facilities show that they do not represent a homogenous group at all. In the year 2000, almost 80% of all 14,906 clients in outpatient treatment were men. Over 80% of all male and 75% of all female clients were between 15 and 34 years old .

[5] In the EBIS/SEDOS-AG working group the facilities’ national organisations and the institute running the system are participating. These are the Bundesverband für stationäre Suchtkrankenhilfe (buss) e.V., the Deutsche Caritasverband (DCV) e.V., the Deutsche Hauptstelle gegen die Suchtgefahren (DHS) e.V., Deutsche Orden KdÖR –Suchthilfe, the Fachverband Sucht e.V. and the Gesamtverband für Suchtkrankenhilfe im Diakonischen Werk der Evangelischen Kirche Deutschlands (GVS), IFT Institut für Therapieforschung

[6] Länderkurzbericht 2000 (BMG 2001)

[7] VDR-Statistik Rehabilitation 2000, Tabelle 55M (VDR 2001)

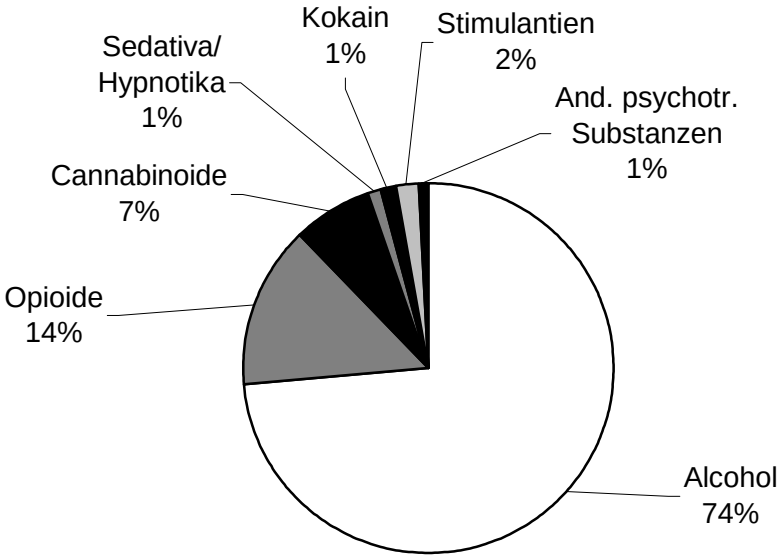
Figure 6: Age distribution of clients in outpatient treatment



Source: EBIS 2000 (Strobl et al. 2001)

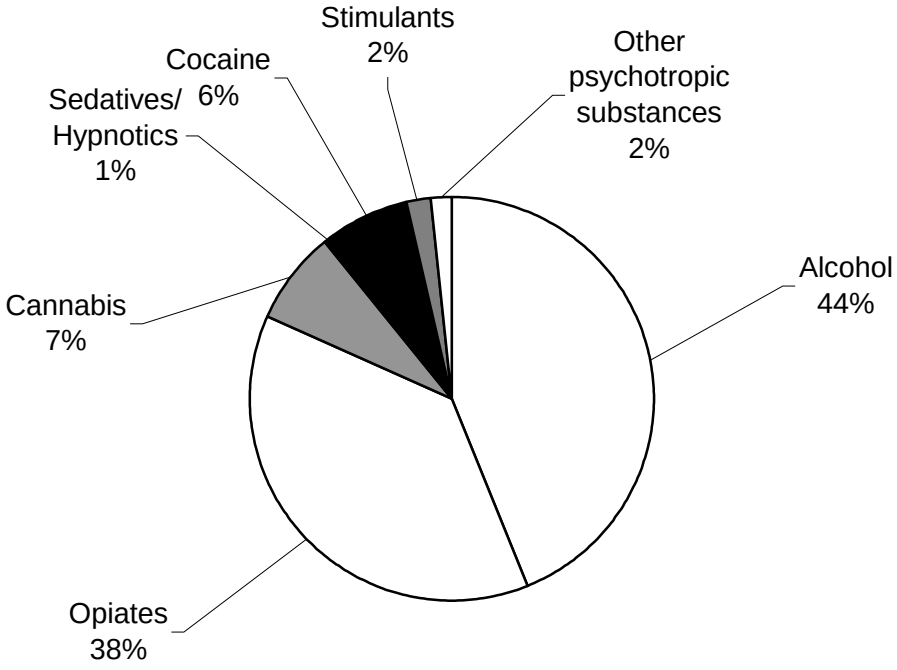
95% of the clients treated in outpatient counselling and treatment facilities are Germans (Strobl et al. 2001). 1,4% (n = 607) come from European neighbour countries , 3,7% (n = 1,622) from non-EU member states like ex-Yugoslavia, Turkey or from the former Soviet Union. Figures 7 and 8 show that drug-related problems differ between German and foreign clients. In both groups however, alcohol clearly represents the prime drug. It accounts for 74% with the German group and for a distinctly lower percentage, i.e. 44%, with foreign clients (from EU- and non-EU-member states). In the foreign group, the portion of persons treated for opiates amounts to 38%, in the German group to 14%. Cannabis plays an important role in both groups; 7% of the clients in both groups named the substance as the main reason for treatment.

Figure 7: Distribution of main diagnoses for clients of German nationality



Source: EBIS 2000 (Strobl et al. 2001)

Figure 8: Distribution of main diagnoses for clients of other nationalities



Source: EBIS 2000 (Strobl et al. 2001)

3.1.2 Diagnostic data from out-patient care

For the year 2000, data on main diagnoses of a total of 14,906 people (old Federal Laender: 12,338; new Federal Laender: 2,568) who started counselling or treatment in outpatient psychosocial drug counselling centres due to problems in connection with the use of illicit drugs were collected in EBIS (facility based monitoring and reporting system). The main diagnoses are based on the diagnostic criteria of the international classification system of the WHO (ICD 10) for the classification of disturbances induced by psychotropic substances (harmful use and addiction).

Table 29: Most frequent main diagnoses (EBIS-A)

Main diagnoses	Germany			East	West
	Males	Females	Total	Total	Total
	11.637	3.269	14.096	2.568	12.338
Opiates	55,2%	56,0%	55,4%	29,4%	60,8%
Cannabis	25,8%	19,2%	24,3%	37,3%	21,6%
Cocaine	7,0%	3,7%	6,2%	7,6%	6,0%
Hypnotics / sedatives	1,9%	9,2%	3,5%	5,9%	3,2%
Hallucinogenic drugs	0,9%	0,6%	0,8%	2,2%	0,5%
Stimulants	6,4%	8,7%	6,9%	14,8%	5,2%
Volatile substances	0,0%	0,1%	0,1%	0,1%	0,0%
Other psychotropic substances	2,9%	2,5%	2,8%	3,7%	2,6%
Total	100%	100%	100%	100%	100%

Source: EBIS-A 2000 (Strobl et al. 2001)

In the year 2000, 55% of all clients started outpatient counselling or treatment due to the use of drugs containing opiates. In the old Federal Laender opiates accounted for a significantly larger portion in the problematic use of illicit drugs (61%) compared to the new Federal Laender (29%). There, cannabis was found to be the most common reason for drug treatment (37%). The third place is held by main diagnoses related to stimulating substances like cocaine (6%) and stimulants (7%). The reason for the increase of stimulants probably lies in the fact that MDMA and other related substances (ecstasy) could be clearly assigned to this category in 2000 for the first time. In total, the main diagnosis ‘stimulants’ has become a bit more frequent than the main diagnosis ‘cocaine’. Harmful use of or addiction to hypnotics and sedatives is widespread especially among women (about 9% of all main diagnoses).

However, many clients do not only have problems with one substance. Often, several substances are taken simultaneously or one after another. Chapter (11) of this report deals in detail with polyvalent drug use patterns and user groups together with health and social consequences.

3.1.3 Diagnostic data from inpatient treatment

In the year 2000, a total of 1,757 persons (1,365 males and 392 females) underwent and finished treatment in inpatient withdrawal clinics for problems in connection with the use of illicit substances (including pharmaceutics)(Strobl et al. 2001). A total of 178 were in inpatient drug treatment for the first time. Here as well, the main diagnoses – i.e. the substance for which the client is undergoing inpatient treatment – is based on the diagnostic criteria of the international classification system of the WHO (current version: ICD 10) for the classification of disturbances induced by psychotropic substances (harmful use and addiction).

Table 30: Most frequent main diagnoses (EBIS-S)

Main diagnoses	Male	Female	Total
	1.365	392	1.757
Opiates (total)	46,4%	39,5%	44,8%
Cocaine	5,5%	0,8%	4,1%
Stimulants	4,3%	1,0%	3,6%
Sedatives / Hypnotics	1,6%	9,9%	3,5%
Hallucinogenic drugs	0,6%	0,0%	0,5%
Cannabis	7,0%	2,0%	5,9%
Other psychotropic substances	34,9%	46,7%	37,6%
Volatile substances	0,1%	0,0%	0,1%

Source: EBIS-S 2000 (Strobl et al. 2001)

Apart from opiates (45 % of all main diagnoses), other psychotropic substances (38%) played an important role in inpatient drug treatment in the year 2000. Taken together, they account for 82% of all main diagnoses, clearly representing, like in the previous year, the crucial factor of problematic drug use.

3.2 Drug-related mortality

In Germany, drug-related deaths are registered by two countrywide documentation systems: the “Case File” of the Federal Office of Criminal Investigation (BKA) and the general “Death File” of the Federal Statistical Office (StBA). Both systems are organized in accordance with the federal structure of Germany. Drug-related deaths are registered by the State Criminal Investigation Departments of the individual Laender or respectively the State Statistical Offices and then passed on to the federal authorities for aggregation and evaluation purposes. As for police data, there are differences in the collection modalities and evaluation bases for drug-related deaths used by the individual Laender. Toxicological expert reports play an important role for the definition of the cause of death providing sufficient information on drug use at the time of death. However, in the last year, the portion of autopsies on deceased drug users varied between 25% (Bremen) and 100% (Berlin, Saxony-Anhalt, Saarland). The average autopsy rate was 70% representing a significant increase compared to the previous year (1999: 62%). In comparison with other European countries which only count over dosages of specific substances, police in Germany refer to a broad definition of drug-related deaths. Direct (i.e. acute intoxications) and indirect deaths are equally registered. Following are the categories of drug-related deaths (Federal Office of Criminal Investigation 2001):

- Deaths following unintentional overdose,
- Deaths following health defects (physical decline, HIV or Hepatitis C, weakness of an organ) caused by long-term drug abuse,
- Suicide resulting from despair about the personal circumstances of life or the effects of withdrawal symptoms (e.g. delusions, heavy physical pain, depression),
- Fatal accidents under the influence of drugs

In order to facilitate the registration of drug-related deaths and minimize errors, these definitions have been specified by the BKA on an information sheet. Drug-related deaths being one of five indicators of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), a national expert group was formed in 1999. Its goal is to adapt German data collection to European standards in order to achieve better comparability between the data collected.

In Germany, the number of drug-related deaths increased again in 2000. In total, 2,030 drug-related deaths were registered – 218 (12%) more than in the previous year. From the middle of the eighties to the beginning of the nineties, the yearly number of drug-related deaths drastically increased reaching its peak in 1991 with 2,125 deaths. In the following years, the number decreased again reaching its lowest point since 1990 with 1,501 deaths in 1997. In the last four years, a new upward trend has begun to show. For the cities with more than 100,000 inhabitants, Bremen currently has the highest quota countrywide with 10,4 deaths per 100,000 inhabitants (Land Bremen 11,5) followed by the cities Mannheim (9,1), Munich (7,1) and Nürnberg (7). Düsseldorf ranks at the low end of the scale with 3 drug-related

deaths; however, compared to the previous year (1999: 1,8), the number has significantly increased. In the new Laender, the number of drug-related deaths remains very low varying between 0,2 and 0,4 cases.

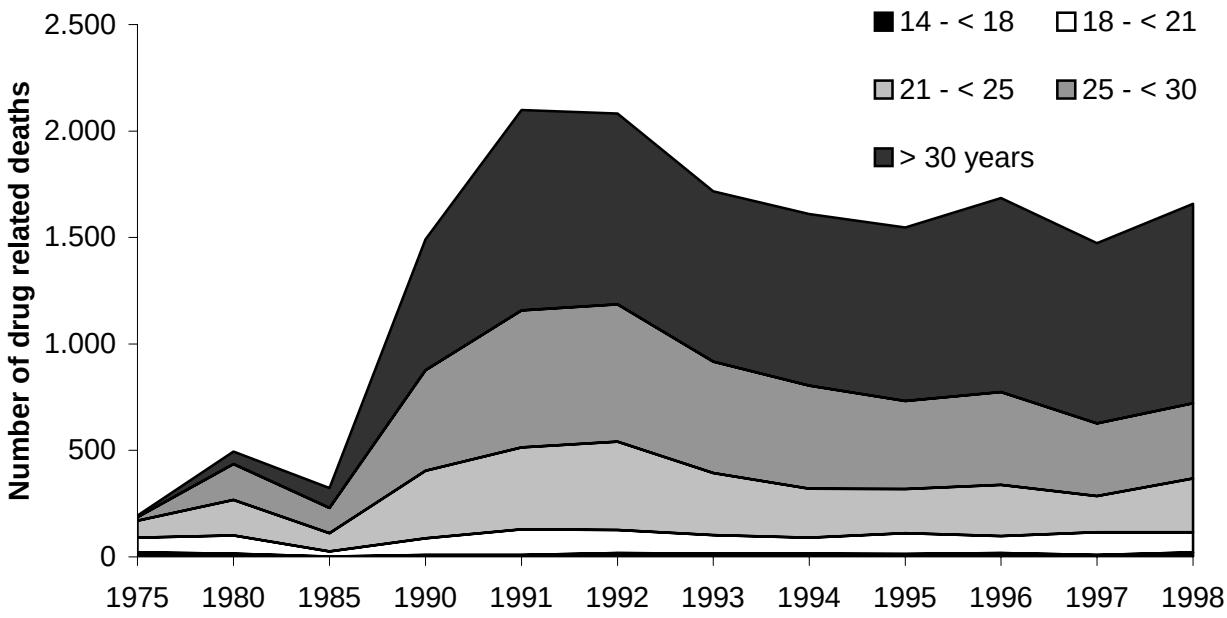
Males have a significantly higher probability of dying of drug use and its consequences. This is a reflection of the higher prevalence of problematic drug use in the male population but probably also of a higher readiness to make use of counselling and therapy offers (BKA 2001). The average age of the deceased drug users was 33 in the year 2000 representing a clear increase compared to the previous year; more than a third however is under 30 years of age (Figure 9).

Figure 9: Drug-related deaths by gender

Drug related deaths	1975	1980	1985	1990	1991	1992	1995	1996	1997	1998	1999	2000
Male	162	373	235	1.227	1.770	1.750	1.293	1.447	1.223	1.401	1.513	1.712
Female	33	121	89	264	329	332	254	238	250	258	294	318
n.a.	1	0	0	0	26	17	18	27	28	15	5	-
Total	196	494	324	1.491	2.125	2.099	1.565	1.712	1.501	1.674	1.812	2.030

Source: Rauschgiftjahresbericht 2000 (BKA 2001)

Figure 10: Drug-related deaths by age



Age	1975	1980	1985	1990	1991	1992	1995	1996	1997	1998	1999	2000
below 14 years	2	0	0	0	0	0	0	0	0	0	0	1
14 - < 18	19	14	2	9	9	18	13	18	9	21	29	12
18 - < 21	70	86	23	78	121	108	97	79	106	93	110	111
21 - < 25	79	167	86	317	383	415	208	241	171	253	247	247
25 - < 30	17	169	119	472	645	646	414	435	341	354	376	388
above 30 years	8	58	94	615	941	895	815	912	846	938	1.004	1.257

Source: Rauschgiftjahresbericht 2000 (BKA 2001)

The most common cause of death was overdose of heroin (26%) and mixed intoxications as a result of poly drug use (23%). Deaths due to heroin use in connection with other drugs accounted for 21% of the deaths representing a significant increase compared to the previous year (1999: 11%). Deaths in connection with substitution drugs/pharmaceutics amounted to 3% in 2000. According to the Federal Office of Criminal Investigation, 43 people died in connection with ecstasy use. 11 People died because of ecstasy. In further 22 cases, other substances in addition to ecstasy were found. In several cases suicide and accidents were the reported causes of death.

Table 31: Drug-related deaths 2000

Cause of death	Percentage	Number of cases1
1. overdose from:		
Heroin	26%	683
Heroin in combination with other drugs	21%	545
Cocaine	2%	40
Cocaine in combination with other drugs	5%	130
Amphetamine	0%	4
Amphetamine in combination with other drugs	1%	38
Ecstasy in combination with other drugs	1%	23
Pharmaceutics / Substitution substances	3%	49
Narcotics in combination with alcohol(substitution substances	23%	605
Other narcotics/ unknown	6%	151
2. Suicide	6%	148
3. Long term harm	7%	170
4. Accident/ Others	2%	49
5. Total	100%	2.635

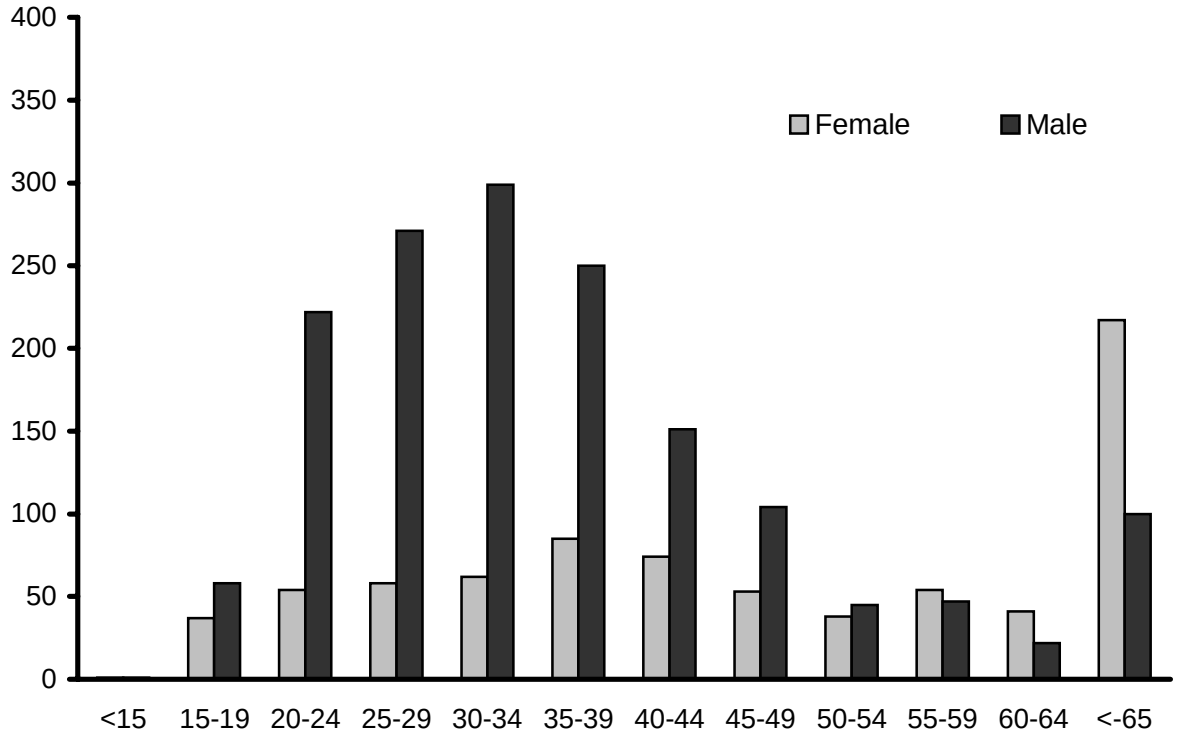
Source: Rauschgiftjahresbericht 2000 (BKA 2001)

1) Due to multiple choices all causes for death given sum up to more than the number of drug related death, which is 2.030

The most current figures on drug-related deaths available from the general death files date from the year 1999. Here, in total, 774 females and 1,570 males have been registered as deceased in connection with drug use. Thus, the total figure of 2,344 drug-related deaths is higher than the figure given by the Federal Office of Criminal Investigation (1999: 1,812). Either the assumed underlying disorder (ICD10-Codes F11-F19) or the assumed causes of death (ICD10-Codes X, T, and Y) are the bases of coding.

In order to analyse the phenomenon of drug-related deaths together with their regional and time distribution, two studies were carried out (Kraus & Ladwig 2001; Kraus et al. 2001). In selected cities and regions of Bavaria as well as in other Laender comparable in size like Baden-Württemberg and North Rhine-Westphalia, a trend analysis was carried out over a period from 1988 to 2000. At the same time, all available therapeutic, police and judicial data of a group of recent drug-related deaths were collected and analysed.

Figure 11: Drug-related deaths 1999 (Special analyses done by the StBA)



The results show only small variations between Baden-Württemberg, Bavaria and North Rhine-Westphalia. On average, the age of the deceased drug users increased over the years in all Laender. In Baden-Württemberg and in Bavaria however, they are younger compared to the average age at federal level. Morphine, benzodiazepine and alcohol were the substances most found. Closer analysis of the drug users who deceased (n = 88) in 1999 and in the first half year of 2000 in Baden-Württemberg revealed that 60% were in contact with the aid system in the 12 months before their death. During the last three months before their death, slightly more than half of the deceased drug users were undergoing drug treatment. The study gave no indication of a frequent occurrence of “broken-home”-situations or social isolation. However, the portion of persons with suicidal history (28%), psychological disorders (34%) or critical life circumstances (e.g. relapse, drop-out or release from custody) in the last three months before death was relatively high (78%). In 40% of the cases, the persons had already survived at least one drug-related emergency. For 35%, periods of abstinence in the last three months before death were registered. Similar results were found in the drug-related deaths which occurred in Munich, Nürnberg and Augsburg.

3.3 Drug related infectious diseases

Swapping of needles and syringes, shared use of spoons and filters or fluids to cleanse the utensils are considered to be the main ways of transmission for viruses and bacteria (chapter 2.3.3). Therefore, drug addicts using intravenous application forms have a particularly high risk of contracting infectious diseases like HIV, hepatitis B or C. Various sources may give indications of the propagation of infectious diseases in the group of drug users: laboratory results, data collected in outpatient treatment, studies on drug users in custody and autopsies carried out by forensic institutes.

In its function as a federal authority, the Robert-Koch-Institute (RKI) collects nationwide data on infectious diseases, among others also on HIV and hepatitis. The AIDS-Centre of the Robert-Koch-Institute regularly publishes data on confirmed HIV-antibody tests of iv- (opiate) users. According to the German regulations on laboratory reports, all laboratories in the Federal Republic of Germany are obliged since 1987 to anonymously report to the AIDS Centre of the Robert-Koch-Institute any confirmed HIV-antibody tests. These laboratory reports contain information on age, gender, place of residence and the way of transmission of the infection. In addition, epidemiological data on diagnosed AIDS infections are collected in the AIDS-case file in an anonymous form and based on voluntary reporting of the attending physicians. The regularly updated epidemiological data can be viewed on the internet (http://www.rki.de/INFEKT/ AIDS_STD/AZ.HTM).

In the future, information on the ways of transmission for hepatitis B and C must be reported as well to the Robert-Koch-Institute by the laboratories and approved physicians according to the new law on the protection against infectious diseases.

Methodological problems with the evaluation of infectious diseases are caused by non-uniform use of terms and unclear case definitions leading to different interpretations of data. Because data must be deleted by health authorities after three years for data protection reasons and because the Robert-Koch-Institute only has information in anonymous form at its disposal, multiple reporting cannot completely be excluded. Case control studies based on individual data are not possible.

3.3.1 HIV und AIDS

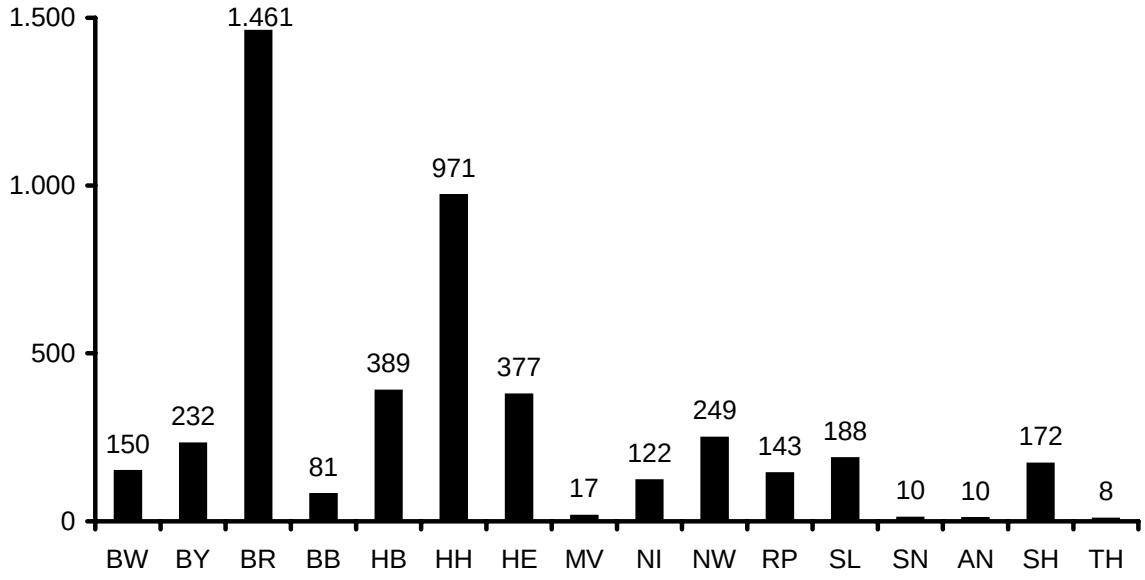
After the group of homosexuals, the group of drug users is the second largest risk group in numbers for HIV-infections and AIDS.

Between Federal Laender there is a considerable variation in the number of AIDS cases. While in the new Laender only few people suffer from AIDS, the number in the city based Laender Berlin (1.461 cases) and Hamburg (971 cases) are highest (Figure 12). On the basis of the report from the AIDS centre of the Robert Koch Institute (http://hiv.rki.de) the proportion of i.v. drug addicts amongst new notified Aids cases at the end of the year 2000 in was 12,4% in Germany. In Hamburg and Baden-Württemberg its percentage of 34.2% and 25,3% was nationally at its highest (Figure 12). Referred to a cumulative total number of 19,199 AIDS cases in the register the percentage is 14.9%. It has been possible to slow

down substantially the spread of the HI-virus among drug users in the last years. Prevention measures, campaigns to discourage needle-sharing and innovations such as substitution and syringe-exchange programmes have clearly had an effect here.

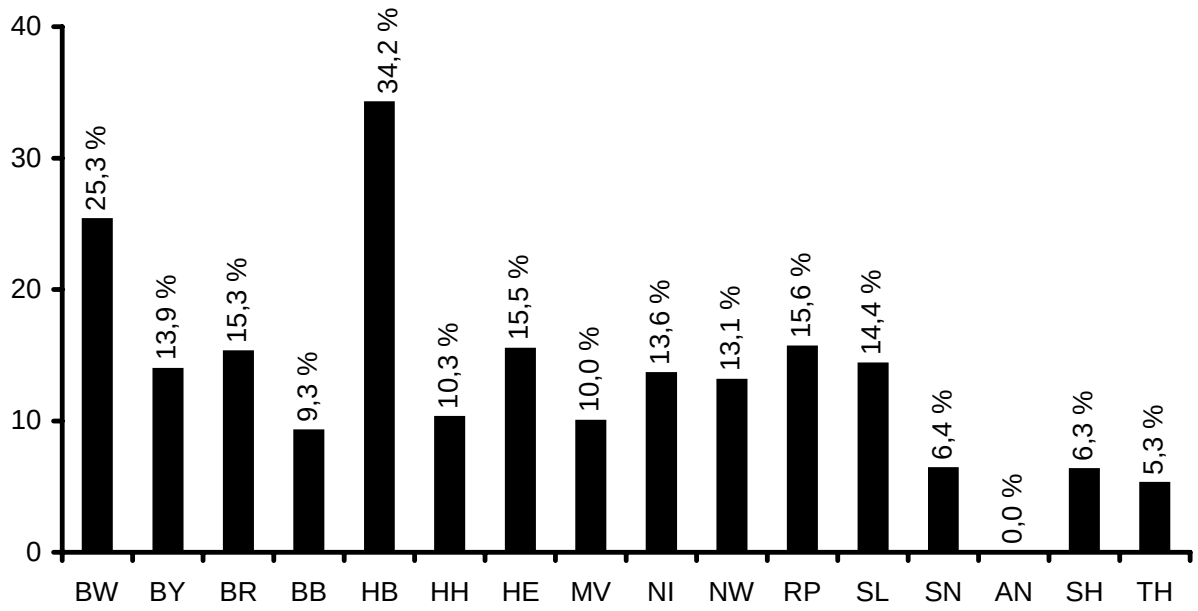
Through the introduction of new antiretroviral substances and the quantitative measurement of HIV-RNA a more effective treatment of HIV is possible. Drug users can make use of this therapy at specialist general practitioners or in clinics. The health insurance covers the costs. It is assumed that 15-20% from the HAART (Highly Activating Antirectrovirale Treatment) patients are addicts with i.v. drug use.

Figure 12: AIDS-cases within the Laender (per 1 Mio. inhabitants) (2000)



Source: Robert Koch Institute (2001)

Figure 13: Percentage of intravenous drug users to total AIDS cases (2000)



Source: Robert Koch Institute (2001)

Abbreviations for Federal Laender

BW	Baden-Württemberg	HE	Hesse	SN	Saxony
BY	Bavaria	MV	Western Pomerania	AN	Saxony-Anhalt
BR	Berlin	NI	Lower Saxony	SH	Schleswig-Holstein
BB	Brandenburg	NW	North Rhine-Westphalia	TH	Thuringia
HB	Bremen	RP	Rhineland-Palatinate		
HH	Hamburg	SL	Saarland		

Through EBIS data have also been collected on HIV infections of drug dependent clients in outpatient counselling and treatment. For the year 2000, information is available on the HIV-status and testing of a total of 596 clients for the whole of Germany. About 22% of the clients have not yet made an HIV-test. For 52% the test result was negative, for 2% positive. 3% of the clients have been tested, the result however is unknown. For 21% the HIV-status is not known. 2,8% of all males and females who are undergoing outpatient treatment because of the use of illicit drugs, are HIV-positive. Due to the fact that in EBIS infectious diseases are reported by the clients on a voluntary basis and not on the basis of test results, there is a high probability of underreporting with view to the extent of the infection. As information on infections may be entered optionally into the EBIS program, the number of facilities which actually provided respective information, significantly decreased compared to the previous

year. With no information available on the type of the reporting facility and its clientele, a bias is to be assumed which does not allow for any representativeness of the figures provided.

In the last years, several studies on HIV/AIDS and hepatitis infections in prisons were conducted. In 1998 for example, the results of a multi-centre European study were published (Wetland & Rotily 1998). As part of this study, which was carried out in France, Germany, Italy, Portugal, Spain, Sweden and Belgium, HIV- and HCV-prevalence were established through saliva tests. The prevalence of HIV was 1,4% (N = 143) among the iv-drug using inmates of German penal institutions, whereas for non-iv-drug users it was 0,4% (N = 284). The prevalence of hepatitis C among iv-drug users was 14,4%, but only 0,4% among non-iv-drug users. The prevalence found in German penal institutions was significantly lower than in other European prisons (with HIV-prevalence up to 28% and HCV-prevalence up to 64% among iv-drug users). The prevalence of the infectious diseases HIV, hepatitis B and C in Hamburg prisons was analysed in a prospective longitudinal study by Püschel & Heinemann (1999) stretching over the years 1991 to 1997. The analysis revealed a total prevalence of HIV-infections ranging between 1,1% and 1,9%. The highest prevalence and the most significant increase was found in the group of the intravenous drug users. As each Federal Land is competent for the execution of sentence, there is no common regulation for testing prison inmates on infectious diseases (Chapter 13.1.3). In some Laender in the prison an AIDS test is made as part of the medical routine at intake, if the prisoner gives his consent. In other Laender test is done only on prisoner's demand. Hepatitis tests are rather rare, but are done at regional level. So Hamburg prisons have test rates of 80-90%. The data, however, are not available for statistical purposes until now.

Data on infectious diseases of drug users are also provided by forensic institutes carrying out post-mortem examinations. In several regions, like for example in Hamburg, Frankfurt and Munich, autopsies include HIV-tests on a routine basis; hepatitis B however, is only tested in Hamburg. In the individual Land, the autopsy quota ranges between 25% and 100% (BKA 2000). According to the Federal Office of Criminal Investigation, 68 cases of the 2,030 drug-related deaths in the year 2000, were tested HIV-positive (BKA 2001). In North Rhine-Westphalia, Berlin and Saxony however, no data on HIV-infections are collected.

3.3.2 Hepatitis B and C

Countrywide studies providing information on the propagation of hepatitis B and C among drug users, are not available at the moment. However, in the future, the new law on the protection against infectious diseases also provides for information on the transmission of hepatitis B and C to be passed on to health authorities by physicians and laboratories. The following aggregation and evaluation of the information is supposed to be done exclusively by the Robert-Koch-Institute. Local studies (qualified withdrawal treatment, penal institution, substitution) show a very high prevalence of hepatitis B and C among opiate users in different settings. From 1997 to 1999, Backmund, Meyer & Zielonka (2001) carried out blood tests in Munich on 492 opiate users or patients who were dependent on multiple substances

and undergoing inpatient treatment. There was a continuous increase of the portion of patients with hepatitis from 1997 to 1999.

Table 32: Prevalence data on Hepatitis B and C

	1997 N = 181	1998 N = 171	1999 N = 140[)]
%Anti-HBc	36%	45%	52%
%HBs-Antigen	2%	2%	2%
%Anti-HBs positive	35%	42%	63%
%Anti-HCV positive	62%	67%	66%
% HCV-RNA positive	39%	45%	45%

Source: Backmund, Meyer & Zielonka (2001)

Serological testing for hepatitis A, B and C markers was done in 120 i.v. drug users in inpatient treatment in a study of Holbach, Frösner, Donnerbauer, Dittmeier & Holbach (1998). Anti-HCV was most prevalent with 66%, hepatitis B markers were found in 48% and hepatitis A markers in 28% of all cases. Generally data concerning hepatitis infections among i.v. drug users is still based on single results. An extensive set of statistics is still missing.

3.4 Other drug related morbidity

The physical condition of drug users, in particular of heroin users, is often very poor due to malnutrition, lifestyle and insufficient health care. In addition to skin or venereal diseases, other health impairments like diseases of the teeth, mouth and jaws, internal and psychiatric disturbances occur.

Thomasius compared 107 ecstasy users with a control group (N=52) without use of drugs or metamphetamine derivates. The study group was recruited at techno events and in discotheques and is subject to a unclear self-selection. In more than one quarter of the cases psychotic disorders (hallucinations) were found which were linked in half of the cases to multiple drug use. Long term users of ecstasy were considerably more affected than occasional users. Additional problems: disorders of short term memory and mid-term after effects of consumption on affect, behaviour and cognition. Neurological examinations found some hints for adverse effects on brain activity.

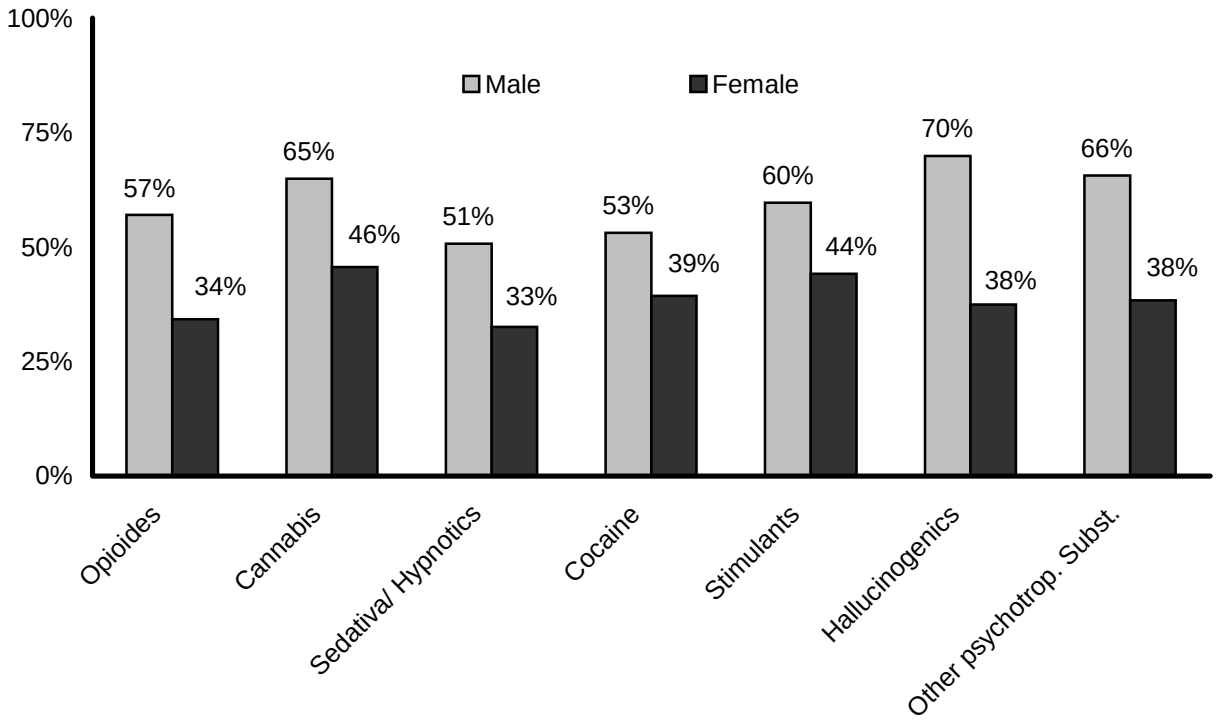
4 Social and legal correlates and consequences

4.1 Social problems

Social problems like poor education, unemployment or debts are considered as risk factors in the aetiology of substance-induced disturbances. But often, they are also the consequences of addiction itself. The results of the treatment documentation system EBIS-A (2000) suggest that a big portion of the clients treated last year are socially relatively well integrated, however, there still remains quite a big group where this is not the case.

More than half of the treated clients are single (54%), 34% live in lasting partnerships, 12% in temporary partnerships. Males live apparently more often without a partner than women (figure 14). As a partnership is considered to be an important element for social integration, these figures are to be viewed critically.

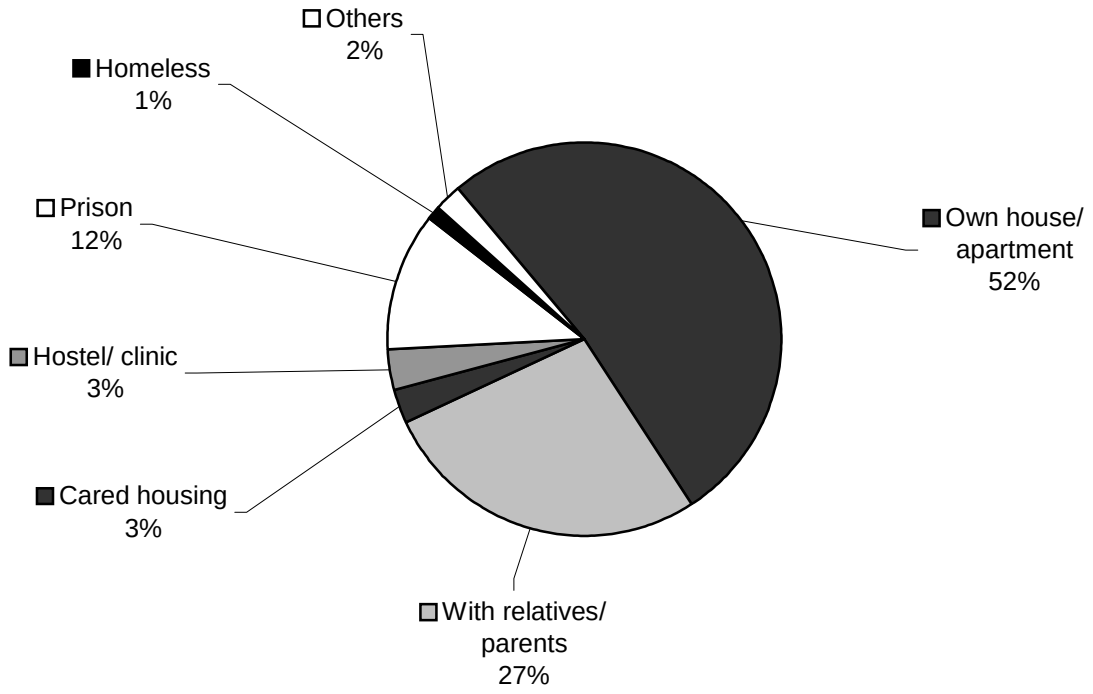
Figure 14: Portion of the clients with substance-induced disorders without partner



Source: EBIS-A 2000 (Strobl et al. 2001)

The vast majority of clients undergoing inpatient or outpatient treatment in 2000 (EBIS-A 2000), either live self-supporting in an apartment or with their parents or other relatives (80%). 11% are in prison, 3% in a home or clinic, further 3% in a assisted living community. 3% of the clients are homeless or have unclear housing conditions.

Figure 15: Housing conditions of clients with substance-induced disorders



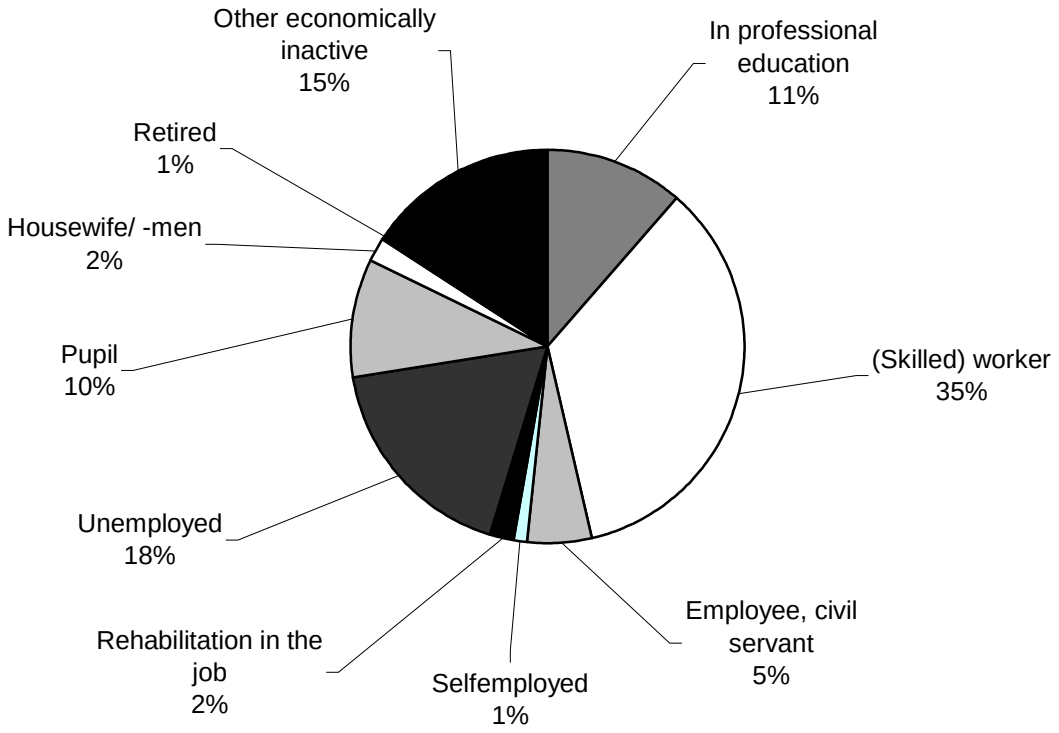
Source: EBIS-A 2000 (Strobl et al. 2001)

With regard to gainful occupation, a striking third of the clients are out of work (33%), approximately 40% are employed and 22% do school or vocational training (EBIS-A) (Figure 16).

What impact the drug problem has on the social network is also reflected in questions regarding problem fields people with drug problems and their relatives are confronted with in their lives. EBIS also collects data on persons (partners, parents, children, brothers and sisters, grandparents or other important persons of reference) who because of the drug problem of a relative are seeking help. These clients frequently mention problems with their partner (58%), relatives (63%) or the social network in general (49%) as cause of their request for counselling. For persons with an own drug problem these interpersonal conflicts also are prominent, but not as much as for the first ones (Relationship to partner 13%, relatives 15%, social network 15%).

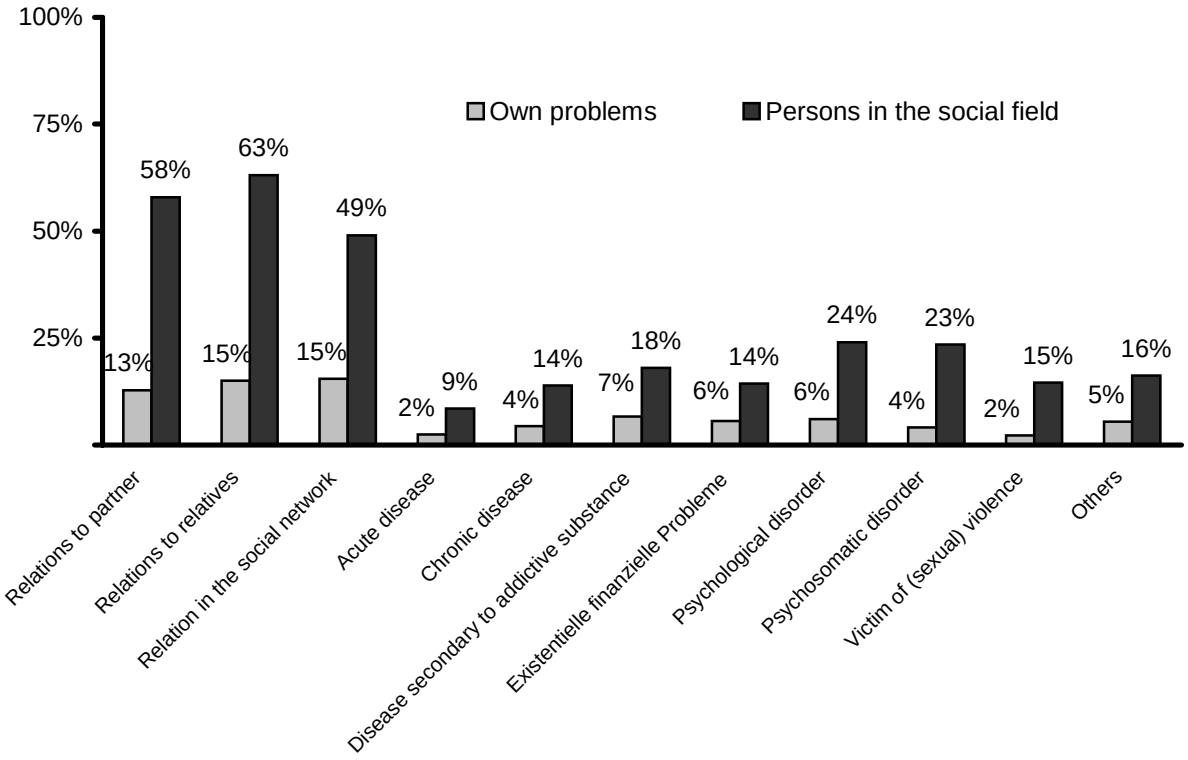
Also for people who themselves have a drug problem, these interpersonal conflicts are in the foreground even though not to such an important extent (relationship with partner 13%, with relatives 15%, in the social network 15%). It should be noted that 15% of all relatives of drug users report about problematic experiences of violence or sexual violence whereas only 2% of all people who themselves have a drug problem report about such occurrences (Figure 17).

Figure 16 Gainful occupation of clients in outpatient treatment



Source: EBIS-A 2000 (Strobl et al. 2001)

Figure 17: Further problem fields of clients in outpatient treatment



Source: EBIS-A 2000 (Strobl et al. 2001)

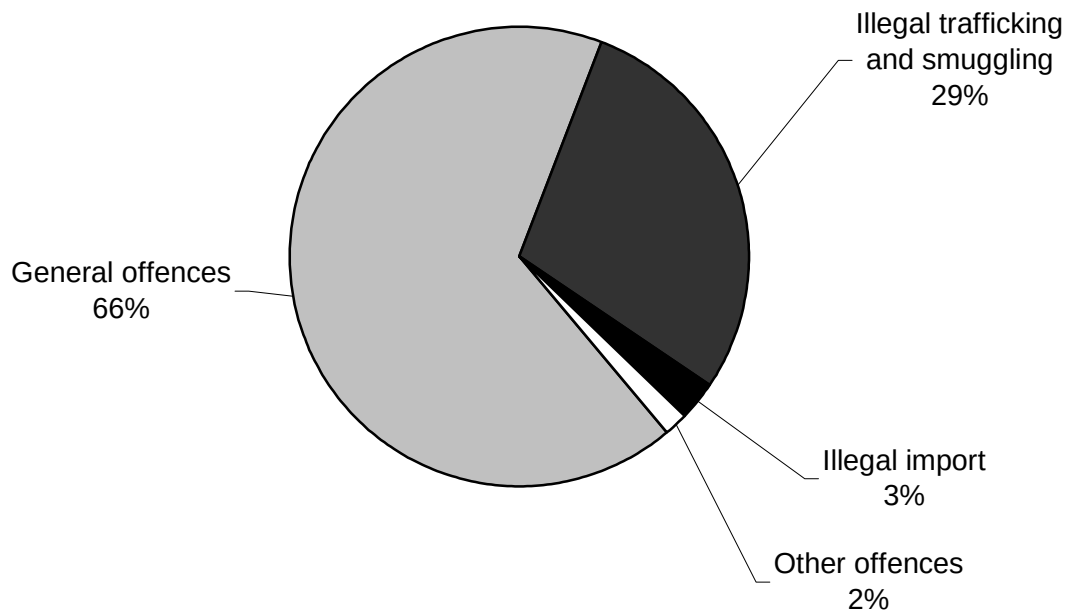
4.2 Drug offences and drug related crime

Concerning drug offences, the Federal Criminal Police Office (BKA) makes a distinction between crimes involving offences against the Narcotics Law and cases of direct supply-related crimes in its statistics. Offences against the Narcotic Law are described by four different kinds of offences (Figure 18):

- General offences under §29 of the Narcotic Law (offences related to drug use: mainly possession and purchase),
- illegal traffic and smuggling of drugs under §29 of the Narcotic Law,
- illegal import of a considerable amount of drugs under § 30 of the Narcotic Law (described by using the term of “more than a negligible amount”)
- other offences against the Narcotic Law.

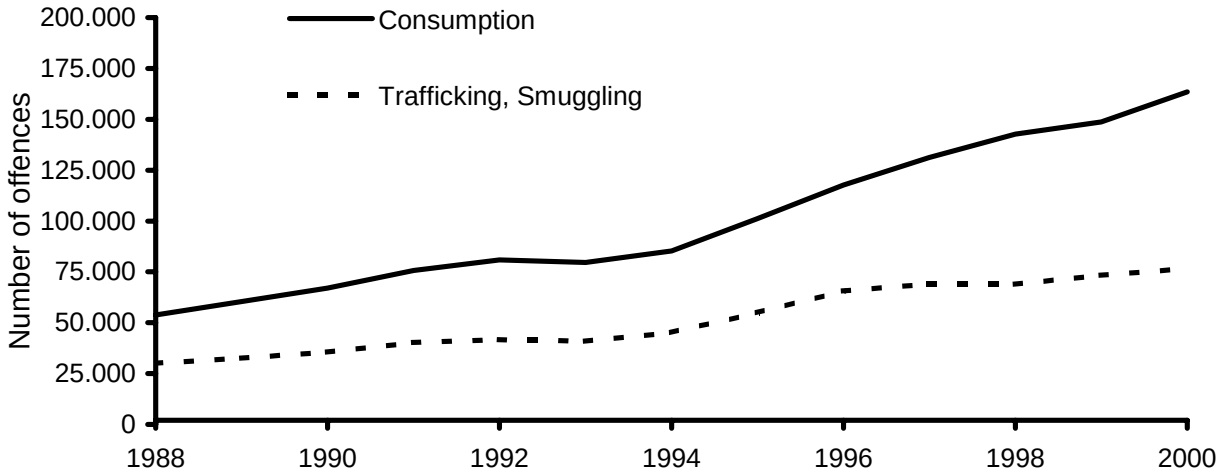
In 2000 in total 244,336 drug-related offences were registered. As figure 18 shows, 163,541 general offences (mainly offences related to use) are at 67% the biggest portion of all offences. In **70,256 cases (29%)** offences were related to illegal trafficking and smuggling. Illegal import of narcotics of more than negligible amounts were reported in 2000 in **6,338** cases **(3%)**, other offences against the Narcotic Law have been registered in 4,201 cases (**1,7%**).

Figure 18: Drug-related offences, distribution according to offences



Source: Rauschgiftjahresbericht 2000 (BKA 2001)

Figure 19: Offences against the narcotic law – trends in offences since 1988

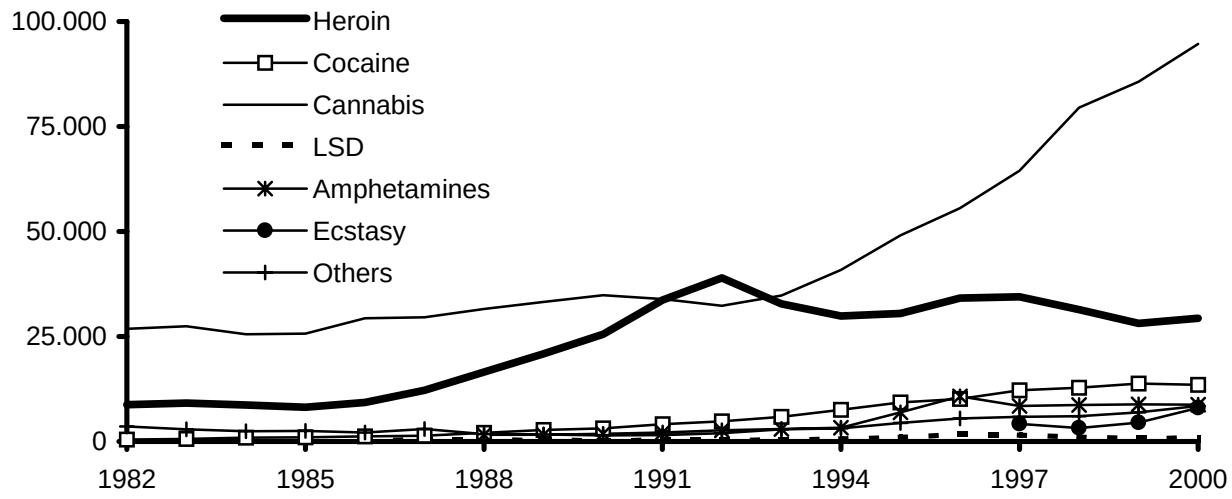


	1988	1991	1994	1995	1997	1998	1999	2000
consumption related offences	53.854	75.631	85.234	101230	131.208	142.740	148.650	163.541
trafficking, smuggling, import	30.035	40.286	45.088	54889	69.093	68.994	73.271	76.594

Source: Rauschgiftjahresbericht 2000 (BKA 2001)

Crimes related to “direct supply” include all crimes committed to get in possession of drugs, substitution substances or alternative drugs. 2,581 cases have been registered during the reporting year, more than half of them were related to forgery of prescriptions (**55.6%**). The significance of cannabis in these statistics is certainly systematically understated, as in various survey procedures used by the Federal Criminal Police Office the so-called hierarchic principle applies: in order not to count cases more than once, each case is classified according to the drug involving the greatest risk. Hence cannabis, which occupies the last place in this hierarchy, is only recorded if no other substance such as heroin, cocaine or LSD is involved in the use-related offence. Figure 20 shows, that offences related to cannabis use have been increasing to a considerable extent in the last three years (2000: 94.633; 1999: 85,668; 1998: 79,495). Offences related to cocaine use have clearly been increasing in the previous years, too (2000: 13.488; 1999: 13,810; 1998: 12,835) and reached their peak in 2000 since the start of data collection in 1982. Whereas offences in connection with the use of cocaine were on the increase in previous years, a slight decrease was registered in the reporting year (2000: 13.488; 1999: 13.810; 1998: 12.835). The number of drug-use-offences in connection with amphetamine derivatives almost doubled in the last year. (2000: 8.010; 1999: 4.497; 1998: 3.197). 16,766 drug-use offences in connection with amphetamines and amphetamine derivatives were registered in the year 2000. Similar figures were registered for offences in connection with the use of cocaine..

Figure 20: Offences against the narcotic law – trends in drug-use related offences since 1982



Source: Rauschgiftjahresbericht 2000 (BKA 2001)

In addition to the total group of offences, the Federal Criminal Police Office also publishes statistics on those persons who were noticed because of drugs for the first time[8]. This figure too has increased markedly since the middle of the eighties. However, developments of single drugs are different at the moment (Figure 21). In 2000 7,914 persons who have been registered for heroin use for the first time still hold the largest share of all persons who have been registered for hard drug use (**30,4%)**, even if their number slightly decreased compared to last year (1999: 7,877; 1998: 8,659).

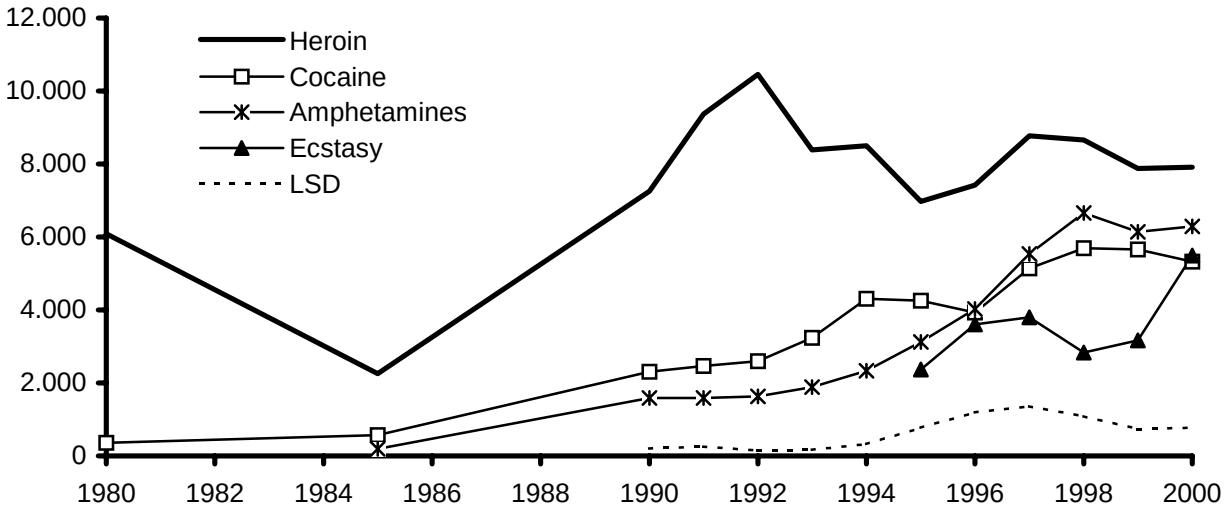
For cocaine (2000: 5,327; 1999: 5,662; 1998: 5,691) numbers were slightly decreasing. Since 1990 annual case numbers for ecstasy and LSD have rapidly been increasing. For ecstasy, LSD and amphetamines the annual cases have been fast increasing since 1990. While a clear increase was obvious for Ecstasy in the last year (2000: 5,495; 1999: 3,170; 1998: 2,830 first offenders), the number of first offenders of LSD (2000: 770; 1999: 738; 1998: 1.090;) and amphetamines (2000: 6.288; 1999: 6.143; 1998: 6.654) increased only slightly. With 40%, a significant increase of the users of hard drugs who became conspicuous for the first time is to be observed in the new Laender.

Further information on judicial problems in connection with drugs and drug addiction can be obtained in special chapter 13 (Part 4 of this report).

[8] In Spring of 1997 the Federal Criminal Police Office changed its requirements of recording:

Persons having a usable amount of drugs with them are counted as first offenders using hard drugs as well and not only as dealers.

Figure 21: Persons who became conspicuous to police for the first time in connection with drugs



Persons	1980	1985	1990	1994	1995	1996	1997	1998	1999	2000
Heroin	6.091	2.254	7.252	8.501	6.970	7.421	8.771	8.659	7.877	7.914
Cocaine	364	567	2.308	4.307	4.251	3.930	5.144	5.691	5.662	5.327
Amphetamines		194	1.586	2.333	3.119	4.026	5.535	6.654	6.143	6.288
Ecstasy					2.371	3.609	3.799	2.830	3.170	5.495
LSD			200	321	772	1.191	1.356	1.090	738	770

Source: Rauschgiftjahresbericht 2000 (BKA 2001)

4.3 Social and economic costs of drug consumption

Until now there are no comprehensive studies available, which give the social and economic costs of drugs for the whole Germany.

5 Drug Markets

5.1 Availability of drugs

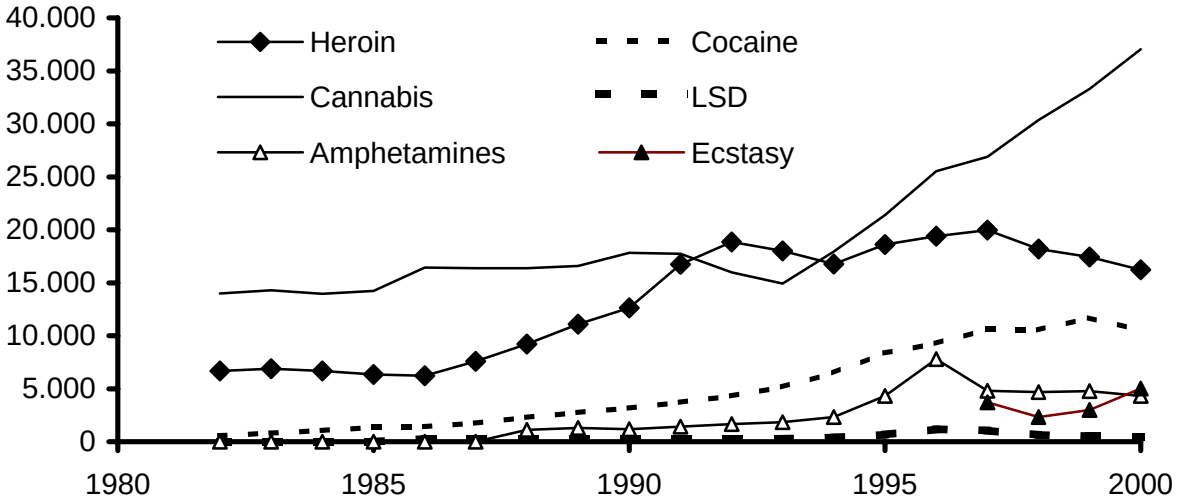
In 2000, like in previous years, large quantities of drugs were seized in Germany, in particular at the borders to neighbouring countries, at seaports and airports. For some of the seized substances police and customs have started investigations to identify countries of departure, countries of origin or transit countries. (Federal Office of Criminal Investigation 2000a). Southeast Asia (in particular Afghanistan) remains the most important source of origin for heroin with Turkey and the Balkan route being import access routes. In addition, the route over the Central Asian countries (Uzbekistan, Turkmenistan, Tajikistan, Kirgizistan and Kazakhstan) towards Europe is gaining more and more importance. Small quantities come from the Netherlands. Cocaine is smuggled mainly from Columbia or the Netherlands. In many cases, Germany was not only the destination but was also supposed to serve as a transit state. In 2000, 42% of the total quantity seized were not meant for remain in Germany, but were supposed to be transported on to Spain, Italy, the Netherlands, Switzerland and African countries. As for synthetic drugs (amphetamines, amphetamine derivatives and LSD) and cannabis products, the Netherlands were the main country of origin. More than 80% of the seizures with known origin came from there. Relatively small, but significantly increasing quantities of methamphetamine („Crystal“) arrive from the Czech Republic for mainly Bavaria and Saxony.

5.2 Seizures

In the year 2000, about 76,600 offences in connection with illicit trafficking and smuggling as well as the import of considerable quantities of illicit narcotics were registered. Most of the offences registered occurred again in connection with cannabis (2000: 37,030; 1999: 33,305; 1998: 30,368). Heroin (2000:16,216 ;1999: 17,421, 1998: 18,192), cocaine (2000:10,488; 1999: 11,689, 1998: 10,556), amphetamines or amphetamine derivatives (2000: 9,352; 1999: 7,770; 1998: 7,008), LSD (2000:479; 1999: 526; 1998: 632) and other substances (2000: 3,030; 1999: 2,560; 1998: 2,238) account for the rest of the drug-related offences (Figure 22).

From the middle of the eighties until 1992, the number of offences more than tripled for heroin, but has slowly decreased since 1997. As for cannabis-related offences, a continuous upward tendency in particular since 1995 can be observed – also for the reporting year. The corresponding figures for cocaine have increased six fold since the eighties. In the reporting year they remained stable for the first time compared to the previous year. Offences related to trafficking, smuggling or the import of not insubstantial quantities of amphetamines, are again on the increase in the reporting year. Offences committed in connection with amphetamines and LSD have decreased in the reporting year.

Figure 22: Trafficking, smuggling and import of not insubstantial quantities (case figures)



In 2000, the total volume of hard drugs seized (heroin, cocaine, amphetamines, ecstasy and LSD) remained at the same level as in the previous year. As for amphetamine derivatives and LSD increases were registered and for the rest of the substances decreases. The quantities of cannabis seized considerably vary from year to year. While, in comparison to 1999, marijuana seizures strongly decreased from 15,022 kg to 5,871 the seized quantity of cannabis resin almost doubled from 4,885 kg in the previous year to 8,525 kg in 2000.

Table 33: Seizures (quantity) 1991 - 2000

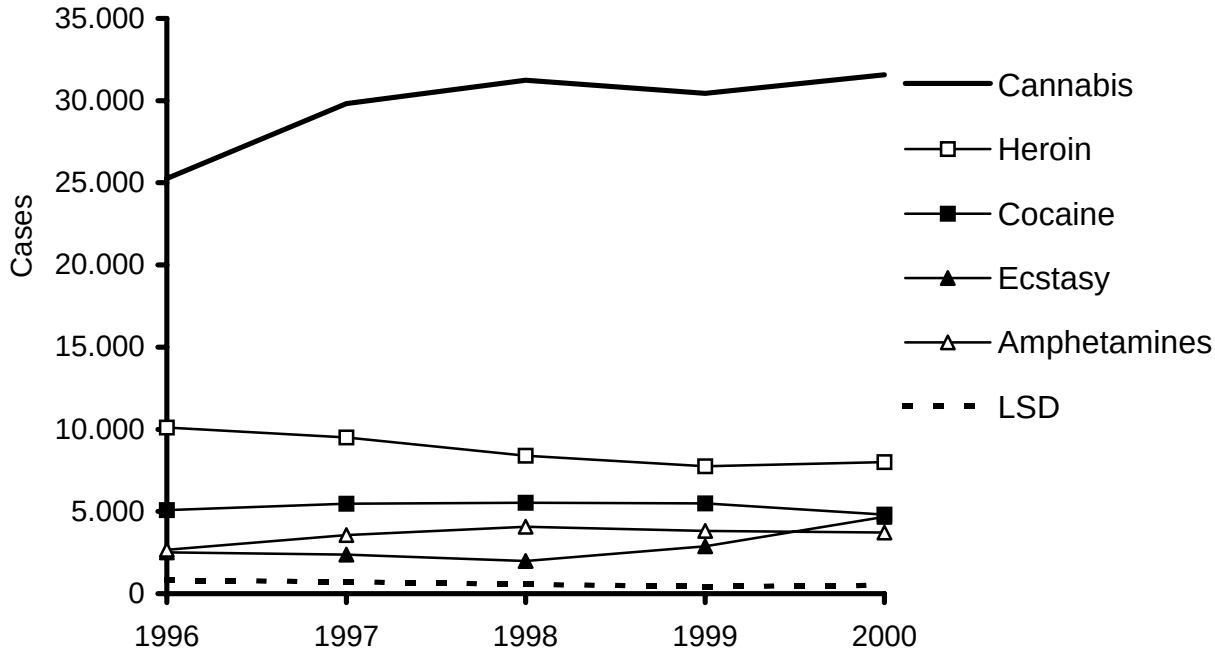
	Heroin (kg)	Cocaine (kg)	Cannabis (raisin + marihuana) (kg)	LSD (Trips)	Amphe-tamines (kg)	Ecstasy (units of 0,3 g)
1991	1.595	964	12.344	13.887	88	
1992	1.438	1.332	12.166	29.571	105	
1993	1.095	1.051	11.353	23.442	117	77.922
1994	1.590	767	25.693	29.627	120	239.051
1995	933	1.846	14.245	71.069	138	380.858
1996	898	1.373	9.355	67.082	160	692.397
1997	722	1.721	11.495	78.430	234	694.281
1998	686	1.133	21.007	32.250	310	419.329
1999	796	1.979	19.907	22.965	360	1.470.507
2000	796	913	14.396	43.924	271	1.634.683

Source: Rauschgiftjahresbericht 2000(BKA 2001a)

The total number of seizures hardly changed in the last year. About 65% of all drugs seized were cannabis products or plants respectively. The case figures given for cannabis products were relatively stable in the last years (2000: 31,564; 1999: 30,433; 1998: 31,241). Figure 23 shows – though with certain fluctuations – a similar situation for heroin (2000: 8,014; 1999: 7,748; 1998: 8,387), amphetamines (2000: 3,726; 1999: 3,811; 1998: 4,079) and LSD (2000: 510;1999: 434; 1998: 561). The number of cocaine seizures slightly decreased (2000: 4,814; 1999: 5,491; 1998: 5,532). However, as for ecstasy an increase of more than 60% compared to 1999 is to be observed (2000: 4,681; 1999: 2,883; 1998: 1,986).

The supply situation of illicit drugs is reflected in the trends on the availability of drugs. The representative survey investigates since 1990 whether the interviewees consider it possible to procure certain drugs within 24 hours without any difficulties. For the persons without drug experience, there is an apparent increase of the availability of all drugs compared to 1990, whereby the figures in the West – after reaching a peak in 1997 - fell back in 2000 to the level of the year 1995. In the old Laender, 21,5 % of the interviewees consider themselves easily capable of procuring cannabis, 10,0% cocaine and 6,7% heroin. In the new Federal Laender the respective figures are 13,5%, 8,2% and 5,8%. However, the portion of persons with drug experience among the interviewees of the comparative group increased from 14,2% in 1997 to 20,2% in 2000. This group has not been taken account of in the given figure (Kraus & Augustin 2001).

Figure 23: **Number of drug seizures in the Federal Republic of Germany**



Source: Rauschgiftjahresbericht 2000(BKA 2001a)

5.3 Price and purity

A further indicator of the illegal drug market is provided by changes in drug prices and in the purity of the drugs. Since 1975, the Federal Criminal Police Office has established an average price for different drugs on the basis of seizures. A distinction is drawn between small quantities of several grams and quantities of 1 kilogram and over. The former tend to show the price paid by the user, while the latter reflect the costs of relevance to the drug dealer. The drug prices thus ascertained can only be interpreted as approximate values, particularly since the sometimes very great differences in purity between the drugs are not taken into account when the price is ascertained. There is the further difficulty that the individual seizures on which the price is based are not genuine “random samples” of drug purchases, so that random effects may alter the figures substantially. The latest information available is from 2000.

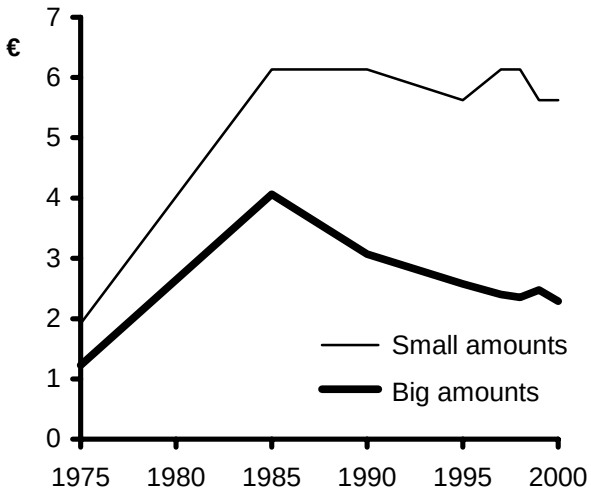
For some time, the Federal Criminal Police Office has ascertained not only the prices but the purity of the various drugs on the market. In 2000 analyses of the purity and content of active substances are based on about 17,891 samples resulting from seizures. All the values should be interpreted only as rough guidelines, as marked random effects may arise, chiefly from the very great differences in purity between the various drug seizures. Among other reasons an increased comparability is the reason, why in following text psychotropic substances are related to the base independent from the chemical conditions of the illegal preparation. All figures have to be interpreted as gross approximate values, as big variations in purity between single seizures can produce heavy random effects. The following chapters are based on the Annual Drug Report 2000 of the Federal Office of Criminal Investigation (BKA 2000c) and reports of the customs administration.

5.3.1 Cannabis

The price for cannabis, which reached its peak with 9,2€ per gram in 1984, was on average 5,60€ (1999: 5,60 €) in street trafficking of the individual Federal Laender in 2000. Out of 3,944 quantified samples of cannabis resin, 61% showed a tetrahydrocannabinol (THC) level of 5 to 10 %. 17 % of the tested samples had a content of more than 12%, the highest level found was 34%. There are obviously two types of hashish available on the market differing considerably in their potency. In a comparison over the last four years, there is a significant increase of the samples with a high THC-level. However, there is only little change compared to the previous year.

More than half of the reported 2,931 marijuana samples showed a THC-level of up to 6%. For 8 % of the samples it was over 14 %. The highest concentration was 30 %.

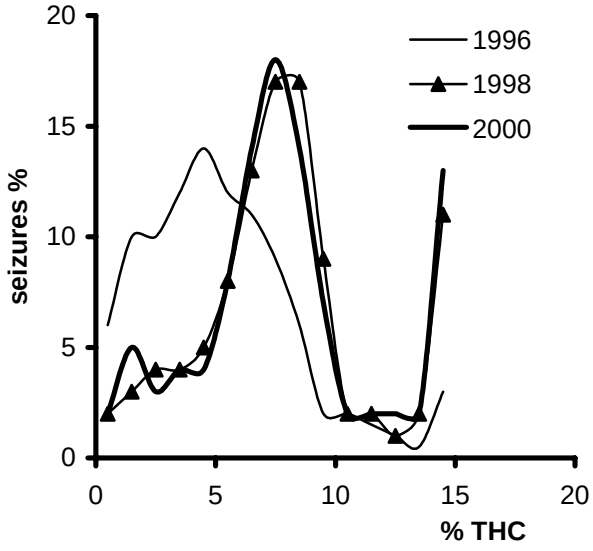
Figure 24: Prices per gram hashish for small and large quantities



€	1975	1985	1990	1995	1999	2000
Small	1,90	6,10	6,10	5,60	5,60	5,60
Large	1,20	4,10	3,10	2,60	2,50	2,30

Source: BKA 2001d

Figure 25: THC-level of hashish



% of specimen	>3%	3-6%	6-9%	9-12%	>12%
1997	16%	19%	42%	15%	8%
1998	9%	17%	47%	13%	14%
1999	7,5%	13%	43%	20%	16,5
2000	10%	16%	46%	11%	17%

Source: BKA 2001d

5.3.2 Amphetamines

Out of 1,168 examined preparations, 86 % (1999: 89%) had an amphetamine content of less than 10 %. For the rest of the samples, the quality levels were evenly distributed between 10% to 90%. Caffeine was the most dominant additive found (89%). Blended into the samples was mostly lactose (69%). In addition, the following substances were found among others: glucose, mannitol, saccharose, talcum and creatine.

5.3.3 Amphetamine derivates

For a total of 935,186 tablets and capsules, active substances were found. 93 % contained a psychotropic agent (mono-preparations), the rest two and three addictive drugs. 98,4% of the mono preparations contained MDMA, 1,2 % amphetamines and the remaining 0,4 % methamphetamine, MDE, DOB, 2C-T-7 and MDA.

The following table lists the concentration of active ingredients in the individual substances.

Table 34: Active ingredients in seized amphetamines

Active substance	Range (mg per consumption unit)*	average contents (mg per consumption unit)*
MDMA	1 - 316	64
Amphetamine	0,4 - 266	34
Metamphetamin	---	29
MDE	1 - 86	40
DOB	0,4 - 2	1
2C-t-7[9]	---	20
MDA	22 - 34	28

* calculated as base

MDMA was found in combinations with MDE, MDA, methamphetamine and amphetamine. Other found combinations were MDA/amphetamine and MDMA/MDA /amphetamine. Both in the mono and the combined preparations lactose was identified as the most commonly blended substance.

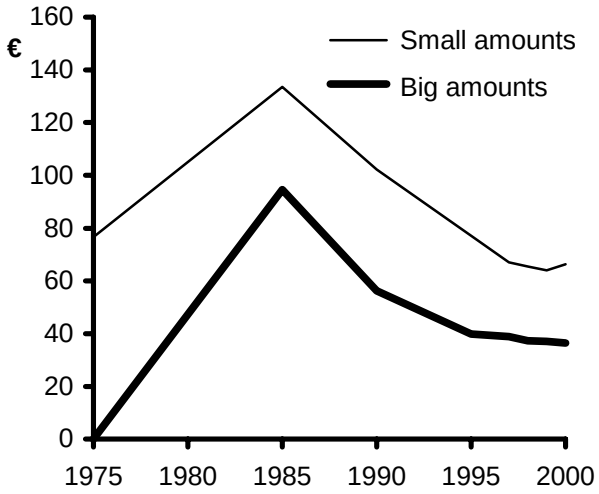
[9] Es wurde nur ein quantitativer Wert gemeldet.

5.3.4 Cocaine

Also for cocaine, the prices noticeably decreased from 1985 to 1995. Since then, they have remained stable. In 1999, 64€ were paid for one gram of cocaine, in 2000 the price paid in street trafficking was 66€ on an average. Quantities above one kilogram, as seized from drug dealers, cost about half the price, i.e. 37€.

63 % (1999: 62%) of the 2,055 examined samples showed a cocaine content ranging between 20% and 70%. Almost a third of the examined preparations contained more than 70% of the active ingredient. Blended into the 2,055 analysed samples were mainly lactose (66%) and mannitol (34%). As for the additives, lidocaine (32 %), caffeine (12 %), procaine (2,5 %) and phenacetine (1,8 %) were among the active ingredients most found.

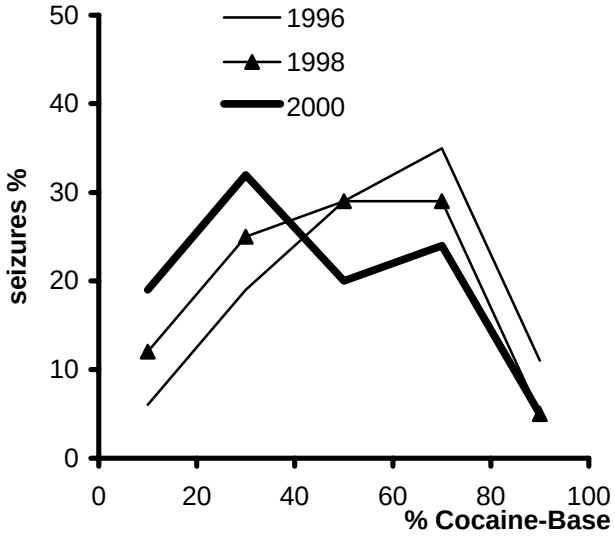
Figure 26: Prices per gram cocaine for small and large quantities



€	1975	1985	1990	1995	1999	2000
Small	77	133	102	77	64	66
Large	0	95	56	40	37	37

Source: BKA 2001d

Figure 27: Cocaine base content of cocaine



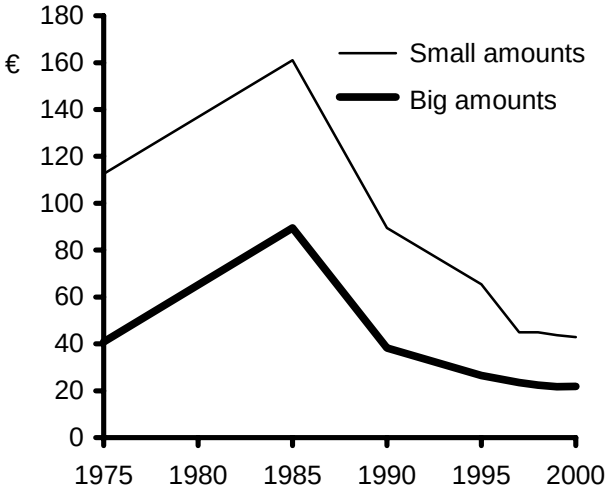
% of specimen	<20%	20-40%	40-60%	60-80%	>80%
1997	5%	20%	28%	31%	16%
1998	12%	25%	29%	29%	5%
1999	5,8%	18%	24%	46%	6,2%
2000	19%	32%	20%	24%	5%

Source: BKA 2001

5.3.5 Heroin

Since 1975, the price of heroin had been subject to relatively sharp fluctuations. From an average price of around 315 DM (about 161,1 Euro) per gram (1980) for quantities below one kilogram, by the middle of the eighties it had almost doubled. This coincided with a period of stable or even falling numbers of drug addicts. The rapid decline in heroin prices up to 1990, which led to a price below 77 Euro per gram, occurred at the same time as a very sharp rise in the number of users and drug-related deaths. The ongoing –slowed down- decrease of prices between 1990 - 1999 (43,7 Euro) is faced with a stable or decreasing number of users. In the year 2000, the street price was about 43€ on an average. The average level of diacethylmorphine reflects the purity of heroin samples and the level of active ingredients in the substance on the market. Out of 4,975 analysed samples, 63% showed a diacetylmorphine-level of less than 20%. 37 % of the heroin formulations had a purity degree ranging between 20% and 90%. In a comparison over the last four years, the ratio of more potent samples increased. However, according reports of the BKA, the average level of active ingredients decreased from 1999 to after 2000. Among the additives, caffeine (98%) and paracetamol (98%), among the diluents glycerin (5 %) and lactose (3 %) were most commonly found.

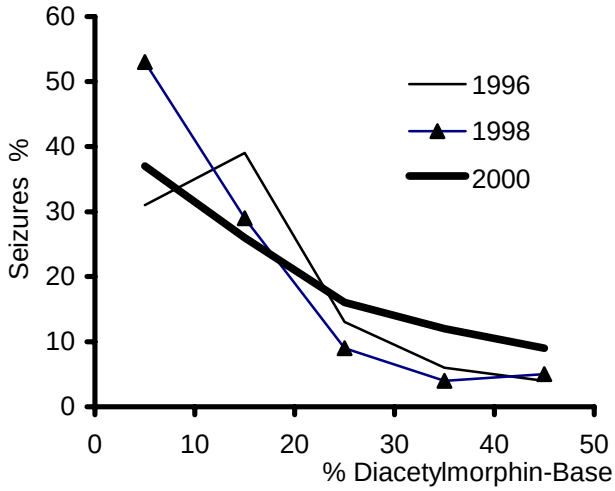
Figure 28: Prices per gram heroin for small and large quantities



€	1975	1985	1990	1995	1999	2000
Small	112	161	90	65	44	43
Large	41	89	38	27	22	22

Source: BKA (2001d)

Figure 29: Frequency distribution of the diacetylmorphine-level in heroin samples



% of specimen	>10%	10-20%	20-30%	30-40%	>40%
1997	51%	34%	8%	3%	4%
1998	53%	29%	9%	4%	5%
1999	49%	27%	11%	7%	6%
2000	37%	26%	16%	12%	9%

Source: BKA (2001

6 Trends per Drug

6.1 Cannabis

Currently, cannabis is the most commonly used illicit drug of adults and adolescents. This is shown by two population surveys currently carried out: „Representative survey on the use of psychoactive substances by adults in Germany“ (Kraus & Augustin 2001) and the study on drug affinity of adolescents in the Federal Republic of Germany 2001“ (BZgA 2001b). In the past 12 months, 6,2% of the 18- to 59-year-old adults in the West and 4,9% in the East of Germany used cannabis (Kraus & Augustin 2001). Among adolescents and young adults the prevalence are even higher: 10% of the 12- to 18-year-old used cannabis during the 12 months before the survey (BZgA 2001b), as for the 21- to 24-year-old, the percentage in the West was 19,7% and in the East 11,6%. Cannabis is a drug which is not only commonly used but which – after opiates – was also found the most common cause for outpatient counselling or treatment (EBIS-A 2000, Strobl et al. 2001). In the year 2000, use of cannabis was the reason for counselling or treatment of 24,3% of the outpatient clients (EBIS-A 2000, Strobl et al. 2001). In inpatient treatment, the portion of clients treated mainly for problems with cannabis, was clearly lower with 5,9% (EBIS-S, Strobl et al. 2001b). Cannabis also assumes big importance in criminal prosecution: More than half of the drug-related offences are carried out in connection with cannabis (2000: 55%). A look on the prevalent type of offences reveals that drug-use-offences account for 67% of all drug offences in this context (BKA 2001).

6.2 Synthetic drugs (amphetamines, ecstasy, LSD, other/new drugs)

3,1% of the people between 18 and 39 years in the old Federal Laender and 2,9% in the new Federal Laender have used amphetamines at least once in their life, 1,1% and 0,8% respectively in the last 12 months (Kraus & Augustin 2001). The number of amphetamine and amphetamine derivatives seizures significantly increased in the last year (2000: 9,352; 1999: 7,770; 1998: 7,008) (BKA 2001). There was also a slight increase of the users of amphetamines who became conspicuous to the police for the first time (2000: 6,288; 1999: 6,143; 1998: 6,654) (BKA 2001). However, the quantity of seized amphetamines/methamphetamines was lower last year (2000: 271,2 kg; 1999: 360 kg) (BKA 2001).

Ecstasy made its appearance on the German drug market at the beginning of the 90s. Despite relatively small prevalences in current population surveys, ecstasy can be called the most popular illicit drug after cannabis used by adolescents (BZgA 2001b; Kraus & Augustin 2001). In the adult general population, ecstasy is most commonly used by the 21-to 24-year-old (life prevalence: 5,5%; 12-month-prevlance: 3,5%) (Kraus & Augustin 2001). 2% of the 12- to 18-year old have made experience with ecstasy at least once in their life; in the last 12 months before the survey the percentage was 1% (BZgA 2001b). The number of cases found in the police field indicate an sharp increase for ecstasy after a decrease in the last

year: the number of seizures has grown considerably in the last year (2000: 4,681; 1999: 2,883; 1998: 1,986), as well as the number of ecstasy users who were registered because of their drug use by the police for the first time (2000: 5,495; 1999: 3,710; 1998: 2,830) (BKA 2001). 6,9% of all clients undergoing outpatient counselling or treatment in 2000, did so mainly because of ecstasy and other similar substances (EBIS-A 2000, Strobl et al. 2001). „Stimulants“ were mentioned as the third most common main diagnosis with illicit drugs in the reporting year.

Fungi containing psilocybin and LSD are the most commonly used hallucinogenid drugs in Germany (Kraus & Augustin 2001). Other substances like for example mescaline, hardly count anymore. While LSD was a „cult drug“ in the 70s, it does not play an important role anymore these days in terms of figures. 0,3% of the 18- to 39-year-old reported to have taken LSD in the previous 12 months before the survey (Kraus & Augustin 2001). However, the number of LSD-seizures increased in 2000 for the first time since several years. (2000: 510; 1999: 434; 1998: 561; 1997: 727; 1996: 822) (BKA 2001).

6.3 Heroin/Opiates

Heroin and other opiates like methadone, codeine, opium and morphine are only used to a small extent by the general population. About 0,5% of the population between 18 to 39 years in the West and 0,7% in the East have ever made experience with heroin in their life (Kraus & Augustin 2001). The figures for current consumption are noticeably lower: 0,2% in the West and 0,3% in the East. Methadone was taken by 0,2% in their whole life, for the previous 12 months before the survey the percentage was 0,1% of all 18- to 39-year-old. 1,0% of all West- and East Germans of this age group have ever in their life taken other opiates like codeine, opium or morphine. Statistical figures resulting from population surveys are assumed to under-estimate the true prevalence rates due to difficulties of reaching the target population. Therefore these figures may only be used as rough estimates. Despite the fact that heroin use is not widely distributed among the total population it still is the main reason for treatment demand. 55,4% of all main diagnoses were made for this substance group in 2000. Risky application forms are widespread among opiate users. Almost 70% of the treated heroin users inject the drug (EBIS-A 2000, Strobl et al. 2001).

About 26% of drug-related deaths registered by the police in 2000 were caused by a heroin overdose. In another 21% heroin were the cause of death in association with other drugs (BKA 2001). The number of heroin seizures registered by the police in Germany had decreases lately, but increased again recently (2000: 8,014; 1999: 7,748; 1998: 8,387. With the total number of 7,914 individuals, heroin users still represent the biggest percentage among hard drug users registered by the police or custom authorities for the first time (33.4%).

6.4 Cocaine/Crack

Cocaine use significantly increased in the 90s. This applies both for the use during a certain period of life and current use (Kraus % Augustin 2001). The number of persons who have taken cocaine at least once in their life went up from 2,2% in 1977 to 3,6% after 2000 (age group 18-39) (Kraus & Augustin 2001). In the new Federal Laender, experience with cocaine is not as common (West: 2,4%; East: 1,6%; age group 18-59). Contrary to ecstasy or hallucinogenic drugs, whose consumption shot up only at the beginning of the nineties, the group of cocaine users in Germany has shown a steady yearly increase for more than a decade. Cocaine abuse or dependence as main diagnosis accounts for approximately 6% in outpatient treatment (EBIS-A 2000, Strobl et al. 2001) and 4% in inpatient treatment (EBIS-S 2000, Strobl et al. 2001). Cocaine is often used as an additional drug. It is taken together with opiates, but, to an increasing extent, also in combination with other substances (Vogt, Schmidt & Roth 2000; Thane & Thel 2000). Compared to the previous year, the number of seizures of cocaine in the year 2000 shows a downward tendency (2000: 4,814; 1999: 5,491; 1998: 5,532). There was also a slight decrease of the number of cocaine users who became conspicuous to the police for the first time (2000: 5,327; 1999: 5,491; 1998: 5,691).

6.5 Multiple use (including alcohol, pharmaceutics, substance sniffing)

A special chapter of this report (part 4) is discussing the problems of multiple use of several substances in detail.

7 Discussion

7.1 Consistency between indicators

Most indicators show a continuous direction since several years. Especially persons being registered by the police for drug issues for the first time and treatment data reflect very similar trends. Compared to police data the higher increase of opiate users in the treatment area during the last 2 years may reflect that persons are better reached by treatment offers. The considerable increase in methadone treatments may be the reason for this. Other indicators, partly based on very limited samples, seem to be influenced by many factors beside overall prevalence of drug use:

- The decrease of heroin prices since the middle of the 80ies goes in line with an increase in the number of heroin users noticed by the police for the first time until 1992. Availability and prevalence of heroin use were decreasing afterwards.
- In comparison to intravenous heroin use oral heroin use is clearly increasing which could be explained by low prices.

7.2 Implications for policy and interventions

Especially the increase of ecstasy use caused considerable public debates and sorrows. Special prevention projects have been launched especially addressed to visitors of rave parties and fans of techno music. Data that are collected at the moment, may contribute to get more insight into the problem's extend, certain patterns of use and to gain possible options to improve prevention activities. Meanwhile methadone based substitution which had been discussed intensively before being implemented in Germany, became a normal part of the overall treatment spectrum. In the framework of planned heroin prescription studies also effects on drug markets and regional load concerning criminality will be researched.

7.3 Methodological limitations and data quality

Whereas figures describing the consumption of "soft" drugs among the general population and their partial groups are relatively valid and statistical reliable, data describing the hard core of heroin users are limited concerning numbers and quality. The police, having access to this group, is only able to provide an absolute minimum of data (age, gender, drug, location of arrest). Information coming from treatment centres are also limited in their meaningfulness, due to the fact that not all persons affected use these offers. However, a satisfying quality of overall statements is enabled by cross-validating data coming from different sources.

Part III DEMAND REDUCTION INTERVENTIONS

8 Strategies in Demand Reduction at National Level

8.1 Major strategies and activities

8.1.1 Strategies and activates at the federal level

The subject “demand reduction” is under the responsibility of different sectors of politics and administration. At federal level at the first place the Federal Ministry for Health (Bundesministerium für Gesundheit, BMG) and - within its sphere of business - the Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung, BZgA) are working on this topics. Besides taking initiatives they are playing a mayor role as co-ordinators of preventive activities in Germany. The Federal Ministry for Health (BMG), the Federal Ministry of the Interior (Bundesministeriums des Innerern, BMI) and the Federal Ministry of Justice (Bundesministerium der Justiz BMJ) in agreement with the Federal Laender define the legal basis, which is relevant also for prevention work. The Federal Criminal Office (Bundeskriminalamt, BKA), a sub-ordinate organisation to the Ministry of the Interior - besides repressive measures against drug offences - also conducts activities for education and prevention. A special department for “criminal prevention and public relations” has been created to support the preventive activities of the Laender police organisations but the Laenders' views differ extremely regarding the main emphasis of prevention done by police.

8.1.2 Strategies and activates at the level of Land and municipality

Crucial input in relation to measures and activities for demand reduction also comes from the Federal Laender. The drug commissioners and the prevention commissioners of the Federal Laender play an important role in this respect. Within the respective work-groups they ensure the information exchange between Federal government and Laender. In nearly all Federal Laender task forces or work-groups on prevention are offering expert collaboration and an institutional framework for common decision-making and planning including representatives of the authorities. Many Laender within these co-ordination groups have developed Land programmes or global concepts for addiction prophylactics and prevention, which serve as a basis for action for the collaboration with associations, projects, institutions and organisers responsible for prevention measures in order to extend addiction prevention. In addition within the Federal Laender there are inter-ministerial work-groups to better co-ordinate measures at Land level. Usually the Ministry for Social Affairs, the Ministry of the Interior including the Land Criminal Office, the Ministries for Culture and Sports and the Ministry for Justice are part of theses groups.

Most prevention takes place at to the municipality or local level. Within these projects children and adolescents are contacted via opinion leaders directly at their place of living. These persons frequently come from the departments health and social affairs, education, youth help and interior and independent associations. One can feel, that the engagement for the development of common guidelines and quality criteria for this work has increased. This leads to an increasing care about co-ordination of actors at municipality and Land level and at the same time a higher weight is given to quality insurance, evaluation and further development of concepts.

8.2 Approaches and new developments

Drug addiction in Germany insurance law is seen as a disease with psychic, social and somatic factors. This is similar to the concept of a disease as the WHO International Classification System (ICD10) describes it. In Germany a broad system of addiction care for counselling and treatment is funded, which should fulfil the needs of the addict individual. The enlargement and differentiation of treatment offers started in the beginning of the 90s as a consequence of the HIV epidemics. Besides the drug free inpatient treatment system low threshold social and health related services were developed in out-patient drug care. Also today help to survive and harm reduction measures are judged as especially necessary in order to reduce the again increasing number of drug related deaths and to improve the bad health conditions of many drug addicts (e.g. through infectious diseases like hepatitis or tuberculosis as well as psychiatric co-morbidity).

8.2.1 Approaches and new developments at federal level

Late in April 2001 the new Federal drug commissioner presented her “Addiction and Drug Report”. Compared with previous year’s volumes the changed order of the terms “addiction” and “drug” in the title of this publication already points to the approach of extending prevention particularly to the aspect of legal addictive substances. It was built up a combined team of the Laender and the alcohol industry coordinated by the BMG (Federal Ministry for Health) together with the Laender which were supposed to work out “suggestions for a responsible way to use alcoholic drinks”. There were dialogues with the tobacco industry about a substantial financial contribution to the protection of children and young persons with the aim to prevent children and adolescents from smoking. The law on the protection of youth in public is to be added with one regulation that prohibits the sale of tobacco products to adolescents under the age of 16.

Drug policies have depending on the individual's situation the following purposes

- prevent starting substance use
- support the opting out of substance use by using early interventions
- offer help to survive
- succeed in opting out of addiction with all available help

At Federal level there are several approaches in the sector of demand reduction which promise to include drug addicts who are (at the moment) not willing or able to take part in a drug free treatment or substitution programme. The health political sector's attention is turned particularly to the scientific accompanied demonstration project that deals with heroin based treatment (see page 86). The project called FreD serves the intervention of groups of people who already had first contacts with drugs but generally faced rather few problems concerning their drug use (please see below "early intervention").

A new national initiative that supports collaborative research in the sector of biological and psychosocial factors of drug abuse and addiction was funded by the BMBF. Therefore the networking and co-operation between research and practice as well as the practically orientated evaluation of measures are especially important. Several projects have already been chosen. The projects are scheduled to start in the end of 2001 or the beginning of 2002.

Drug and Addiction Committee

In 1999 the Drug and Addiction Committee was appointed by the Federal Ministry for Health. It consists of 13 experts in the sectors of medicine, pharmacology, social affairs, psychology, sociology, law and self-help. In the beginning of June 2001 the committee organised together with the drug commissioner an international expert hearing to discuss the practice of modern addiction prevention. The committee's recommendations are supposed to help developing a new National Action Plan on Drugs and Addiction.

Early Intervention

It is well known that drug addicts already face the institutions of criminal prosecution at an relatively early age. The narcotic law in it's present form causes the public prosecutor's abandonment in most of the criminal proceedings due to drug possessions for self-use. In 1997 Aulinger already showed in a study about law's reality in the different Federal Laender that the practice of criminal prosecution concerning the possession of cannabis for own use is fairly uniform. According to that approximately 90% of all proceedings would have been abandoned. However, there is the possibility of early intervention in order to avoid a continuous and more problematic substance use. The project "Early Intervention for First Notified Drug Users" (FreD) tries to convey on a voluntary basis information about substance use and it's risks to make young drug users reflect on themselves critically. The project is regarding it's purpose to opt out of substance use at an early stage appropriate to the target of the present drug policy. In the autumn of 2000 the project started in cooperation with several Federal Laender.

The BZgA started an internet campaign (www.drugcom.de) linked up with the Love Parade in Berlin in 2001. The aim is to use the media internet, which is very popular among adolescents, to inform about effects, risks and danger of legal and illegal drugs and to make young people reflect critically on their own use. In future this media is to be used more intensively supported by professional help to inform about the risks of drugs and offers of help for people in the techno scene. Several studies proved a relatively high use of various drugs in this specific group. This approach is supposed to reach groups of people which tend to a precarious use.

Heroin prescription for opiate addicts

Based on the knowledge and experience of the Swiss and now Dutch studies a study was designed for a clinical multi-centre project of a heroin supported treatment for opiate addicts on an outpatient basis. The study includes the clinical check of medicine containing heroin components. A clinical check is necessary to investigate the pharmacological effects of heroin based medicine which is not admitted by law yet. Furthermore the study is to investigate if and how a heroin supported treatment can be implemented in the therapy offer for opiate addicts and how the risk concerning security can be limited. Additionally the study is to examine the development of use, behaviour, motivation of therapy, psycho-social as well as disciplinary and criminal effects of a heroin supported treatment.

In February in 1999 the Federal Ministry of Health built up a co-ordination group which included representatives of cities and Laender which were interested and a representative of the professional organization of German doctors. This group developed an outline plan which was the basis for a research design. Two out of three research institutes which submitted a project plan in January 2000 were asked by the expert committee to submit a revised edition of their plans. In September 2000 the co-ordination group consisting of representatives of the Federal State, Laender and cities chose the application of Professor Krausz and his colleagues of the University of Hamburg. In the beginning of June 2001 the project was sanctioned by the ethics committee in charge in Hamburg. The special authorization regarding the narcotic law is currently examined by the Federal Institute for Medicine.

Due to the present planning the project is scheduled to start in the beginning of 2002. Altogether the project is going on for 3 years. Bonn, Frankfurt on the Main, Hannover, Hamburg, Karlsruhe, Cologne und Munich are cities who take part in the project. The project's expenses are carried by the Federal State, Laender and cities. The Federal State finances the scientific assistance and half of the case-management's cost, i.e., of those who care for additional help when it is necessary whereas the cities finance the expenses on the spot as well as parts of the case management's costs and the expenses of the doctors of the Federal Institute for Medicine.

Co-operation and co-ordination

Co-operation, co-ordination and networking are currently main topics for the development of measures which reduce the demand. An optimised division of labour is supposed to avoid doing the work twice and to improve the efficiency in general. Whereas the drug aid used to try developing special help offers for instance in the sector of jobs, medical supply etc. it is presently common that the support of the normal relief system is increasingly used.

On the 28th and 29th May there was a dialogue between experts of the sector Youth and Addiction Aid in Berlin on the behalf of the Federal Ministry for Health. Increasingly rare resources are the reason for discussing topics like division of labour, early intervention and co-operation instead of parallel activities in both sectors. The integration of questions about children's medicine misuse into the structure of the children's health survey at the Robert-Koch Institute in Berlin is a different example for the co-operation of sectors.

A demonstration project on „Case Management" has been conducted in a number of facilities funded by the BMG. The aim is, to offer addicts from multiple drugs adequate help services and to refer them to these services. On the side of the institutions the project was accompanied by an attempt, to reach a higher level of networking between regional services (details see 10.1)

Addiction prevention and fight against addiction in the Federal army

The demanded readiness of the Forces as well as the law's duty to stay healthy are reasons that prevention and the fight against addiction are important topics in the Federal Armed Forces, too. The also in the Federal Armed Forces necessarily new concept of addiction prevention with the title "Guidelines for Co-operating and Controlling Measures of Prevention and the Fight against Addiction for Soldiers" was brought into force on 8th July by the Federal Ministry for Defence.

As a result a "co-ordination group for prevention and fight against addiction of BMVg" was appointed. At the one hand it serves to exchange the measures and programmes of each sector. On the other hand it is supposed to elaborate recommendations for the development of measures and programmes considering prevention and fight against addiction in the Forces. The group co-operates with a team which consists of drug commissioners of the Federal State and the Laender. Results so far are materials of prevention for the training (video series), a computer controlled learning programme for officer cadets as well as a CD ROM with training material concerning "Drugs and AIDS" for trainees. Materials of the BZGA are examined and will be taken on if they are suitable. An important aspect is the setting up of an documentation centre for prevention of and fight against addiction. Prevention of addiction as a topic is to be introduced in various ways into daily life of the Federal Armed Forces by the training of contact persons and through the development of networks

8.2.2 Approaches and new developments at Laender level

In order to be able to give an overview on demand reduction in the 16 Federal Laender, the DBDD asked the Land drug commissioners for information. Some Laender are intensively involved in several Federal projects. They support the project "FreD" and the heroin prescription programme through staff, ideational/spiritual and financially. After the conclusion of Federal projects results from earlier projects (e.g. case management) are implemented as far as possible in the system of treatment with Land funding. *S*ome measures, which are important from a strategic point of view or the result of new strategies are taken from the reports of the respective ministries and introduced here as examples.

Land plans for addiction prevention

Most Laender run the systematic observation of the situation at Laender level by using regional and national sources of data (surveys, monitoring systems, various statistics). In Saxony-Anhalt a school survey was repeated which conveyed qualitative information about the way and the motivation of using psychotropic substances (FOKUS 2001). In 2000, Saxony, for example, published 3000 copies of an addiction report and in Mecklenburg-West Pomerania principal information was submitted to the Landtag (Land parliament) by instructions of the Laender government. Several Laender developed and passed their own concepts for preventing addiction regarding generally legal and illegal drugs. Essential aspects in all activities are that those who take part are regularly informed about new knowledge and that suitable co-operation structures between institutions of the Addiction and Drug Aid and the general institutions of social and medical help are set up. On the basis of this example the work on a Laender plan for preventing addiction has started in Saxony and Brandenburg.

Activities in the sector of legal psychotropic substances

Several Laender – as well as the Federal State – have extended preventive activities in the field of tobacco and alcohol remarkably. Thus Bavaria started a poster campaign regarding soberness in high-risk situations which were taken on by Baden-Württemberg, Berlin, Saxony and Hesse. Various projects which are partly linked with EU programmes are similar primary prevention projects. They use the most different media: competitions ("Be hard, drink soft", EU supported: "Be smart, don't start"), practical/adventure games or exhibitions.

Setting up of rooms for drug consumption

The amendment of the Federal Law on Narcotics (BtMG-ÄndG) dated 1st April 2000 provided the Laender the possibility to set up rooms where drugs can be used legally. In the meantime similar regulations were passed in Hamburg, Lower Saxony, North Rhine-Westphalia and Saarland. Several other Laender reject those new regulations strictly or, however, do not work on such regulations. Due to the drug commissioner's statement dated 12th July 2001 experiences were presented of 16 projects which set up legal drug rooms in Frankfurt on the Main, Hannover, Münster, Saarbrücken and Wuppertal. Numerous interventions – from them 982 cases which were placed into treatment i.e. regularly substitution programmes – were

reported in an evaluation for the year 2000. There were complaints in the neighbourhood in 13 out of 16 projects but they tend to die down. Not a single case out of 1,417 recorded emergency cases in those 5 institutions ended with a drug addict's death. The projects´ evaluation is not finished yet.

Further approaches and activities

Berlin co-operates with several European cities in a EU project regarding the development of concepts for secondary prevention of drug misuse.

Brandenburg set up 6 specialized departments for addiction prevention which support preventive activities directly in the local authority districts and co-operate more efficiently with the Leander's head office for addiction prevention.

In the Saarland methadone has been used in substitution programmes for more than 10 years now. At an expert conference (Saarland 2001) the results were reported. Due to the often discussed lack of psychosocial care besides the medical substitution the Land decided to carry out a scientific accompanied demonstration project which observe those deficiencies. The purpose is that those who take part in the project offer the clients counselling and looking after directly in the practices of the doctors who take part in the substitution programme. Important tasks are self-organisation, job orientated integration, and crisis intervention. The operation of those who take part is centrally controlled and co-ordinated.

In Saxony there are two projects concerning addiction prevention with the help of the internet at the moment which are focussed on adolescents and their persons in charge ("Ikarus") or adolescents which already used drugs ("Drug Scouts").

In Saxony-Anhalt there was a project started in which young adults discuss the topic "driving under alcohol and drugs" with peers during their theoretical driver's license lessons.

8.2.3 Demand reduction and socio-cultural background

Currently it is known that particularly the group of ethnic German immigrants from Eastern Europe have a relatively high rate of drug related death. There are anecdotic reports from different parties about an increasing number of drug problems in various groups of migrants. However, there is a great lack of qualified information about circumstances and drug problems. It has to be considered that the group of migrants is very heterogeneous. Besides the particularly Turkish work immigrants there are late emigrants of German origin of the former USSR, refugees from ex-Yugoslavia, asylum seekers from Black Africa and people without a valid residence permit. The Federal Ministry of Health requested several reports to certain topics of the whole issue. The results are analysed and evaluated at the moment. A first step is that currently DHS videos for the mentioned groups are produced which are supported by the Federal Government. The videos are supposed to inform them in a comprehensible way about the task and the working method of the institutions which care for the treatment. Thus to ease them the access to the help system.

8.2.4 Special events during recording's time

Besides the large expert conferences and congresses concerning addiction which were carried out by various organizers (e.g. akzept, DHS, FVS, FDR) – mostly supported by public resources – in the last months there were several special events supported by the BMG which served the exchange and mutual/joint development of specific drug related topics. In December 2000 there was a conference concerning the epidemiology of cocaine misuse – carried out by the Federal Criminal Police Office (BKA). In the same month the DBDD organised a workshop concerning "early warning systems". In February the IFT organised on the behalf of the BMG an expert conference concerning the „prevention of drug related deaths". In March the ISS organised together with IfS in Hamburg a conference concerning the „treatment monitoring". All those meetings were opportunities for experts to discuss the same topic with various contexts/from various points of view at different places. Besides the professional exchange expert conferences are also helpful to develop common standards/regulations between the Federal State and the Laender.

8.2.5 Information dissemination for experts on demand reduction (networks, internet, etc.)

Regular publication of a "newsletter" is an adequate, efficient and far reaching instrument for information purposes for experts and institutions in the areas of prevention, treatment, research, politics and statistics. The German Council on Addiction problems (Deutsche Hauptstelle gegen die Suchtgefahren, DHS) is the umbrella organisation of 22 mostly non governmental member organisations. They are holding more than 1.000 counselling centres and 4.500 self help groups as well as 160 specialised clinics, all psychiatric clinics and other institution in drug treatment and prevention. The DHS informs through a newsletter published every quarter on recent news from their committees and work groups. New projects on demand reduction are introduced and results from seminars, meetings and conferences are described in a conclusive way. Also new articles and book publications are introduced.

The German Reference Point for the EMCDDA (DBDD) also informs their co-operation partners through a regular newsletter on its focal point activities as well as new developments at national and international level. The website (www.dbdd.de) has been launched recently as a platform for information on epidemiological data, new developments and DBDD activities. Many relevant institutions from the fields of politics, research, prevention and therapy are linked via hyperlinks.

In the Saarland the development of a counterpart to the European data bank EDDRA is in process. The main purpose is that the data bank provides the interested departments in the Land/country with particular innovative projects. Currently there are already 100 entries. Due to lower demands on the methodical aspects of projects which are entered into the data bank it was possible to attain a fairly great number of entries in a short time. The building up of a „documentation centre for the prevention of and fight against addiction" is an important topic for the prevention activities of the Federal Armed Forces, too. The topic addiction prevention is to be introduced into the daily life of the Federal Armed Forces by the documentation centre, training of contact persons and through the development of networks.

9 Intervention areas

9.1 Primary prevention

9.1.1 Infancy and Family

If primary prevention is in the focus of addiction prevention especially children – already before they start going to school – are in the centre of planning measures. Given the age group such measures are not targeted towards information on specific addictive substances or drug education but they teach general health promoting behaviour as well as the development of mental "strength". Those projects, which are implemented in kindergarten and basic education in the first place today are part of the standard offer of prevention (Kammerer 1996). An example for addiction prevention at pre-school age is the project "Toy-free Kindergartens" (Seifert 1999) which was evaluated successfully and is in the meantime known beyond the country's borders. The project's concept is to arrange a more direct, creative and communicative situation by doing without toys since toys often support vicarious satisfaction and the dismantling of frustration. Parallel research showed that language skills was strengthened and the ability to build up human relationship, frustration tolerance, self-confidence and the ability of playing were improved by the project.

Family

When children shall be taught a life style which supports their psychological and physic health, the family if central importance. It is generally agreed that the family is of central influence in teaching children a way of life which promotes their mental and physical health. Despite this agreement upon the overriding role of the family in the development of specific behaviours of the children, there have been only few documented addiction-prevention activities aimed at German families until the early nineties (Denis et al. 1994). This changed fundamentally in the last years. A main focus on primary preventive activities in the family can be found at national level and in all federal Laender. As an example the brochure series for parents 'We can do a lot to prevent that children become addicted' of the BZgA is mentioned, published in 1994. This brochure deals with the situation of children from early childhood until puberty (part one), deals in particular with the phase of puberty (part two) and offers comprehensive support and hints for families (part three). In 1997 another part was added with the title "talking about drugs". Here questions regarding drug policy are discussed in particular and parents are given information and recommendations on the form of dialogue with adolescents.

Regular women meetings

A project of personal communication which focuses on women as contact persons in families especially in rural regions was tested under the name of “Women regulars’ tables” in Schleswig-Holstein. The idea was taken on from a Swiss prevention project which used successfully the marketing strategy of “tupperware parties” for prevention. The idea is to establish regular women meetings to support the women’s networking in rural regions. Hostesses organise the women’s meetings where topics like the bringing up of children, addiction, drug, etc. are discussed.

Family education

Also in the field of family and adult education measures aiming at families as target group have been tested within the last two years. In 1999 a thorough documentation concerning the joint project of catholic, Lutheran and non confessional organisations engaged in family and adult education was published by the Federal Centre for Health Education (BZgA 1999). Demonstration projects of parental work concerning addiction prevention which were developed during various events were the result.

9.1.2 School programmes

Addiction prevention in school is due to the Laender's supreme power organised by each Land on its own. Thus the issue of carrying out and passing a project are not uniform in Germany.

Classes

The majority of all activities take place by discussing the topics drugs and addiction, etc. in class. These topics have already been included in the curricula of all types of school. During the last years the BZGA has developed cross Laender training materials for different age groups, which have been approved by the Land Ministries of Cultural Affairs and Education.

Project weeks

The implementation of the so-called ’projection weeks’ as a special form of organisation of classes offers further chances of experiences for pupils. Thus the involvement of non-school units such as drug counselling, the police, hospitals and medical doctors, is facilitated.

School programmes

However, it is still not very common that the so-called prevention programmes are characteristic for the daily prevention in school although various projects were developed during the last years. Programmes to support non-smoking have a longer tradition. The project “Class 2000”, for example, was already developed by the Institute for Preventive Pneumology at the clinic in Nuremberg in the school year 1991/1992. It focuses on pupils from the first year in school on. The purpose is to strengthen all those factors in children which support a positive attitude to health and prevent an unhealthy behaviour (e.g. feeling

of self-value, social competence, critical use of luxury food and daily drugs, etc.). In the meantime the programme is carried out nationwide. In the school year 1999/2000, 2,718 classes with 69,268 pupils participated. New programmes, for example the Lions-Quest-programme for pupils and the modified quest programme 'growing up' (Lions Club 1997) as well as the ALF programme developed by IFT Munich are making different addictive substances the subject (e.g. alcohol, tobacco etc.) and focus on life skills approach. Although the effects of the programmes were well evaluated they are not carried out frequently and up to now mostly due to the personal engagement of single teachers.

Early diagnosis

One of the rare instruments for early diagnosis and thus secondary prevention is the intervention programme "Step by Step" which is organised by the BZGA. The programme consists of a CD Rom with teaching material for teachers and a handbook. The material supplies basic help in dealing with conspicuous students and is supposed to support a strategic management in early diagnosis. There is a programme for further education which has been used on the basis of the above mentioned demonstration project by the co-ordination departments for addiction prevention of the Laender and several institutes for teacher further education for several years.

Teacher further education

Other elements of addiction prevention at school are teacher's classes for qualification and further education, which are offered by continuation institutions for teachers, which belong to the Laender. Some of the Laender have developed extensive concepts and manuals for this purpose. Besides working-groups for school addiction commissioners and drug counselling teachers also training for counselling and further education are offered which can be targeted to a change of the total social climate at school. Besides these offers of advanced training and continued education which have been initiated by school authorities other organisations organise workshops, seminars and meetings for teachers as well, especially done by experts for addiction prevention.

This year, for example, a demonstration programme concerning "Addiction Prevention for Headmasters" regarding their executive duties is carried out in Berlin by the Institute for Addiction Prevention within Companies and the Office for Addiction Prophylaxis.

Peer-education

Prevention activities, which come from the pupils themselves, are still big exceptions. Although the concept of "peer-education" has increased in importance concerning addiction prevention, too, events at school are still very rare.

Network of schools' activities

Due to the "Three Factor Model" (environment, individual, drug) which serves the explanation of addiction's development prophylaxis experts in cities and municipalities take efforts to connect at school single activities which concern the three factors. Moreover at parents´

evenings students´ parents are informed about and integrated in projects. Thus measures of addiction prevention are connected and are more effectively because additionally big parts of children's´ and adolescents´ environment are integrated besides the life skills approach and the information about addictive drugs.

9.1.3 Youth programmes outside schools

Many youth programmes outside schools take place in community or church youth organisations, youth centres or sports clubs. Often, youth programmes of this type are also initiated by counselling centres of various funding bodies and associations, and by information and co-ordination centres. Youth programmes outside schools are orientated towards leisure time, unlike those in schools. The activities vary in their range from simple leisure activities, discussions and cultural events to fully-developed hands-on educational concepts.

New media / exhibitions

The increasing use of PCs and internet in youth work is a new trend. They are not only applied for information retrieval but they become an interactive discussion and information forum for peers when chat-rooms and newsgroups are set up for (Hahn 1999). As mentioned above in 2001 the BZGA set up a homepage for adolescents (www.drugcom.de) which focuses directly on the target group.

In several Laender exhibitions are carried out which are based on a particular interactive concept. The exhibitions´ aim is to make adolescents think about topics concerning "addiction", e.g. the "Extra Tour Addiction" (Bavaria) or the exhibition "Tightrope Walk" which is organised by the Land' criminal investigation office in Brandenburg. Most projects do not only focus on adolescents but also on contact persons, e.g. the project "Points of View" in Berlin which documents adolescents´ opinions concerning drugs and is explicitly carried out for teachers, educators and contact persons in the educational system. This year the exhibition "SehnSucht" (longing) organised by the BZGA is carried out in four Laender.

The Ministry for Women, Youth, Family and Health of North Rhine-Westphalia connects the topic "exhibitions" innovatively with the field of "new media". This year the interactive exhibition "addiction has always a history" was published as a CD ROM in which all components of the "real" exhibition are presented.

Gender specific project work

Preventive work for young people is essentially holistic in orientation, with 'learning by doing'; experiences are passed on directly (Hallman 1989). Formally, there are regular routine meetings (such as group evenings) and specific activities which go beyond the usual range of experience (such as project work). As gender specific aspects have gained more interest during the last years also increasingly projects especially for boys and girls have been conceptualised. Most of those initiatives have primary preventive targets and support the concept of life skill approach.

Sport clubs

In the last few years sport clubs became a more important target in the field of preventive youth work. An initiative of the BZgA, which has co-operated with independent sport clubs to support non-smoking for many years, was the basis for the start of a comprehensive co-operation in which in the meantime the majority of all German sport clubs is involved. The project concerns qualifying measures for youth trainers in sport clubs, whose attention should be drawn to the addiction problem and in their function as opinion-formers they should raise awareness for the problems of addiction and drugs and promote addiction preventive behaviour within the area of sport clubs. In 2001 about 1,500 new contact persons in the children and youth work of those associations were directed by 60 seminars in 15 Laender. This initiative for further education is supported through the participation at events, competitions and an extensive work of public relation.

This year the results of a evaluation study regarding the effects of those seminars for further education which was ordered from the BZgA in May 2000 will be presented. It was shown that the offers of further education were met with a good response of the majority of the questioned trainers and concerned people. The transmitting of knowledge is the most important aspect. Furthermore it is essential to sensitise the trainers for the topic and for their own way of dealing with it. It is proved that further education makes the participants reflect himself on the topic “addiction” and improves their awareness of being an example for adolescents. The study was carried out by Professor Dr. Klaus-Peter Brinkhoff and the research team of the university in Stuttgart.

The German Sports Association (DSB) plans to integrate the context of the “Make Children Strong” seminars in the training of it’s youth trainers. In the framework of the “Make Children Strong” tour sports, games and competition events were used to get in touch with trainers and parents. In 2001 an estimated number of 1,000, 000 visitors will probably join one of the 31 events. Additionally the tour is an important mean for public relations. Thus the campaign or events which were related to it were mentioned in more than 2000 press reports in the last year. Sport clubs are supported directly by the club service of “Make Children Strong”. The service supplies a personal counselling for action days, club parties or competitions and material for the support of addiction prevention. A nationwide expert conference with more than 200 people took place in Potsdam in September 2000 organised by the BzgA with participation of the big sports associations Its documentation gives a good overview on the present stage of development (BZgA 2001a).

A more recent study which included approximately 600 adolescents of the age of 12-16 (Brettschneider 2001) about the standards and reality of youth work in sport clubs shows that in the average there is no difference between adolescent sport club members and non-members concerning the use of alcohol and illegal drugs. The proportion or smokers is remarkably lower in sport clubs, but a significant difference in use between the various kinds of sport was discovered. The authors recommend that “too optimistic assumptions concerning the positive effects of sport clubs regarding the adolescents´ development have to be qualified.”

Party projects

Due to the continuous distribution of drugs, especially ecstasy and other designer drugs in the techno scene specific prevention projects were developed which focus particularly on distributing information concerning harm reduction and regulations for safer use. About 30 of those projects are known as clubs or self-help initiatives which try to direct their clients with various offers especially at parties. The offers ranges from informative pamphlets and information cards with detailed information about substances and "safer use", discussions within the internet which offer present reports about new and dangerous substances and also information about the offer of drug checking. However, in Germany drug checking is not legal yet.

The campaign "Risky Combination" which is organised by the Office for Addiction Prevention in Hamburg focuses on the fact that it is common in the party scene to use mixtures of various drugs. In the autumn 2001 the BZgA will carry out the expert conference "Drugs in the Party Scene" in Cologne with approximately 100 experts of addiction prevention, politics, sciences and administration. The conference is linked with the experiences and results of the status seminar of the BZgA (1997) and is supposed to take on and evaluate new developments in practice and research. The question if drug checking is to be applied as a strategy in prevention will also be taken into consideration (compare, e.g. , with a recent critical publication concerning the concepts quality and effectiveness, Winstock, Wolff & Ramsay 2001). The aim of the conference is to work out a national exchange of information, development of opinions and to find conclusions for processing the regulations of ecstasy prevention. In the framework of a project fair self-help groups, projects and organisations which work in the prevention of party drugs in Germany are presented.

A few Laender developed campaigns concerning the sensible alcohol use of adolescents. There were numerous regional projects in sport clubs, in the field of youth culture, in driving schools, in companies and many other areas. Exemplary are the theatre project "addiction's experiences" (Saxony-Anhalt) or the campaign "Be Hard, Drink Soft" (Baden-Württemberg). The BZgA supports the Laender initiatives with their umbrella campaign "Responsible alcohol use sets a limit". Due to the Minister Conference of the WHO region Europe in February 2001 the BZgA published several prevention projects in a German-English documentation.

A great part of adolescents at the age of 18 learn to drive. In Saxony-Anhalt the theoretical drivers´ lessons are integrated in a demonstration project. Discussions about the problems of legal and illegal drugs in traffic are carried out during lessons in the driving school.

9.1.4 Community programmes

Interventions in this area can be classified on a phenomenological level into two groups (Künzel-Böhmer 1993): 1. programmes with the specific aim of preventing addiction and 2. comprehensive health promotion programmes aiming at the encouragement of a healthy lifestyle and environment, and thus striving towards (non-specific) beneficial effects including the avoidance of drug use. The youth programmes described above, whether school-based or not, are also part of the community-based preventive activities. In Germany, community

activities which are specifically drug-related include many (large-scale) events under a drug-free banner (“anti-drugs discos”, rave parties with a “no-drugs” motto). In almost every German city centres such as drug-free cafes and similar leisure facilities are now in existence. At a local level isolated attempts are being made to influence alcohol consumption in the young by lowering the prices of non-alcoholic beverages in the pubs. In Germany there is a legal duty to sell one non-alcoholic beverage for equal prize as the cheapest alcoholic beverage at same quantity (BGBL I S. 34586). The Federal Criminal Police Office (BKA) runs a project data bank for criminal prevention ("Infopool Prävention") which integrates among other things the field of “drugs and addiction”. Many police departments are doing drug prevention, usually combined with the dissemination of information on illegal drugs and drug-related delinquency, the organisation of anti-addiction days or weeks, and organising anti-drugs discos. The target groups are generally younger people, particularly schoolchildren, but also parents, teachers, and other opinion-formers. Present activities in the field of criminal prevention , for example in 2000 there was a documentation of first notified children and adolescents (“Kids in Action”) or adolescent immigrant from former Soviet Union countries with an German ethnic background (“Spätaussiedler”) in problematic areas (BKA 2000c.)

9.1.5 Telephone help lines

An information telephone help line for addition prevention is available at the BZgA as national number for drug-related questions. It is an offer which covers different subjects and can be reached by a nationwide telephone number. In March 2001, at the 2nd European Conference of “Drug Help lines” in Berlin the BZgA reported that out of approximately 7,000 questions a year concerning “addiction” approximately 1,000 concern “drugs” (BzgA 2001a).

Additionally it was tried to organise a unified national number for drug counselling centres in order to provide secondary prevention 24 hours a day. The number "19237" can only be reached in Berlin and Nürnberg. A more widespread dissemination failed until now because most of the drugs counselling centres are not able to offer access for a minimum of 12 hours daily which was a standard asked for. Unified telephone help lines at regional level are established in different cities all over Germany, for example in Munich, Cologne, Düsseldorf, Frankfurt, Berlin and Bremen. It has to be taken into account that of course each drug counselling centre can be reached by telephone and contacts are often established via phone. Statistical data on telephone calls for help do not exist at national level.

9.1.6 Mass media campaigns

The above mentioned independent measures in the various fields are activities which are carried out during a bigger campaign. A mass media campaign is known as a set of independent measures which support each other mutually due to their specific combination. Characteristic for addiction prevention campaigns is that a mixture of the most various media (print/film/event etc.) is used to direct different target groups in a appropriate way. They consist of mass and interpersonal communicative elements which are related to each other.

The mass-media campaigns in Germany are centred on the wide-ranging multimedia campaign on preventing drugs and addiction, which is operated by the Federal Centre for Health Education and is made up of a variety of elements. The most important mass-media elements in the campaign "Make Children Strong" (Kinder stark machen) are several advertising themes, TV and cinema-spots, brochures and further education material for contact persons and **target** groups as well as a travelling exhibition. The campaign is a communicative “umbrella” for various, especially personal communicative parts of measures (e.g. co-operation with sport associations) and in the meantime well known. Part of the campaign is a poster advertising activity of the German Sports Association (DSB) and the BZgA which is supported by the Fachverband für Außenwerbung (FAW) which offers advertising area for free. In 2001, 24,500 large sized posters and 14,200 city lights will be put in.

Concerning the topic “alcohol” the BZgA developed a campaign called “Responsible Alcohol Use Sets a Limit”. A central element of the campaign is a brochure with tips and information for a responsible use of alcohol, various posters as well as supporting material for physicians to help patients with alcohol problems through short intervention.

Also at the Land level there are still regional focused actions similar to campaigns. For example in North Rhine-Westphalia since a couple of years a Land campaign is conducted with regionally organised addiction weeks under the slogan "addiction always has a history". This year a CD ROM was published with which the interactive exhibition “addiction always has a history” can be experienced three-dimensionally. The comprehensive library consists of a addiction lexicon, questionnaires and texts from the exhibition and also tips for using the CD ROM in children and youth groups´ lessons. Other Laender like Schleswig-Holstein ("Once its enough"), Hamburg ("we act before addiction emerges") or Baden-Württemberg are joining in with posters, TV spots and advertisements to make addiction prevention a topic of discussion. The message “responsible alcohol use sets a limit” is already a basis for a common and communicative umbrella. In Rhineland-Palatinate the local head office for health’s support (LZG) published information material concerning the dealing of public relation work in order to support the public relation work of the prevention experts.

9.1.7 Internet

Access to Internet

Due to a study which was carried out in Hamburg 45,7% of German citizens have access to the internet, about 30% use it (Gruner und Jahr Media- Service: On Screen Band I, Hamburg 2000). The present JIM-study (youth, information and multi media) which was done by the media educational research association south-west shows that 81% of the 12-19-year-old adolescents have experience at computers and 57% are internet users - when rare use is considered as a benchmark. 50% of those users are several times a week in the web. Moreover the study reports that adolescents have a remarkably positive opinion of the internet. This is why the internet becomes an important instrument in prevention to contact adolescent target groups.

Systematic improvement in access to and the use of this medium is strived for by Ministers for Education and the Art and industry through a program called “Schools to the Net”. Meanwhile 13,000 schools got access to the net; until the end of 2001 all schools should be connected. Further initiatives, for example co-operations with the economy aim at a better supply of schools with needed hardware.

With an increasing dissemination and change of daily forms of communication by so-called “new media” - especially by computer, Email, mobile phones and internet – also the possibilities of creating and transmitting demand reduction interventions have grown and changed.

Internet and addiction aid

Electronic media is increasingly used in the field of addiction aid especially in counselling services, treatment and in institutions of prevention, too. A result is that increasingly institutions are connected and information is consolidated, for example, through setting up portals. In North Rhine-Westphalia, for example, there are 43 departments for addiction prevention in a main portal in the web available (www.suchtvorbeugung.de) which is simultaneously networked with the information server of the local Laender co-ordination office and the Ministry for Women, Youth, Family and Health in North Rhine-Westphalia. There is a similar trend in other Laender as well, e.g. Hamburg. But there are also activities in which several Laender take part. Thus the five Laender in the north of Germany and Brandenburg set up a portal consisting of 20 special areas for addiction prevention (www.open-spacesuchtpraevention.de) which has been available for all experts of addiction prevention in order to exchange information and to discuss matters. However, this media is still used rarely.

In 2001 there are still no results concerning quantity regarding the possibilities of access to the internet and email of institutions, associations and services of the help system. Daily life shows that associations and organisations have regular access to that kind of media, whereas it is not very common in the institutions of treatment.

Local counselling centres (for example in Frankfurt) also try and test personal counselling via internet. An example for a peer-to-peer project in the web is a multi medial offer of counselling called “youth line” which is organised by local administration of Hohenlohekreis. Adolescents counsel peers at the telephone, in the web via email or chat, via fax and traditional mail concerning questions about daily life and everything what is important for adolescents. The offer is permanently extended and modified depending on the adolescents´ needs.

A new website of the DBDD - the German centre of the EDBB - was established in 2000. The primary aim is not the self-presentation of the DBDD, but the use of the website as an information centre and an interface for as many people as possible in the field of demand reduction. This year, additionally it is prepared to network and optimise the information sources of the institutions which work together with the DBDD (IFT/DHS/BZgA). First a stocktaking and a analysis of the present data and information sources as well as an

evaluation of the user behaviour is done. The results are supposed to be used for optimising and modifying the DBDD homepage next year.

Independent projects connected with the Internet

The internet gives all providers the opportunity to bring selected contents and subjects to the public. Many organisations use the medium as an electronic annual report to show own offers, projects and services. Others use its communicative possibilities as a new way of interpersonal communication with the target group. Due to the great popularity of the internet among adolescents there are also projects which direct adolescents to inform them about the risk of drug use. Thus at the 21st July 2001 the internet project "www.drugcom.de" started which was initiated by the BZgA and then developed in co-operation with the Association for Research, Counselling and Project Developing mbH (Delphi) in Berlin. The aim is to contact especially adolescents which are attracted by drugs directly by using the internet. www.Drugcom.de consists of four main areas, druginfo, drugworks, drugtalk and freestyle.

"Druginfo" tries to make adolescents think about the topic drugs and their own use of substances in a playful and interactive way. At the moment there are four self-tests for various drugs available. The test ends with a personal evaluation and a comment concerning the results. Additionally there is a drug lexicon in this area.

"Drugworks" is a platform where own ideas and opinions concerning addiction and drugs can be presented. Schools, youth clubs and other social institutions of youth welfare are invited to develop and present together with adolescents specific works concerning addiction prevention, for example, websites, films, photo stories, comics or texts. The collected works form a centre of ideas which offers again links and inspirations for new activities and ideas.

"Drugtalk" offers the possibility to chat particularly about topics concerning addiction and drugs but also about everything what concerns a adolescent's life. The user can exchange their experiences on a personal level and anonymously. The chats are guided by people which have enough experience to offer a competent counselling. There is also the possibility of a private counselling in the case of specific problems. The user can enter with his/her counsellor a protected area, which is not accessible for others.

Part of a successful addictive prevention is also to show that it is possible to have fun without drugs and offer positive alternatives. Adolescents who search for action and fun are directed, too, at drugcom. The field "freestyle" offers a wide range of adolescents´ interest, e.g. music and club scene, games, cinema, trend sports and fashion.

In Saxony there are two projects concerning addiction at the moment which are focussed on adolescents and their persons in charge ("Ikarus") or adolescents which already used drugs ("Drug Scouts").

9.2 Reduction of drug related harm

9.2.1 Outreach work

Outreach work targets at a low-threshold support of people without requiring a drug free personal state. By means of these approaches the drug help system is connected with the reality of drug users. Street-work brings the problems of the drug scene into the drug help system and improves the acceptance of professional care by drug users. Target are to get more and better contacts to drug abusing and drug addicted persons as well as to intensify support and changes of clients. The targets turn to persons who stay at public streets or places, sometimes because they are homeless and cannot make use of care services at all or only to a small extent. Additionally there is an approach in law politics to destroy open drug scenes if possible and to send people to specific help centres. Major tasks of outreach work are to get in contact with people, to establish stable relationships, to give social support (care in emergency) crisis intervention and counselling. Tasks are also care in institutions and the representation of interests and public relations work. Outreach work is also a part of the research project concerning heroin supported treatment.

Specific training for professionals is available in Nuremberg where a training for professionals in "accepting drug work" is provided every two or three years. There are two other organisations which offer outreach work experts a training for professionals to become qualified for “addiction counselling” and “social therapy”.

9.2.2 Low threshold services

Target groups of low threshold services are acute drug users. Social contacts are often missing and there are deficits in housing, education, work, income as well as physical, social and mental damage as a consequence of long and intensive misuse of or addition to narcotics. Major aims are to safe life, prevent physical damage, save social structures of affected people and to maintain and improve physical and mental health.

Additionally the project reaches people which have a relatively less problematic use of drugs, e.g. ecstasy users. In those cases the main aspect is to avoid the changing towards a use of higher risk and to establish as early as possible a contact to counselling and qualified information. It is often difficult to separate in practice the “low threshold services” from the remaining measures concerning drug problems.

Offers for drug users with a less problematic drug use

Numerous studies show that drug users are already notified relatively early at institutions of criminal persecution. Due to the amendment of the narcotic law most criminal proceedings of the mentioned people area already abandoned by the public prosecutor. But there is the possibility of early intervention which focuses on avoiding permanent or more problematic use of drugs. The project “Early Intervention for First Notified Drug Users” (FreD) tries to convey qualified information about drug use and it’s risks. Thus to affect a critical reflection of

young drug users. In the autumn 2000 the project was started in co-operation with several Laender (e.g. Berlin, Saxony and Mecklenburg Western Pomeranian).

In North Rhine-Westphalia a project carried out by the Land task force for addiction prevention served the evaluation of information material about risks of certain drugs and the dealing with them during techno or rave events (Schroers & Schneider 1998). The result of the survey was a heavy dissemination of various drugs. 1/3 used cannabis on a daily basis and 1/3 used ecstasy and amphetamines “frequently per week”. It was common to use several drugs. The material and the way of acting was considered positive and helpful.

In Saxony there are two projects concerning addiction at the moment which are focussed on adolescents and their persons in charge (“Ikarus”) or adolescents which already used drugs (“Drug Scouts”).

Offers for drug users with heavy drug problems

Low threshold services are interventions reaching for harm minimisation. In the last 10 years they were introduced for users of illegal drugs in Germany. They are either part of drug counselling or treatment centres or an institution of its own. Contact shops offer food, sanitation facilities, needle exchange, problem oriented counselling and arrangement of further medical and psycho-social help. In some big cities there are also places to sleep for homeless drug addicts. Medical care is often provided. Low threshold services are almost exclusively provided by facilities of non profit organisations which In some cities (Berlin, Frankfurt, Hamburg, Munich) co-operate with each other. In Germany it becomes increasingly important to establish also native-language offers for socially disintegrated drug users. Further important target groups of the Drug Aid as well in the field of low threshold services could be reached by employing experts who speak, for example, Turkish or Russian.

Low threshold services for parents and their children could be essential, too. So far; however, there is only one institution of this kind which could be established in Hamburg. Due to the professional services the situation of the drug addicts´ children in the open drug scene is becoming increasingly problematic.

Since the narcotic law was changed it is possible to set up legal drug rooms where addicts can use their drugs in a hygienic way, if certain standards and the Laenders' basic regulations are kept. There are hardly any results of research in this field. Since there were a range of simultaneously changes in the concerned local authority districts regarding the dealings of drug issues it is difficult to evaluate the effects of the independent measures.

Due to the statistics of 2000 there are approximately 75 to 100 institutions in Germany which offer low threshold services and about 15 institutions which offer places to sleep for homeless drug addicts.

9.2.3 Prevention of infectious diseases

Measures to prevent infectious diseases such as HIV, hepatitis B and C or tuberculoses are offered in Germany by low threshold contact services or services for crisis intervention. Also projects or centres targeting to groups at risk from drugs or experimenting with drugs often offer services to prevent infectious diseases. Needle exchange, free condoms and counselling are standard offers made.

Sterile syringes can be bought cheaply in pharmacies. If drug users don't have money, the pharmacy is obliged to deliver cost free sterile syringes to them. They can also be handed out or exchanged at syringe machines or at syringe exchange services of the AIDS and drug help services. In some German cities general mobile needle exchange services for intravenous drug users are existing, in Hamburg for example there is a DROB-INN bus nearby the railway station. Also for the prevention of hepatitis in Germany measures to prevent infections are offered to drug addicts and persons at risk. Since 1996 for example in Berlin the association Mobilfix/Fixpunkt e.V. conducts hepatitis education and vaccination for drug users. A "hepatitis mobile" is situated close to a meeting point of the drug scene. Target groups for hepatitis A and B vaccinations as well as for counselling are i.v. drug users and clients with a high risk to start i.v. drug use (e.g. inhalers and smoker of heroin and cocaine). The German AIDS-Help give "safer-use" education on risks of i.v. drug use on their homepage (www.aidshilfe.de/html/service/drogen/spritzen.htm). i.v. drug use and particular high-risk forms of application are especially common in prison. Projects concerning the distribution of syringes show possibilities to become active (details in chapter 13).

Condoms to prevent sexually transmitted diseases are easy to get for the group of drug addicts. At local level they are often distributed for free in the framework of low threshold services. For a small amount of money they are available in pharmacies, supermarkets or at condom machines in bars or discotheques. Anonymous AIDS testing was supported by the Federal Ministry for Health for a long period of time. In many German health centres free HIV testing including additional counselling is possible. Whereas the "PCR" test makes genetic material of HIV already visible after two or three days HIV antibodies can only be proofed after about three months. First the "ELISA" test is used. If the results are positive a further antibody test is used the so-called "Western-Blot". It can prove antibodies o HIV-1, HIV-2 and subtypes. Since 1999 HIV tests are part of a medical benefits catalogue of the public health insurance. The health insurance scheme pay for the tests if there are symptoms for a HIV-infection. Should the test be made without any of these symptoms it has to be paid by the tested himself.

Beside these services there are special activities to prevent infectious diseases. For example INDRO e.V. offers in co-operation with the city of Münster special safer use material in Russian language for migrants. In a two year model project interventions for the prevention of infectious diseases were established in two prisons of Lower Saxony (Meyenberg et al 1999). In 2000 the first drug consumption room for female drug users was opened In Hamburg.

9.3 Treatment

9.3.1 Treatment and health care at national level

For addicts who want to cope with their addiction with professional support there is much help to get out of drug use and there are many therapeutic services available. According to recent state of knowledge treatment is split into four fundamental stages:

- phase of contact and motivation,
- phase of detoxification and withdrawal,
- phase of rehabilitation,
- phase of further treatment and after care.

Stages of treatment

As mentioned above the treatment is split into stages whereas the contact stage aims to reach, maintain and consolidate the motivation for the addiction treatment.

In the phase of detoxification and withdrawal the "qualified withdrawal" is increasingly preferred by professionals. A multi-professional team works already in the stage of detoxification on different aspects of addiction. Part of this intensive medical, psycho-social and therapeutic care are informational and motivational units for group therapy. They help to continue the motivational work from the stage of contact during detoxification. The phase of detoxification and withdrawal can take two to six weeks depending on each single case. In Germany it is mainly done in inpatient treatment centres.

During the phase of rehabilitation the abstinence which was reached by detoxification should be stabilised and addiction should be overcome in the long term. Rehabilitation can be out-patient, partial inpatient or inpatient. For drug addicts an average rehabilitation of six months is planned. Inpatient rehabilitation is usually done in special clinics, therapeutic communities or specialised units of psychiatric hospitals. There are special inpatient services for women, parents and children, minors or migrants. Individual or group therapeutic offers, work therapy, sports and creative offers are in the centre of treatment.

Besides offers described in paragraph 9.5 the phase of further treatment and after-care refers in drug addiction treatment mainly to the phase of adaptation. In this phase individual therapeutic applications are reduced in order to improve the orientation towards integration, work and society which are outside of treatment. Professionals of the work administration and pension scheme provider support the clients which make efforts to integrate themselves in society.

An individual help plan should be developed for the treatment. In the beginning there is an intensive counselling which consists of medical, mental and social diagnoses and case history. A main aspect is an agreement between professionals and clients about the process of help. All offers of treatment and health care which are available at regional level are taken into consideration to select the best interventions. A demonstration project of the Ministry for

Health showed that in the process of composing a help plan "case management" is extremely important.

Due to financial reduction of the service providers especially the phase of rehabilitation was shortened during the last years. A study done by Sonntag & Künzel (2000) comes to the conclusion that the therapy of alcohol and drug addict patients can be reduced up to a period of 3 to 4 months without a loss of quality if certain conditions are given, i.e. the level of disorder must not be above-average, the therapy concept has to be modified to the shorter period of treatment and possibly a more intensive treatment within the remaining time.

A study (Tretter et.al 2001) (“Turbo Withdrawal”) concerning the withdrawal of opiates by the antagonistic induced and narcotic supported method examined the process and the result up to 12 months after treatment this withdrawal’s method. In general this withdrawal concerned methadone substituted people which got detoxification treatment under anaesthetic by the means of naltrexone. The treatment lasted 6.3 days on the average and was thus very short. However, 50% of the patients were in a (very) bad general condition during the first month. After 6 months the abstinence rate concerning hard drugs was 33%. The patients satisfaction with treatment was average.

Provision of treatment

Various forms of treatment’s organisation were developed in the structured system of national insurance in Germany. Out-patient counselling departments offer contact, motivation and a out-patient treating whereas detoxification and withdrawal are generally carried out in so-called “Regular Hospitals” or in a few specialised institutions, too. There are various kinds of institutions for the phase of rehabilitation which were established, e.g. specialised units of hospitals, specialised clinics or therapeutic communities. In the phase of further treatment and after care a complex offer of help is made depending on the addict’s need which concerns jobs, housing projects or life in communities. Experts which have generally qualified in specific further education work in those special fields of tasks.

The aim of all those offers is to stabilise drug abstinence. Substitution is the only field which offers non-drug free treatment (see substitution), however substitution is a method which reaches remarkably more drug addicts. So far the linking of the regular system of health providing in Germany and the special system of the drug help to a efficient union has not been completely satisfying. However, co-operation and co-ordination are at a regional level considerably better.

One of the main standards in drug addiction treatment is the co-operation of different professions from social work/education, psychology and medicine. Holders of centres are the Federal Laender or communities are responsible for quality management and professional supervision of out-patient services. For detoxification and withdrawal the respective funding authorities have the responsibility.

Financial aspects and service providers

In Germany drug help reaches a high percentage of addicts whereas the help is focussed on substitution. It was estimated that approximately 50,000 people took part in a substitution programme at each day of the year. There are about 300 specialised drug counselling centres and moreover approximately 700 addiction counselling centres which are in charge of drugs and other psychotropic drugs. There are more than 1,500 slots for withdrawal and about 5,000 slots for rehabilitation for drug addicts. Further drug counselling centres are available for the case of drug related or other problems. In 1999 altogether 564 cases of out-patient and 7,164 of in-patient rehabilitation treatments for drug addicts were granted by the pension scheme's provider. Most of the institutions are non-profit holders. Especially the in-patient treatment is supported by public law and commercial providers.

Services to help stopping drug use and therapy are mainly funded by public budgets. It has to be taken into consideration that about one third of the costs in out-patient centres have to be paid by the organisations´ holders themselves. With the exception of out-patient therapeutic treatment out-patient drug care is paid to a large extent by Laender and communities on a voluntary basis. There is no legal demand for this support. Institutions have to accept annual funding, too. Public health insurances are responsible for the phase of detoxification and withdrawal. Public pension insurances are in the competence of rehabilitations, which is funding medical rehabilitation to re-establish the ability to work. Public pension insurances determine method, scope and duration of treatment. For further treatment and after care there is no legal basis for funding except in certain cases. Holders of institutions depend on individual models of funding.Only experts which are qualified by further education are allowed to work in the field of addiction therapy. The union of the German pension scheme's providers (VDR) in which all German pension scheme's providers are united passed regulations concerning the further education for experts of individual and group therapies in the framework of medical rehabilitation of addicts. Thus the concerned institutions for further education can obtain "recommendation of acceptance".

9.3.2 Substitution and maintenance programmes

Until the beginning of the eighties it was only in isolated cases possible to use substitution substances for the treatment of drug addicts in Germany. General practitioners did not participate in the treatment of drug addiction apart from emergency cases, secondary diseases and the prescription of substitution substances from time to time. Since about 1985, however, this group was included first through prescription of legal substitutes of opiates (e.g. codeine and Dihydrocodeine). Since the amendment of the Narcotics Law (BtmG) and the adaptation of decree on the prescription of narcotics (BtmVV) in 1992 this group was very much involved in addiction treatment through methadone substitution. A summary for the Land Hesse shows that more than 80% of all physicians which are certified for substitution programmes by the legal health insurance are general practitioners. Psychiatrists and outpatient facilities for substitution are numerically less important (Hessisches Sozialministerium 2001).

Since the end of 1999 drug addicts in Germany exceptionally can be treated with codeine and dihydrocodeine as a substitute in specific medical cases. Kalke et al. (2001) examined 165 people in substitution programmes to find out whether the legally ordered changing from codeine to methadone as the standard medicine in substitution caused problems. He found out that there were no problems in 73% of the cases and the majority of the patients were more satisfied with the new medicine.

The Third Amendment of the Narcotic Law (3. BtMG-ÄndG) passed on 28th of February 2000 helps now to regulate substitution more detailed by means of decrees. Due to this, from the 1st July 2002 on, all physicians which carry out substitution have the duty to obtain a special qualification which meets the requirements of the 15th BtmÄndVV. Details are defined by the Medical Associations. Frequently these already offer courses in „basic services in addiction medicine“. Outside of these regulations are doctors, who do substitution treatment for not more than 3 persons at the same time. In these cases treatment can take place also in collaboration with a qualified colleagues even without an own additional qualification (“Konsiliarius” procedure).

It also includes a register for substituted clients, which has been developed in detail by the 15th adaptation of decree on the prescription of narcotics (BtMÄndV) . The aim is to combat multiple prescriptions by several doctors as well as an increasing availability of substitution substances on the black market. The "substitution register" will be established centrally at the Federal Institute for Drugs and Medical Devices (BfArM). From 1st July 2002 on all physicians are obliged to report every substitution’s prescription for patients to the register anonymously. If the patient takes part in a second substitution programme at the same time the register office establishes contact between the two physicians in order to be informed and control the further treatment. The registrations are also checked to find out whether the prescribing physicians are qualified for substitution programmes.

Substitute prescription is only allowed when it covers the requirements of the 15th BtmÄndVV, i.e. the substitution device is used in accordance with the requirements and there is no high-risk use of additional substances. For this purpose the patient at the beginning has to take the substitution substance each day at the doctor’s office. A maximum of 7 daily doses can be supplied to the patient later if there is no risky use or abuse of additional substances (“take home” prescription). For stays abroad (e.g. holidays) there is the possibility to prescribe bigger amounts of up to 30 daily doses per year.

As this is paid by the health insurance in principle, there exist additional regulations from the national committee of the Medical doctors and the health insurance which define the prerequisites for the funding of substitution (§ 135 Abs. 1). The costs of psycho-social counselling and support accompanying treatment of patients is not seen as a regular benefit by the providers of the legal health insurance. For this reason substitution is frequently carried out without psycho-social care for the patients. In Saarland during a demonstration project psycho social treating elements are offered directly in physician’s practices which are financed by public means (Ministerium für Frauen, Arbeit, Gesundheit und Soziales des Saarlandes 2000a, 2000b). The regulation of the Federal Commission is based on a differentiated determination of indication which allows to settle accounts with the health

insurance only for a accompanying disease. If substitution is paid for by Land programmes or private prescriptions of General practitioners are used, the AUB regulations do no apply. Beside the general practitioners in Germany there are especially in the cities (e.g. Berlin, Frankfurt, Hanover, Cologne) substitution ambulatories and other specialised facilities. Compared to substitution offered within a doctor's office some structural and therapeutic advances are given, especially in relation to psychosocial aspects of treatment.

Substitution treatment within the compound system of drug care is building a bridge to health and psychosocial stabilisation, but also towards the acceptance of further help to get away from the drug scene and the drug binding on mid or long term. It increases access to groups of clients, who had no contact to the help system till then or who had broken contact long before and in this way improves survival during phases of acute drug addiction. In parallel the health status of the long term addicts is stabilised and somatic damages as a consequence of heroin use are avoided. Important aims are also the protection of the social situation of the person through measures to preserve the flat, the job and the support of family structures as well as parallel activities to avoid social disintegration. As substitution also makes longer phases of abstinence possible it can help the drug addicts to get insight into his basic disease and to accept his need for treatment. This should be followed by out-patient, semi-inpatient or in-patient interventions.

The number of clients under substitution as well as the successes of this method in Germany cannot be derived directly as adequate documentation systems are missing. It is estimated that approximately 60,000 people took part in substitution programmes in 2000. It is assumed that exact data of clients can be presented by the "central substitution register" in 2002.

9.4 After-care and re-integration

In Germany after-care and re-integration are both financed only to a small extent by Laender, communities or holders of social security. Funding is not based on the Social Law. This is the reason why there are about 150 mainly non profit holders of organisations with a large variety of after-care and re-integration services depending on regional necessities and circumstances.

Re-integration offers have developed at a large scale during the last years. They are no longer the last link in the chain of treatment but have to be offered in each phase of the treatment process. That means that services have to be available and accessible for drug users, substituted persons, during and after medical rehabilitation and as well after the stage of contact.

Given the fact that about 80% of drug addicts are unemployed, about 50% don't have any professional training, about 60 to 70% have no sufficient school education and about 20% do not have stable housing there are diverse areas of responsibilities. It has to be taken into consideration that the development of drug addiction was often accompanied by school or job failure, therefore qualification in this specific area is absolutely necessary in treatment of drug addiction. Facing about 60,000 treated drug addicts per year at least 30,000 offers in

the field of re-integration should be available. In fact existing services in the field of occupation/qualification can reach about 1,500 persons, in the field of education about 300 persons, in the field of housing about 2,000 persons and in the field of culture (theatre, music, arts etc.) about 200 persons at best.

9.4.1 Education and training

Viewing deficits of drug addicts in the job situation, long time of unemployment during their professional career, a lack in school education and the missing of job training education and training are major factors in their re-integration.

In some places there are school projects where b- and c-levels can be made. Further projects in which job training can be started are widely available. There is a close co-operation with trade and industry which makes special institutions of the drug help system often not necessary. Training is offered to learn key qualifications such as endurance, power of concentration, sense of responsibility, critical faculty. Among those are school and job interventions which meet the demands of the labour market, for example application training, interventions for qualification, job and occupational projects as well as practical training in business of the normal labour market. It is not possible to quantify those interventions.

In the field of occupational re-integration day structuring interventions are especially important. Work and useful occupation help drug addicts to structure their day. Those interventions give new possibilities to start a professional and social re-integration. To be confronted with everyday reality improves social competence, establishes social relationships and leads to an independent way of life without any help. Means of day structuring are for example work therapy, occupational therapy and work and occupation projects.

9.4.2 Employment

Work and occupation projects are part of the drug help system. They offer diverse possibilities to get gradually used to work and work processes up to full employment. After those projects the chance of affected persons to get re-integrated into the labour market or to get further reaching training or re-education becomes more realistic. As work and occupation projects cannot be done by generic drug care services they have become an independent field of professional work within the drug help system. Drug care holds a large variety of enterprises and interventions but exclusively on regional level.

A demonstration project which was carried out in Bavaria and other Laender in rural regions combines out-patient therapy in counselling centres with working at small farms. The addict is living on the farm during this period. Although the expenses are considerably lower the results of this project are altogether better compared to the results of the regular in-patient treatments. A similar project took place in Schleswig-Holstein, where drug users were working in small craft companies. Results show, however, that this type of treatment is not adequate for each client (Küfner et al. 2000)

9.4.3 Housing

Accompanied housing is the major intervention of social re-integration. It is a global term for different forms of support for housing in drug care. It aims at stabilising, orientation and crisis intervention after inpatient treatment. Substituted and abstinent people still needing support can be offered accompanied housing. People in accompanied housing need regular but not permanent help of professionals.

9.5 Interventions in the Criminal Justice System

Information on this topic can be found in the special topic section in chapter 13.

9.6 Specific targets and settings

9.6.1 Self-help groups

Especially through mutual projects and regular reflections an identification is developed in self-help groups which can be used constructively. It is maintained because of it's daily need which serves the community as well as the individual. Thus the individual discovers his/her resources again, can use them, gets to know new aspects and achieves something. Emotions and wishes become clear and thus can be discussed and worked out. Examinations (e.g. Fredersdorf 1997) prove that this effect is valid beyond the borders of specific addiction. In Germany self-help groups in the field of illegal drugs are rare. There are several local groups of the "Narcotic Anonymous" as well as groups of the self-help organisation "JES" (junkies, ex-user, substituted). Nevertheless a few really successful after **care projects developed on the basis of self-help concepts. These projects always include professional help. This can be the case to a bigger (e.g. Synanon) or smaller (e.g. Self-help Taunus) extent.**

The Ministry for Heath has funded a study between 1999 and 2001 on the situation of out-patient self-help activities in the drugs field (Federsdorf 2001). This covers self help groups, whose members used or still use mainly illegal psychoactive substances and live outside of therapeutic institutions. They meet to work on their drug specific problems. In workshops members of JES (Junkies, Ex-users and people under substitution) and Narcotics Anonymous were asked for their self concept and activities. Data out of the documentation of inpatient care were compared to that. Altogether 265 initiatives were found, which work on the topics „Live with drugs", drug policy and which support their members. From this group 73 /27,5%) participated in a survey, for each type of group between 25% and (0% of the members joined in. There is a tendency for an increase in participation in those groups. Cooperation with the medical system and professional addiction care is better accepted than assumed in general. The group helps to improve personal conditions , as judged by the participants of the study in the following fields: social, housing, finances. The use of psychotropic substances - mainly heroin, cocaine, amphetamines and alcohol - decrease more and more the longer a person is a member of the group.

9.6.2 Gender-specific issues

The orientation of many of the programmes, measures or systems described earlier takes account of specifically gender-related aspects not as much as it would be asked for. For this reason in Germany a group of about 15 facilities has been set up, which offer services exclusively for women mostly following feministic concepts. An important starting point for these facilities is the situation, that women in mixed facilities - where they most often are under represented - cannot sufficiently tackle their specific experiences from their drug history. Offers specially targeted towards women also can be found in in-patient treatment facilities. Almost every city also has special counselling services for girls who are addicts or at risk of addiction. Additionally there are also specific offers for drug addicted prostitutes. Besides many psychosocial services and practical assistance for everyday living (needle exchange, issue of condoms, etc.) these centres also offer specific overnight projects in recognition of the fact that most prostitutes work into the morning hours and therefore need different sleeping times from those offered in normal emergency accommodation. So-called "prostitute projects" exist for example in Berlin (Hydra e.V.) and in Bochum (Madonna e.V.).

Many of these specialised centres mentioned are also actively engaged besides psycho-social counselling in the framework of opinion-formers activities and to this end advise and support educators, teachers and social worker in their work with women and girls who are addicts or at risk of becoming addicted. Also in the area of prevention many of the programmes, measures and activities described above are considering gender-specific aspects.

9.6.3 Children of drug users

A not inconsiderable proportion of addicts have children of their own to care for, both in the phase of active addiction and after treatment has ended. These children often find it difficult to lead a normal childhood. Their everyday life lacks the basic essentials and the necessary stability in their material and emotional environment. Moreover, in their own milieu they are at special risk of being stigmatised and disadvantaged. Frequently, there is the threat that the children are brought up by strangers, outside their own family. At Federal level specific help for those children and their parents in out-patient care are rare for such children and their parents. In in-patient care there are about 20 treatment facilities which take in children together with their drug addicted parents. Some of them, e.g. in Ingenheim (Therapiezentrum Villa Maria), Lüneburg (Therapeutische Gemeinschaft Wilschenbruch) or Obersulm (Therapiezentrum Friedrichshof) have developed special facilities for children, which take care of the support of the children within the normal system (kindergarten, school). Some of these facilities are acknowledged by the law on children and youth welfare (Kinder- und Jugendhilfegesetzt KJHG). The funding of the children's´ stay is still not adequately solved.

9.6.4 Parents of drug users

Counselling and help for parents of drug users is the responsibility of the out-patient counselling and treatment centres in the first place. About one out of 10 interventions of these facilities is targeted towards relatives. Self-help groups of parents (Elternkreise) have united into national associations of parent groups (“Bundesverband der Elternkreise“, “Elternkreisen für akzeptierende Drogenarbeit“). These groups are often supported by professional facilities. In these self-help groups the main stress is on exchanging experiences and giving support in coping with the children's drug addiction. In some cases, more formally organised relatives' groups (such as registered associations) grow out of the self-help initiatives, which also look outwards through their own services of individual counselling, group services, crisis interventions, public relations and information and take influence on drug policy respectively.

9.6.5 Ethnic minorities and migrants

During the last two to three years problems associated with drugs and addiction among foreign citizens became more and more a topic of interest in Germany. Yet distinctions have to be made between different groups of immigrants. Since the 1950s so called foreign workers came to Germany mainly from countries of Southern Europe. Some families already live here for three generations, younger family members were born and grown up in Germany. Other children of foreign workers grew up in their home country and came here later in the framework of the principle of allowing families to be united. According to estimates of the DHS approximately 3.7 million emigrants from Eastern and Southern European countries have been taken up from mid of the 1950s to mid of the 1990s. Today most of the late emigrants come from republics of the former Soviet Union. Over and above that there are refugees (e.g. from former Yugoslavia) and persons seeking asylum (e.g. from Africa or Kurds from Turkey).

In Nürnberg "mudra", a social and rehabilitation service for drug addicts, offers a special treatment service for clients from the Middle Eastern area. Employees who are native Turkish and German speakers have an understanding of therapy with a special acknowledgement to this cultural background: The menus are orientated towards the Middle Eastern cooking, Islamic feasts are celebrated and Turkish newspapers are available. Recently an increase of drug users among Russian immigrants with a German ethnical background can be observed. These emigrants, who are partly very young, often form subgroups outside the public drug scene and can hardly be reached by standard help offers. The BMG ordered several examinations concerning migration and addiction. By order of the Federal Ministry for Health a number of expertise have been prepared on the topics of migration and addition. The results are presently prepared for publication.

In 1999 the two years pilot project "Outreaching, community-based, psycho-social company/ care of drug users from Russia with a German ethnical background“ ("Aufsuchende, stadtteilorientierte, psychosoziale Begleitung/Betreuung von russlanddeutschen Drogenkonsumenten") has been launched in Münster. It is funded by the City of Münster and

carried out by Indro e.V. It aims at finding access to Russian drug users with a German ethnical background, improvement of their psycho-social and health situation and improving their integration into the existing help system. Measures taken have been production and dissemination of information material concerning safer-use in Russian language. Employees who are able to speak Russian offer psycho-social support and assist in arranging detoxification, substitution treatment and therapy.

Currently in Belgium, Germany and Italy the pilot project "Race - Drugs - Europe" is carried out, dealing with the inclusion of so called "visible minorities“ in drug care and drug policy. These three countries have been chosen because visible minorities of considerable large size live in the respective countries. The German focus of interest was the city of Frankfurt as a community with a very high percentage of foreigners. Making use of interviews carried out with employees of drug services as well as with clients profiles of treatment centres and needs of clients were identified. So called "Action Points for Change" have been developed to assist drug treatment services in conceptualising new integrative approaches and to test whether by this the offer for certain minorities can be improved.

In the framework of a further project dealing with social exclusion of minorities on behalf of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) information concerning social exclusion of ethnic minorities in the drug area in the 15 EU Member States are currently collected and evaluated. In 2000 the results were presented.

10 Quality assurance

10.1 Quality assurance procedures

Quality assurance is part of a comprehensive quality management. The aim is to make appropriate offers at a high quality level for the clients of the drug aid. Quality assurance focuses on the effectiveness and efficiency of the achieved service. Adequate structures and a well-tuned co-operation of processes which are targeted and followed by regulations are essential conditions for a high quality result. The aim of a comprehensive quality management is to initiate a process of continuous improvement.

In Germany there are generally two forms of applying quality assurance systems which are used in the drug aid, too, ISO 9000ff. and in particular the system of self-evaluation of the European Foundation of Quality Management (EFQM).

Measures of quality assurance are used in the various institutions of the drug aid to differing extents. Systematic quality assurance in the in-patient institutions - especially in the medical rehabilitation - is stipulated by the service provider and strictly carried out. This discussion just started in the out-patient institutions and institutions which deal partly with in-patients due to the changed law of social help.

However, the quality of the drug care cannot be described through the characteristics of each service or offer but also means the total care system and its networking. Structure quality at this level means to offer a broad variety of measures of help in different institutions.

In all services of the drug aid the process of quality development depends on two dimensions- costs/quantity on the one hand and professional status/quality on the other hand. These cannot be denied neither by the service provider nor by the experts of the drug aid. A central aspect for the discussion regarding “quality” is the development of criteria which can define well established procedures.

In the field of treatment

The inpatient treatment centres are comprehensively integrated into programmes of quality assurance which have been initialised by pension and health insurances. Among others this includes surveys among patients concerning their satisfaction, an examination of the clinic’s concept and its equipment and the standard realisation of treatment. Quality circles consisting of therapists of comparable treatment centres are established for supervision and the handling is examined in single cases (peer review). However, only few inpatient drug centres initiated certification procedures concerning quality assurance.

An essential precondition of describing quality is an adequate documentation. At Federal level several provider supply documentation systems which are based on the main records of the German Council on Addiction Problems. The Core Item set was passed in order to have uniform items for data collection. At the beginning of the year a manual for the German Core Item Set (Deutscher Kerndatensatz) was published (DHS 2001). It includes a description of

the protocol which also consists the TDI as well as core tables for the transmission of data for a national evaluation. The problem of pooling this data is still not solved completely since there is no obligation for documentation. Systems which have a wide base of users in this field are EBIS and Horizont. So far the documentation has been limited to statistical inquiries. Documentations of the course of treatment, which are supporting processes and make essentially more differentiated statements possible, are in the process of development and are already applied at certain points. This applies also to follow-up data. Due to this the data availability in the field of the drug aid is still unsatisfying.

Between the years 1995 and 2000 a demonstration project was conducted with financial support of the Federal Ministry for Health to improve care provided to chronic patients with multiple dependencies (BMG 2001). So called “Case Managers” were used to come into contact with these people, to motivate them for change and to refer them for this purpose to the most adequate help. Not treatment itself, but its co-ordination was the goal for 46 help providers, who were active in 2 model regions per Federal state. The Case Managers reached 3.068 persons from the target group through direct access. From this number 1.660 were treated intensively. One third of these persons were drug addicts. About half of this group again was in substitution - usually with considerable additional use of other drugs. Their age (Mx: 38 years) and duration of dependence (14 years) indicate an extremely difficult clientele. Unstable accommodation (33%), somatic and psychological problems (62%) were frequent. Many clients - especially females - could be kept in treatment especially through active contacting. Help had to be very specific for each individual, mere referral often was not enough. Binding arrangements between client, helping agencies and case manager were necessary. The global situation increased for nearly half of the clients, another one fifth showed a stabilisation. Addiction problems could be improved at least at about 60%. Altogether it was requested to supply help which is centred around the person instead of the facilities.

In the field of prevention

At the moment due to the federal structure and the subsidiary principle in the German health system it can not be spoken about unified formal requirements or criteria for quality assurance of measures for demand reduction despite some efforts in the field of prevention have been made. There is a variety of approaches, methods and instruments are applied in the Laender and local authority districts. However, there are very great differences concerning the resources which are available.

The Federal Centre for Health Education (BZgA) bases its planning, realisation and evaluation of effectiveness and efficiency of its work on results of representative surveys among the general population, scientific projects dealing with special topics and evaluation studies. Basis of the way the Federal Centre for Health Education (BZGA) sees quality assurance is the concept of continuous improvement of work processes and results and by this of effectiveness and efficiency of addiction prevention. In this concept evaluation as an instrument of quality assurance plays an important role (see Fachheft 8: "Evaluation - ein Instrument zur Qualitätssicherung in der Gesundheitsförderung"). Starting point of the

process of quality assurance is the planning of new or evaluation and further development of existing measures and campaigns based on actual scientific knowledge. This knowledge is developed through e.g. literature expertise, scientific conferences and representative surveys. Besides a youth survey which is conducted regularly ("Drug Affinity Study") especially the "Representative Survey on the Use of Psychoactive Substances of Adults in Germany" (Kraus & Augustin 2001) and the results of the EDSP study (e.g. Lieb et al. 2000) are central sources of information. Over and above that regular scientific analyses of important questions concerning drug prevention take place in the framework of the brochure "Forschung und Praxis der Gesundheitsförderung“ ("Science and practice of health promotion“) held by the Federal Centre for Health Education (BZGA), e.g. dealing with topics like "Schutz oder Risiko? Familienumwelten im Spiegel der Kommunikation zwischen Eltern und ihren Kindern“ ("Prevention or risk? Environment of families in the mirror of communication between parents and their children“) (Volume 11, 2000) or “Ecstasy - “Einbahnstrasse” in die Abhängigkeit? Drogenkonsummuster in der Techno-Party-Szene und deren Veränderungen im Längsschnitt (Ecstasy - a one-way road towards addiction? drug use patterns in the techno party scene and their changes in a longitudinal section (Volume 14, 2001).

Results of this planning phase is a concept, that lays down, how which aims should be reached in which target group by making use of which instruments or measures. This concept is the central basis for planning the evaluation. The next step is to identify already available instruments. Overviews on markets allow to identify already existing media and activities (e.g. "Printmedien über illegale Drogen"; "Print media about illegal drugs“) and it can be tested, if these instruments can be taken over.

Central and new media should be evaluated in pre-test before they are regularly used, because only this allows to identify, whether they may become effective with regard to the conceptualisation. Currently the Federal Centre for Health Education (BZGA) develops semi standardised instruments to allow systematic comparisons ("benchmarking") between different media (e.g. advertisements, spots in TV or cinemas). To examine, if the target group of drug prevention is really reached by these measures, i.e. if requirements for preventive effects are given, if they are functional and if different effects exist, further evaluation studies are needed. Depending on intervention strategy and setting different strategies are needed. On the one hand the Federal Centre for Health Education (BZGA) makes use of regular and representative surveys to observe indicators for the judgement of intervention effects. On the other hand setting-oriented evaluation studies are conducted (e.g. concerning further education dealing with "drug prevention“ for sports club trainers). Results of evaluation studies are conveyed to political decision makers, co-operation partners and the public. Fast feed-back of results to experts involved in planning and practice of drug prevention is of special interest. By this these results can immediately be used in drug prevention ("continuous improvement“).

In other fields

A uniform regulation of the Laender Criminal Police Offices concerning the statistical notification of offences and deaths of drug addicts is necessary for the correctness of

statistical data of the police. That is why the Federal Criminal Police Office (BKA) has published a leaflet concerning “Dealing with deaths caused by drugs in Germany” and distributed more than 10,000 copies.

10.2 Evaluation

In the field of prevention

At the beginning of the 90s (see Künzel-Böhmer 1993, Denis et al. 1994) the number of evaluated preventive measures in Germany increased considerably. In particular, the school programme of the special research area 227 (“Prevention and Intervention in Childhood and Youth”, Hurrelmann), and similar projects from the University of Leipzig (Petermann) and the IFT are scientifically supported by comprehensive progress evaluation. The project ALF, which focuses particularly the transition of life skills, was evaluated by the IFT, too. There are also some empirically-based intermediate findings on the efficacy of individual nursery school programmes (see project HAGE). In 1998 the Institute for Therapy Research (IFT) developed the Manual for the Evaluation of Measures dealing with Addiction Prevention ("Handbuch für die Evaluation von Maßnahmen zur Suchtprävention“) on behalf of the EBDD. Additionally several expert meetings and workshops on evaluation and quality control and quality management took place during the reporting period.

In the field of treatment

In the framework of routine quality assurance treatment is continuously evaluated by the funding agencies which are responsible for the services offered. Additionally there are evaluation studies concerning all kinds of treatment which are carried out rather unsystematically and individually. **Regular follow-up studies can only be found in single clinics, in the out-patient setting such studies are very rare.** This is the reason why most data are available for pension scheme providers. As these are personal data in general there is no access possible for the expert public.

Documentation in the field of quality assurance

Documentation of demand reduction measures is non-uniform. In the field of services for drug addicts the facility-based documentation systems EBIS (out-patient treatment centres) and SEDOS (inpatient treatment centres) are used since several years. In both systems information about the respective treatment facility like type of centre and offers, structure of employees and data about the clients in the areas case history, socio-demographic information, course of the treatment and diagnoses are registered. Additional regional systems based on the computer programme HORIZONT are used e.g. in Schleswig-Holstein and North Rhine-Westphalia. The common basis is defined in the "German Core Item Set“ (Deutscher Kerndatensatz).

In the area of prevention different documentation systems are currently under development or already used by several agencies. Following the federal structure of the German health

system this development takes place on level of the individual Laender (e.g. in Baden-Württemberg, North Rhine-Westphalia, Lower Saxony). The Federal Criminal Police Office (BKA) holds a project database for the area of criminal prevention ("Infopool Prävention") which among others also includes the topics "drugs/ addiction“.

The process of improved documentation of prevention practice and quality insurance oriented evaluation, is backed up on national level by the establishment of the EDDRA-programme which is located in the German Focal Point and run by the Federal Centre for Health Education (BZGA). In general, the situation of research into preventive intervention has improved, but further support is needed. As already mentioned, the Federal Centre for Health Education (BZGA) considers evaluation primarily to be an instrument for quality assurance aiming at improvement of effectiveness and efficiency of drug prevention.

10.3 Research

In 2000 the national addiction research programme ended. Since 1991 the programme has been supported by the Federal Ministry for Education and Research in order to investigate and develop the fundamental principles of the fight against addiction. Topics of this programme were studies in the field of analytical epidemiology concerning early stages of the development of addiction, studies regarding people who end their drug abuse on their own initiative and also the fundamental principles of neurobiology regarding development, prevention and therapy of drug addiction. For 39 projects in total were 24.1 Mio EURO available. Another project “Research Associations for Addiction Research” which is supported especially starts in the autumn of 2000 due to the present planning. It is expected that in this way the research is connected with the providers, the transition of research results is speeded up and long-term structures of interdisciplinary co-operation is developed.

10.3.1 Research on the situation

An international study concerning drug use in the techno scene (Tossmann, Boldt, Tensil 2000) which carried out spot checks of 3,503 visitors of techno parties in Amsterdam, Berlin, Madrid, Prague, Rome, Vienna and Zurich described the “poly drug occasional user” as the typical representative of a common use of cannabis, ecstasy, amphetamines and cocaine in this group. The users are very good informed about the risks of use. That is why the traditional secondary prevention has to be supplemented concerning quality and quantity in order to avoid the development of possible drug problems in the very beginning.

There are new surveys concerning the total population (Kraus & Augustin 2001), as well as adolescents and young adults (BZgA 2001b). They show a slight fall in the use of alcohol and cigarettes and no remarkable change in the use of cannabis in the group of adolescents and in the total population a big increase especially in the use of cannabis.

In 2000 Stöver published a study which focussed especially on the distribution of crack/freebase (Stöver 2001) which consists besides a re-analysis of already available sources and literature of a survey of key persons in two cities (Hamburg and Frankfurt) where problems regarding crack became obvious. The result shows that crack was

established in Frankfurt, Hamburg and Hannover during the last five years. In total the increase is not epidemic and concerns mostly heavily impoverished groups with poly drug use. The requirements of the services especially the low threshold institutions have changed due to the higher degree of the client's aggression. Additionally it is pointed out that the assessment that smoking crack among the younger users is compared with i.v. not a "really dangerous" use causes problems. In this field secondary prevention could possibly be necessary. The experiences of H.-J. Lange in the treatment of those clients in various institutions is described in the appendix of the text.

Kraus & Ladwig (2001) analysed drug deaths which occurred during the last years in the Land Baden-Württemberg, Kraus, Shaw, Augustin & Ritz (2001) did the same for Bavaria. Both searched for explanations for the sometimes heavily fluctuating numbers. They did not find one single main factor but a whole bunch of parameters which concerned particularly the substance (purity, pollution), the person (tolerance, experience, co-morbidity) or emergency help (availability, speed, accessibility).

10.3.2 Research on drug demand reduction

In the field of drugs and addiction there have been various studies on craving since a couple of years. The purpose is to find possibilities to improve therapy by using animal models and through the application of anti-craving medication. Further focuses of scientific interest were addiction and children res. addiction and pregnancy. The mentioned studies are only a small selection of running projects, which seem to be of special interest in this area.

A study (Tretter et.al 2001) concerning the withdrawal of opiates by the antagonistic induced and narcotic supported method ("Turbo Withdrawal") examined the process and outcome of this method up to 12 months after the end of treatment. In general this withdrawal concerned methadone substituted people which were detoxified under anaesthetic by the means of naltrexone. The duration of treatment was 6,3 days on the average and thus very short. However, 50% of the patients were in a (very) bad general conditions during the first month. The patient's satisfaction with treatment was average.

Kalke et al. (2001) examined 165 people in substitution programmes to find out whether the legally ordered changing from codeine to methadone as the standard medicine in substitution caused problems. He found out that there were no problems in 73% of the cases and the majority of the patients were more satisfied with the new medicine. In 19% of the cases codeine had to be reintroduced into treatment again; it concerned in particular patients who had been in substitution treatment for a considerably longer period.

In North Rhine-Westphalia a project carried out by the Land task force for addiction prevention which served for the evaluation of information material about risks of certain drugs and the dealing with them during techno or rave events (Schroers & Schneider 1998). The survey showed a broad availability was of various drugs: 1/3 used cannabis on a daily basis and 1/3 used ecstasy and amphetamines "frequently once per week". It was common to use several drugs. The material and the way of acting was considered positive and helpful.

A more recent study which questioned approximately 600 adolescents at the age of 12-16 (Brettschneider 2001) about the standards and reality of youth work in sport clubs shows that on the average there is no difference between youth members of sports clubs and non-members concerning their use of alcohol and illegal drugs. The rate of cigarette smoking is remarkably lower in sport clubs. Significant differences between the various kinds of sport were discovered. The authors recommend that "too optimistic assumptions concerning the positive effects of sport clubs regarding the adolescents' development have to be qualified."

A large project on heroin prescription is expected to start in the beginning of 2002. It is funded by the federal government and will be carried out in several cities of Germany. (Details see chapter 1.1.3)

10.3.3 Other fields of research

A multi centre study dealing with appetising effects of cannabis extracts among anorexia/cachexia in an advanced tumour stadium is performed at the European Institute for Oncology and Immunology Research (Europäisches Institut für onkologische und immunologische Forschung) in Berlin (http://www.eifoi.de) since four years. Since November 1999 the study is running in nine university clinics (Bonn, Berlin, Bern, Halle, Darmstadt, Regensburg and St. Gallen). In altogether 30 centres (inter alia in Austria and the Netherlands) 445 patients shall be recruited during a 18 months period. The study design controls for placebo effects, it is double-blind and randomised. For 12 weeks patients receive 2,5 mg Delta-9-Tetrahyydrocannabinol twice a day, a standardised natural cannabis extract vs. placebo. Because cannabinoids come under the narcotic law, the Federal Opium Agency grants an exception for each individual client. Appetite, sickness, bodyweight, mood, immunology parameters and side-effects are controlled in regular intervals. A final analysis is expected at the end of 2001.

Use of active substances of cannabis is currently tested among patients with cardio-vascular diseases at the university clinic in Würzburg. The science project is funded by the German Research Association (Deutsche Forschungsgesellschaft).

The group of the European Cities on Drug Policy published a report concerning the practical co-operation in the local drug policy. The report contains the results of various work-shops which were carried out in several cities with the participation of representatives from politics, administration and the care systems. The main aim is to develop an approach in each local district authority which integrates a variety of institutions and meets the requirements of reality, too (Schardt 2001). A model project on case management and on the improvement of co-operation and co-ordination in the field of treatment is described in more detail in chapter 10.1 of this report.

10.4 Training for professionals

In the field of treatment

In Germany the treatment of drug addicts is in charge of experts of social work, psychology and medicine. There is a remarkable majority of social workers and educators in the psycho-social field. There are various offers of further education for them after they finished their regular education. The offers are mostly made by non-profit holders of institutions for further education which also work in the concerned field. The German Association of Pension Scheme Providers passes the criterions for the medical rehabilitation of drug addicts. It is possible to obtain a certificate as “Single and group therapist in the field of addiction”. Using a defined method they regulate a job accompanying further education which has a certain extent of studies and can be carried out by fixed occupational groups. These further educations are exclusively focussed on the medical rehabilitation of drug addicts and are a precondition for being qualified as an expert by the service providers

In the area of medical education some specific drug related topics have recently been included in the regular curriculum. Furthermore at universities there are first courses of studies concerning addiction help and offers of further education for physicians at Laender level.

Since its 10th amendment the narcotic law contains clear statements concerning required qualifications of professionals working in substitution treatment which are specified in the 15th BtmÄndVV. Due to this from the 1st July 2002 all physicians which carry out substitution programmes have the duty to obtain a specific qualification. Details are defined by the German General Medical Council. They frequently already offer courses concerning a “basic supply of medical knowledge regarding drugs”. Physicians which have up to three people in their substitution programmes are excluded from this regulation. They can treat their clients without an own additional qualification when they co-operate with a colleague who has the appropriate qualification (“Konsiliarius” procedure). Additionally there is big market of further education for expert conferences, seminars and trainings which focus on different fields of work and methods. So far a definition of criterion for further education for experts in addiction care could not be agreed upon.

In the field of prevention

By a growing role of quality assurance and quality promotion in the field of demand reduction measures the need of respectively qualified experts is growing. Existing education and training offers mainly differ concerning the specification of taught contents (specific in the trade vs. universal) and target groups. Consultancy agencies e.g. offer training seminars and further education dealing with general aspects of quality promotion, referring to the economy as well as the non—profit field. An important reference point in most of these trainings is the world-wide standard ISO 9000 f. In the university field several trainings exist (psychology, social sciences, economy) containing lessons dealing with "quality assurance“.

The Federal Centre for Health Education (BZGA) runs a training course with the title "Introduction in Quality Promotion“, aiming at professionals working in the area of health promotion and prevention. Beside an overview on used strategies of quality promotion mainly the connection to ones own work should be stressed. In the framework of a pilot project funded by the Federal Centre for Health Education (BZGA) a concept of quality circles that has been proved good in out-patient medical treatment has been tested in several areas of health promotion. This project has had the aim, to develop requirements for a general implementation of the concept.

With the introduction of the EDDRA programme in Germany a qualification of the persons responsible for project upholders of measures in the field of documentation and quality assurance should be reached. Beside giving advice of how to enter data into the EDDRA questionnaire the Federal Centre for Health Education (BZGA), which is responsible for the project within the German Focal Point, information seminars are offered dealing with "Documentation of Projects and Quality Assurance like for instance the European information system EDDRA“.

The overall picture of the training field is heterogeneous. The common denominator of all offers is the basic idea of continuous improvement of quality (working structures, contents and/ or processes) by using the principles of "feed-back“ and "change“ resp. "assimilation“.

10.5 Consequences and future developments

The main approach of how to deal with drug problems, did not change. By combining preventive, therapeutic and repressive measures drug use should be avoided as good as possible, its consequences should be minimised. The main focus aims at help and support, however, law enforcement is still important. The main point of emphasis in political activities points out that existing help offers - e.g. leading to heroin prescription for certain sub-groups - should be supplemented. To improve the effectivity of public funding the co-operation between drug field and standard systems of public help (e.g. youth-oriented help, help for unemployed) is further developed and supported. Concerning all psychoactive substances a rational point of view which is also based on medical and epidemiological findings becomes more and more evident, weighing between risks and benefits of individual substances.

Part IV Special topics

11 Polydrug Use: drug set and setting

Besides using a single specific drug frequently several substances are used at the same time or after one another (multiple use). Their effects can be totally different, add, multiply or opposite. The total effect of these different drugs is also influenced by changes of effect over the time (start, course, end) for each single substance.

Drug effects depend not only on the substance itself, but they are heavily influenced through the physic conditions of the user. Above that psychological factors play an import role: emotional state, personal opinion about psychoactive substances and knowledge about drugs (drug set).

Chapter 11.1 gives an overview on patterns of consumption for different psychotropic substances. In chapter 11.2 patterns of use found empirically in several groups of users are described within their specific settings. Chapter 11.3 informs about possible consequences and chapter 11.4 is discussing therapeutic concepts in this field.

There can be several causes why a drug user takes at the same time or at short intervals not only one, but several drugs:

- because of limited availability of a drug, different drugs, which are expected to show similar effects are combined at the same time
- different drugs are used at the same time to multiply or moderate the total effects
- frequently drugs are used alternating for activation or sedation. Depending on the situation and personal needs different drugs are used to produce a specific somatic and/or psychological state. Opposite effects of euphoric or sedative drugs should help through combination to reach the status wanted at that moment.

Effects of specific psychotropic substances can be described from a scientific point of view (e.g. Parnefjord 2000). Concerning multiple use, however, frequently more detailed information can be found at the user themselves or at self help groups like Eve & Rave. The high risks of multiple drug use at the same time are an important reason, why such scientific experiments only take place in rare occasions. On the basis of these two information sources the following overview of the most important effects of different drugs is given in short notes below in catchwords. The description of possible complications and risks is by far not complete but only a compilation of reported patterns of use and their high risk consequences. As it is based to a large extent on the reports of users, the description is very authentic on one side, but should not be understood as scientifically funded causal relationships.

Alcohol: stimulating, disinhibiting, strong analgetic effect, reduced visual and auditory capability as well as concentration. Coordination of movement decreases with in increased dose, reaction time prolonged. Alcohol is frequently used before, along with and after other

substances like e.g. cannabis, opiates, ecstasy, medical pills and others. Dangerous and unpredictable crossover effects can happen.

Heroin: The opiate heroin has a strong euphoric effect, it reducing mental activities and changes mood (reduced anxiety, tranquillity). With increased frequency of use the intensity of effects decreases more and more and tolerance develops. Heroin frequently is used in combination with benzodiazepine, which release anxiety and have sedative effects. Alcohol and cocaine are used for stimulation and activation. Mixing heroin use with additional substances can cause especially dangerous risks (see chapter 11.2).

Methadone: The effects of methadone are similar to other opiates, but oral application does not produce euphoria. For a short period of time side effects like exhaustion, insomnia, vomiting, perspiration and others can occur. In addition to methadone frequently agitating substances like cocaine and stimulants are used. Alcohol, benzodiazepine and cannabis are used in addition as well. Parallel use of substances with suppressive effects on the central nervous system (barbiturates, benzodiazepine, alcohol, antidepressants) increase the breath depressing impact of methadone. They can cause paralysis of breathing and death in consequence. Another substitution substance, buprenorphine, has been licensed meanwhile, which offers a broader therapeutic range and less side-effects compared to methadone.

Cannabis: The effects of cannabis depend heavily on the users expectations. Relaxation, high spirits, feeling well in the social environment, intensified perception, but also reduced drive, heavy states of anxiety, panic attacks, hallucinations and depressive states can be the consequence. Cannabis frequently is used beside other substances more risky from a pharmacological point of view or applied in a more risky way. One out of four clients with a primary cannabis related problem in out-patient addiction treatment has an alcohol related diagnosis in addition to that. Cocaine and LSD play a role for one our of five. Ecstasy use can have additive as well as antagonistic effects. It damp and reduces effects but can also increase intoxification.

Ecstasy: Pills sold as ecstasy on the market are mono or combined substances from the pure substances MDMA, MDA, MDE or others (BKA 2000). Additions (e.g. coffeine, Speed) and blending substances (e.g. lactose or saccharose) can also be included. Agitation, mild euphoria and hallucinations, affection to others (entactogenic effect) and others can, depending on the users state, be positive effects. Negative effects can be: increased heartbeat and frequency of breathing, restlessness, increased sweating, as a consequence states of exhaustion, reduced appetite, anxiety and panic disorders, paranoia or depression (Tossmann, Bold & Tensil 2000). Studies (e.g. Schroers & Schneider 1998) show, that frequently agitating and euphoric substances are used. Opiates, cannabis, amphetamines and alcohol cause opposite effects: they reduce the effects of ecstasy bringing the user closer to their normal state again. Ecstasy combined with alcohol stress lever and kidneys and causes effects of dehydration. A combination with cocaine increases risks of circulatory breakdown.

Cocaine: Cocaine has short term stimulating and euphoric effects. Dizziness, need for sleep and hunger are suppressed, the user's ability for critical judgement is reduced. Also (Pseudo-

)hallucinations can occur and as a consequence restlessness, thinking disorders, feelings of insecurity and anxiety or aggressive behaviour can happen. At the end of intoxication the user can go through a state of increased aggressiveness, irritability, perceptions of fear and delusions, depression as well as physical and psychological exhaustion. Shock reactions are known as well. Cross reactions with other substances can be very dangerous: Use of cocaine and nicotine can result in heavy vasoconstriction which can produce a stroke. Multiple use with LSD, ecstasy or alcohol can result in a complete loss of control and collapse, as different drug effects heavily stress heart circulation. Because of antagonistic effects persons intoxicated with cocaine to not perceive alcohol in the normal way which might cause heavy drinking. Crack, derived from cocaine, is characterised through an extreme fast flash of intoxication followed by a drop as fast as that and often followed by deep depression.

LSD: The hallucinogenic substances can produce very different effects. The situation seems to play a decisive role in that (drug set). Strong hallucinations can be found with feelings of euphoria and increased fantasy, but also so-called “horror-trips” can happen, with strong feelings of fear, psychoses, fear of death, horror and restlessness. There are reports on horror trips over 70 hours after simultaneous use of amphetamine and met-amphetamine.

Amphetamine/ met-amphetamines: Inhibition of fatigue, to increase performance and drive frequently is the motivation why stimulants are used.. Psychoses and affect disorders can occur after multiple or chronic consumption. Though the effects of amphetamine and ecstasy partly neutralize each other, the substances are used in combination: Users have been noticed, where an increase in amphetamine use goes hand in hand with an decrease in ecstasy use. This can be caused by a longer lasting tolerance for ecstasy after frequent use of high doses of the substance which goes along with changes in the effects of ecstasy (e.g. disorientation). Multiple use of amphetamines, cannabis and met-amphetamines can produce extreme stress for circulation. Amphetamine / met-amphetamine and LSD can produce horror trips over several days.

Benzodiazepine: Benzodiazepine is found as active agent in psychopharmaceutics and tranquillizers. They reduce fear, sedate, relax muscles and stimulate sleep but also paradox effects are possible, this means activation, euphoria, feelings of fear, insomnia, seizures and hallucinations. There is a risk of mutual reinforcement of effects when benzodiazepine and sleeping pills are used at the same time as heroin, methadone and alcohol. Especially in combination with alcohol there is a risk of overdosing. The effect of alcohol to suppress breathing can be intensified which can cause a risk of asphyxia. Environmental risks (e.g. freezing, burning) are no longer perceived and can lead to considerable health risks.

11.1 Patterns of consumption and groups of users

Patterns of multiple use of drugs and narcotics can be very different depending on the psychological and social context, the user group’s motivation and the setting, where substances are administered.

Schroers & Schneider (1998) asked in a study on drug use and prevention in the party scene about patters of drug use and mixed use (N=385). The results of the survey show, that multiple use is wide-spread. Nearly half of all party visitors have experiences with two up to three drugs. Only one out our 13 was an mono user. Most frequent patterns of multiple use were “ecstasy and speed” followed by “ecstasy and LSD” and “speed and LSD”. Cannabis and alcohol also were used frequently together with other drugs. Mostly drug use took place in the context of techno clubs or events.

Frequency and patterns of multiple use amongst consumers of ecstasy (N = 527) also were topics studied by Flüsmeier & Rakete (1999). Especially they studied, which drugs were used secondary and parallel (immediately before, during or after the consumption of ecstasy) or instead of this substance during a period of one year. Results show, that the following substances are used most frequently in combination with ecstasy: cannabis (76% secondary, 85% substitution), nicotine (79% secondary, 81% substitution) and alcohol (69% secondary, 83% substitution). Between 36% and 59% have used cocaine, LSD and amphetamines. Cocaine, cannabis and LSD are used highly significantly more for substitution. On the total there is a dynamic increase visible: the longer the ecstasy use, the higher the use of other psychotropic substances. Especially for more risky patterns of use alcohol is drunk significantly more often in addition. LSD, cocaine and amphetamines are used in addition as well as substitutes.

A study conducted in European metropolis Amsterdam, Berlin, Madrid, Prague, Rome, Vienna and Zurich also found frequent multiple use in the techno party scene (Tossmann, Bold & Tensil 2000). More then 71% of the ecstasy users in this research had used in a defined period of time (six ours before res. after the intake of ecstasy) in addition cannabis, more than 66% alcohol. Amphetamine, cocaine and hallucinogens also were frequently used parallel, opiates however only rare (Table 35).

Table 35: Drug use in addition to ecstasy

	6 hours before and/ or after ecstasy use	6 hours before ecstasy use	6 hours after ecstasy use
Cannabis	71%	56%	56%
Alcohol	66%	57%	42%
Speed	29%	19%	20%
Cocaine	25%	16%	18%
Hallucinogens	12%	7%	9%
Opiates	3%	1%	2%

Source: Tossmann, Bold & Tensil (2000)

Patterns of consumption and parallel consumption in a group of clients which were much less socially integrated were analysed by Prinzleve (2001). 84 drug homeless addicts living from the open Hamburg drug scene were interviewed about use of heroin, cocaine, cannabis, benzodiazepine, methadone and alcohol over the last 30 days using a semi structured interview (Europe’s). The sample includes 23% female and 77% males, the average age was 27 years (female) res. 32 years (male). 31% were under substitution. The sample mainly

showed multiple intravenous use, 77% were diagnosed multiple addiction according to ICD10 (Dilling et al. 1993). They used more than one substances daily or several times a day. Heroin and cocaine were used intravenously in nearly 90% of all cases, benzodiazepine in more than 40%. Using cluster analysis four different patterns of use were distinguished:

- Cluster 1 is the biggest group with 57%. It consists from heroin addicts with heavy cocaine use as well as some use of benzodiazepine
- In Cluster 2 there is no regular use of heroin, but mostly use of cocaine and methadone as well as some alcohol use
- Cluster 3 includes homeless people outside of substitution services with frequent use of heroin, cannabis and alcohol
- Cluster 4 shows the especially problematic use of benzodiazepine, opiates, cocaine and cannabis.

Similar patterns of use also can be found within the clients of the out-patient drug help system in Hamburg, who are generally better integrated in society. Data from the basis documentation were used to describe different types of clients by means of cluster analyses (Schmidt, Simmedinger & Vogt 2000). More than half of all clients registered during 1999 in 28 treatment facilities were in substitution treatment at that time. Six clusters could be filtered out of this group of clients during the analysis (Table 36) :

- Cluster 1: Heroin users with additional use of cocaine
- Cluster 2: mostly persons in methadone substitution (71%), who partly also use Cannabis (37%) and Alcohol (19%).
- Cluster 3: Persons in methadone substitution, who frequently also use cocaine/ crack (42%)
- Cluster 4: Users of cocaine/crack, methadone (29%) rest. Cannabis (26%) are used by about one quarter of them each
- Cluster 5: Heroin users with little additional use of cannabis, alcohol and benzodiazepine.
- Cluster 6: Clients with heavy multiple use. Mostly under substitution. (88%).

Cluster 3 includes 30% of all adults clients - the biggest group in this age range (Table 37).

Table 36: Clusters of patterns of use

	Cluster 1 Heroin Cocaine	Cluster 2 Metha-done Cannabis	Cluster 3 Metha-done Heroin, Cocaine	Cluster 4 Cocaine Metha-done Cannabis	Cluster 5 Heroin, no metha-done	Cluster 6 All substances	Signif.-niveau p> 0,001 Cramers V
Heroin	100%	-	100%	-	100%	71%	0,948
Cocaine/ Crack	100%	-	42%	100%	-	70%	0,821
Alcohol	6%	19%	13%	19%	15%	89%	0,567
Cannabis	7%	37%	14%	26%	17%	92%	0,545
Benzodiazepine	4%	8%	10%	6%	6%	55%	0,466
Methadone	-	71%	100%	29%	-	88%	0,806
	528	1.111	1.013	550	825	544	

Source: BADO 2000((Schmidt, Simmedinger & Vogt 2000)

Table 37: Clusters of patterns of use and gender

				21 years and below		more than 21 years	
	male	female	total	male	female	male	female
Cluster 1 Heroin - cocaine	12%	11%	12%	12%	17%	12%	11%
Cluster 2 Methadone, cannabis	24%	27%	24%	41%	21%	21%	24%
Cluster 3 Methadone, Heroin, Cocaine	21%	26%	22%	9%	10%	22%	30%
Cluster 4 Cocaine, methadone, Cannabis	12%	11%	12%	13%	15%	12%	10%
Cluster 5 Heroin, no methadone	19%	16%	18%	15%	29%	19%	12%
Cluster 6 All substances	12%	10%	12%	10%	10%	12%	11%
N	3.343	1.201	4.544	183	144	3.021	990

Source: BADO 2000((Schmidt, Simmedinger & Vogt 2000)

The situation of the total group of clients of out-patient drug treatment centres in Germany is rather similar to that. The treatment monitoring system EBIS (Sonntag & Welsch 2001) shows for persons in out-patient treatment in the year 2000 that especially persons with a main diagnosis related to opiates or cocaine (harmful use of dependence syndrome following the definitions of ICD10) patterns of multiple use are frequent (tales 34 and 35). Many clients, who come to treatment mainly because of opiate use, have an additional diagnose related to cannabis (female 44%, male 68%), cocaine (female 36%, male 48%) or alcohol (female 37%, male 31%). These figures are especially critical in relation to the practice of substitution treatment in Germany.

Table 38: Multiple patterns of use amongst male drug addicts

	Main diagnosis						
Single diagnoses	Alcohol	Opiates	Cannabis	Sedatives Hypnotics	Cocaine	Other Stimulants	Hallucino-genics
Alcohol	-	44%	28%	80%	40%	33%	31%
Heroin	2%	-	7%	21%	27%	12%	14%
Methadone	0%	-	1%	4%	3%	1%	1%
Codeine	0%	-	1%	10%	3%	2%	1%
Other opiates	0%	-	1%	4%	2%	2%	2%
Cannabis	4%	68%	-	36%	65%	88%	82%
Barbiturates	1%	10%	2%	-	4%	3%	7%
Benzodiazepine	1%	24%	3%	-	8%	5%	4%
Other Sedatives/ Hypnotics	0%	2%	0%	-	1%	2%	2%
Cocaine	1%	48%	15%	17%	-	39%	42%
Crack	0%	2%	1%	1%	-	1%	1%
Amphetamines	1%	14%	16%	14%	24%	-	40%
MDMA	1%	13%	23%	13%	26	-	41%
Other stimulants	0%	1%	2%	1%	4%	-	8%
LSD	1%	16%	14%	12%	24%	38%	-
Mescaline	0%	1%	1%	1%	1%	2%	-
Other hallucinogens	0%	3%	4%	3%	6%	7%	-

Source: EBIS 2000 (Strobl et al. 2001)

Table 39: Multiple patterns of use amongst female drug addicts

	Main diagnosis						
Single diagnoses	Alcohol	Opiates	Cannabis	Sedatives / Hypnotics	Cocaine	Other stimulants	Hallu-cinogens
Alcohol	-	31%	22%	28%	27%	16%	17%
Heroin	1%	-	6%	3%	29%	8%	0%
Methadone	0%	-	2%	0%	4%	0%	0%
Codeine	0%	-	1%	2%	3%	1%	0%
Other opiates	0%	-	1%	1%	1%	1%	6%
Cannabis	2%	47%	-	9%	53%	52%	56%
Barbiturates	1%	8%	2%	-	2%	2%	0%
Benzodiazepine	2%	21%	3%	-	11%	3%	0%
Other Sedatives/ Hypnotics	0%	1%	1%	-	0%	2%	0%
Cocaine	1%	36%	12%	2%	-	19%	6%
Crack	0%	2%	1%	0%	-	1%	0%
Amphetamines	0%	9%	13%	2%	17%	-	22%
MDMA	0%	9%	22%	2%	12%	-	28%
other stimulants	0%	1%	2%	0%	1%	-	6%
LSD	0%	9%	10%	2%	11%	20%	-
Mescaline	0%	1%	1%	1%	2%	1%	-
Other hallucinogens	0%	1%	3%	1%	4%	2%	-

8BIS 2000 (Strobl et al. 2001)

11.2 Health and social consequences

Drug related death causes mono or multiple drug use is continuously registered by the Land Criminal Police Offices (Landeskriminalämter, LKAs) and then collected and evaluated in the "case register narcotics" by the Federal Criminal Police Office. The figures from the year 2000 (BKA 2001) make clear, that there is a considerable risk in mixed use especially for clients with a primary consumption of opiates. Since a long time for registered cases the main cause of death has been overdose of heroin either alone (2000: 34%) or in combination with other drugs (2000: 27%). During the last years there has been a clear increase in the number of deaths linked to intoxication through mixed narcotics, with alcohol und/or substitution substances (2000: 30%; 1999: 21%; 1998: 12%; 1997: 9%) (Table 40).

Table 40: Drug related deaths

Causes of death	%	Number of cases
1. Overdose :		
Heroin	34%	683
Heroin in combination with other drugs	27%	545
Cocaine	2%	40
Cocaine in combination with other drugs	6%	130
Amphetamines	0%	4
Amphetamine in combination with other drugs	2%	38
Ecstasy in combination with other drugs	1%	23
Pharmaceutics / substitution substances	2%	49
Narcotics in combination with alcohol/ substitution substances	30%	605
other narcotics/ not known	7%	151
2. Suicide	7%	148
3. Long term harms	8%	170
4. Accident(others	2%	49
5. Total	100%	2.030

Source: Rauschgiftjahresbericht 2000 (BKA 2001d)

The danger of crossover effects through the use of multiple substances is also shown by the results of a study which analysed drug related deaths in the Laender of Baden-Württemberg (Kraus & Ladwig 2001) and Bavaria (Kraus et al. 2001). As part of these projects in the years 1999 and 2000 amongst chemical-toxicological analyses were done for drug related deaths with an overdose through accident. In Baden-Württemberg as well as in Bavaria the biggest proportion of drug related deaths came from the age group 25 to 34 years. They died at the age of 31 on an average. Results show, that most of them were exposed to multiple effects of several groups of substances while only in very rare cases very high or lethal concentration of single substances were found in the blood. The substances detected most often were: morphine (Bavaria 61%, Baden-Württemberg 64%), benzodiazepine (Bavaria 86%, Baden-Württemberg 60%) and alcohol (Bavaria 62%; Baden-Württemberg 20%). In both Federal Laender nearly all female deaths showed benzodiazepine. Methadone was found at about one third of the deceases, dihydrocodeine (DHC) was considerable less frequent (Bavaria 22%; Baden-Württemberg 12%).

11.3 Special approaches to the interventions

Researchers and practitioners agree, that multiple use and multiple addictions have considerable increased over the last years. Also the number or drug related deaths through overdose by accident and multiple use, which again increased since 1995 has caused alarm nation-wide. However, until now there is no global solution to overcome the risks of multiple use. Instead the standard methods are applied in the two biggest sub-groups in this area - heroin addicts and the ecstasy scene - trying to minimise as many risk factors as possible. This includes alert messages about high purity heroin supply on the market (see press releases by police and drug help in Augsburg end of July 2001). In addition a broad information on interaction effects of psychotropic substances is important as part of targeted prevention as done for example within the 3CP project in Hamburg. Low threshold facilities also inform about risks of multiple use, offer tips for “safer use” and information how to behave in case of drug emergencies. While substitution is widely applied to reduce heroin use the question remains open, what should be done with the big number of other substances used. The development of special programmes for specific groups of consumers found empirically could be useful in this respect.

11.4 Methodological issues

Most problematic drug users today are polidrug users at the same time. Despite this fact patterns of use can still be rather different in relation to risks and harmful consequences. This is no homogenous group, which can be described easily. So, for example, heroin addicts with an parallel use of cocaine and cannabis still are - as a group - quite distinct from people going to rave parties, who might mix up cannabis, ecstasy and to a certain extent also cocaine.

12 Successful treatment: the effectiveness of the intervention

12.1 The approaches to treatments and the related concepts of success

Drug addiction in Germany is seen as a disease by health policy and the legal basis of insurances. It is diagnosed on the basis of the WHO International Classification of Diseases (ICD) (Dilling 1993). During the 70s and 80s of the last century mostly abstinence oriented counselling and treatment was offered which understood a drug free life-style as the solution to overcome this disease. Middle of the 80s the number of drug related deaths increased sharply and the HI-Virus spread rapidly amongst i.v. using addicts. At the same time drug criminality increased. This put some pressure to more and more consider alternative concepts to minimise harm. Finally the drug help system became more differentiated, specialised and professional than it had been before. The new Federal Drug Commissioner, who took over her position in February 2001, described the model of drug policy as a "mosaic of elements of prevention, social and therapeutic support and help, fitting as good as possible - including minimisation of harm and help to survive (Caspers-Merk 2001). Drug treatment still aims at a drug free life, but in the meantime a hierarchy of aims has emerged, which allow different steps on this way. This means that - depending on severity of addiction and motivation of each individual - intermediate steps on the way to overcome addiction have to be scheduled. Each of them again is linked to different interventions, targets and criteria of success. If an overview on criteria for success for different approaches should be given, a variety of different concepts, players and perspectives emerges, which is as broad as that.

Positive outcomes of therapy are the basis of evidence based addiction therapy. On this basis funding institutions accept and finance treatment. Therefore in detoxification and rehabilitation quality management and supervision of treatment is done under the control of the funding organisation. The regulation of the public pension insurances define a treatment as successful, if the insured person, who has a health problem is not forced to stop working but instead is integrated permanently into work and society. Health insurances define treatment as successful, if an emerging handicap or need of care can be prevented, removed or improved or if a further detoriation can be stopped. The aim of the social help system is to avoid or reduce an emerging handicap and to reintegrate a client into society.

When the „success" of an intervention should be assessed, it is important to clearly define the starting situation as well as the targets and to define operationally criteria to measure the outcome in an objective, reliable and provable way.- This means, they have to meet scientific standards. For an individual treatment of a client criteria for "success" are defined implicitly. From a therapeutic viewpoint targets can follow the benchmark of the staff member (on the basis of job, profession, theoretical concepts and personal beliefs). They can also be heavily influenced by the respective holder of the facility, the Land or municipality. More than individual criteria for success with a general validity are described by the Germany Society for Drug Research and Treatment's "Standards for documentation III for the evaluation of treatment of addicts " (Dokumentationsstandards III für die Evaluation der Behandlung von

Abhängigen der Deutschen Gesellschaft für Suchtforschung und Suchttherapie) (2001). Besides drug use specific criteria of success are formulated in the fields of job situation, social relationship, physic and psychological situation.

The German Core Data Set (Deutscher Kerndatensatz), which in the meantime gives orientation for documentation to about 80% of the German out-patient and in-patient drug help facilities is a basis to monitor change and success in treatment. With the help of the respective treatment monitoring systems (e.g. Horizont, EBIS system familiy) counsellors and therapists in out-patient and in-patient facilities of the drug help system can register and compare the client's situation at begin and end of treatment in the areas living conditions, housing, working conditions and job situation. The "help plan" as part of the client documentation allows to assess need and motivation for change, severity of problems in a certain area (substance use, partner situation, family situation, social relationships, housing situation etc.) and to lay down different targets, where changes are found to be necessary. With a follow-up questionnaire the clients can be asked about the outcome of their out-patient or in-patient treatment.

In the area of low threshold aims and corresponding measures for success have to be defined in a total different way. For example, moving from a more to a less risky way of applying drugs, reducing the number of days using drugs in a certain time period or to visit rooms for drug use can mean a success of an intervention - this means an (intermediate) steps which is important for person and society. Measures like the installation of drug using rooms also offer a level of evaluation, which goes beyond the single client. Instead it is focussing on the municipality or the city district (vgl. Jacob, Rottman & Stöver 1999).

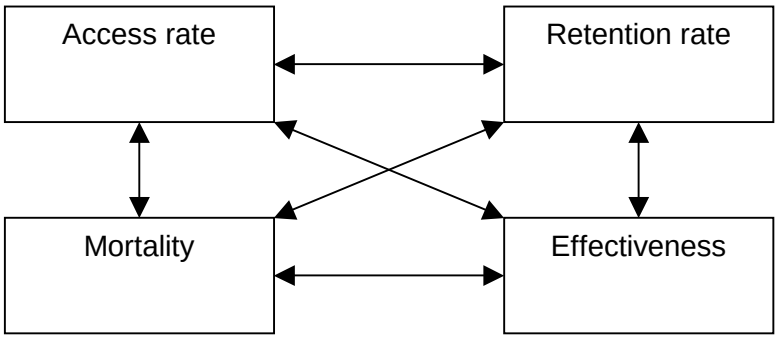
Concrete targets and criteria to measure success also have been requested as part of an overall drug strategy by the Federal Drug Commissioner in her Addiction and Drugs Report 2001 (Caspers-Merk 2001). It is planned to work out a new German addiction and drug plan, which takes on board the aims of the European Drug Action Plan and substitutes the "National Plan to Fight Drugs" amended in 1990. From that a discussion on criteria and standards for „success" could emerge, which should include all groups involved in the addiction care system: clients, therapists, holders of facilities, associations, health and pension insurances, but also Laender and municipalities..

12.2 Evaluation of treatments

12.2.1 Global outcome criteria in treatment evaluation

For an overall comparison of different treatments, their concepts and understanding of success, criteria for comparison have to be developed. Access (selection), retention rate (drop-out rate), success rate (e.g. abstinence rate) and survival rate (mortality rate) Küfner (2001) has described as central criteria for success for the evaluation of treatment concepts (Figure 30)

Figure 30: Outcome criteria for the evaluation of treatment concepts



Source: Küfner (2001)

To be able to calculate an access rate the target population has to be defined and it also assumes that all clients in a region have the opportunity to use the treatment offered. “Effectiveness” can have different meanings: reduction of drug use, being drug free, no additional use, reduction of “hard” or “soft” drugs, regaining ability to work etc. The relationship between the global outcome criteria can be complex: one rate can get better while at the same time another criterion gets worse. If, for example, a low threshold treatment reaches many clients from a well defined population, at the same time a lower retention rate and less favourable treatment outcomes can be expected.

12.2.2 Examples of different concepts of „success “ in treatment evaluation

For an in-depth comparison of different types of treatment and their concepts, criteria are needed, which define success and lack of success in a transparent way. Sonntag & Künzel (2000) have studied in a meta analyses the correlation between duration of treatment and treatment outcome for patients addicted to alcohol and drugs in Europe. For the studies included “treatment success” was defined through different constructions (the so-called outcome variables): retention rate, drug use during follow-up defined on a scale from complete abstinence to different types of limited use), withdrawal symptoms, social and health status, situation of job and professional education, legal situation, vicinity to the drug scene. The total number of studies included shows, that as a rule a selection of the same outcome variables is used. But the respective definitions of success differ considerably. Reliable success rates in this study could only be given for in-patient rehabilitation treatment. For the other fields of treatment there was no sufficient number of studies.

Table 41: Inpatient rehabilitation of drug addicts: Definition of outcome criteria

Outcome-Variable	Criterion of success	Operational definition
drug use	• drug free	no further definition
		• at follow-up
		• 1 year before follow-up
		• for 2 years after the end of treatment (Abstinence from heroin)
	• drug free (in a more general understanding)	• since at least 6 months • use of alcohol <= 40g/day • no further addictions
		• no use of hard drugs • occasional use of hard drugs
		• 3,6 months after the end of treatment • occasional use (no opiates or similar drugs.) • multiple use possible (Cannabis and others.)
		During the last 12 months: • little use (no use or use of only 1 substance, not more than 2-3 times per year) • moderate use (a few times per month or less or a few times per week cannabis or alcohol)
		• relapse during not more that 20% of the follow-up period • at follow-up drug free for at least 6 months • new treatments • times in jail are times of relapse • no excessive additional use at follow-up
		• at follow-up, if during the last 6 months there was no i.v. use of opiates, cocaine, amphetamine or after a relapse none of these drugs was used again • during the last 3 months neither once nor occasional use of cannabis, psychotropic medicaments, alcohol intoxication
Job-/ Education-situation		• gainful work
		• stable employment /self-employed with legal work /housewife/-man • in education/school/university • not more than 8 weeks unemployed or end of unemployment near and happy with that, perspectives for alternatives possible
		• in full-time/part-time employment or in education when interviewed • during year of follow-up employed for 7 months or more
Social situation	• social integration	• during the last 6 months stable or temporary relationship with a non addicted partner and not unsatisfied with that • or sufficient number of drug free friends and acquaint ants

Outcome-Variable	Criterion of success	Operational definition
		• income from work/ education • adequate housing • job • no compulsory treatment
		Scaling: • own flat/ lives with parents • gainfully employed • own income/ sickness funds • no additional treatment • no contact to drug scene
Financial situation		• no need for public support
Legal situation	• Delinquency	• none
	• No legal prosecution	• neither prosecution, sentence nor prison
Health (physic. + psych.)	• Psychological problems	• no severe problems
Treated afterwards		<61 days
Closeness to drug scene		• only drug free contacts • mostly drug free contacts

Source: Sonntag & Künzel (2000)

Below two types of treatment will be described to show the big variability of evaluation studies. As model projects they have been accompanied scientifically and were funded by the Federal Ministry for Health and the Bavaria State Ministry for Work and Social Affairs, Family, Women and Health. Especially the targets of the intervention concepts and the respective criteria for successful treatment should be noticed.

Detoxification under special conditions

Since 1995 in the regional clinic of Haar near Munich detoxification treatment with opiate antagonists is done under anaesthetic (Küfner et al. 2000). After a first examination and an intake interview in the addiction ward the clients are given methadone to avoid withdrawal symptoms and to prepare detoxification. Withdrawal through Naltrexone is initiated under anaesthetic in intensive care. After six to eight hours of narcosis and a surveillance phase of about 14 hours clients go to the intensive care department for another three to five days. 108 patients addicted to opiates were treated in this way until 1998. A scientific study analysed follow-up results.

33% of the analysed sample is female, the average age is 34 years. All clients were addicted to opiates at intake, 61% showed further, multiple drug misuse. By far the majority was in substitution, 68% had gone through at least one in-patient detoxification (average 3,2 detoxifications).

The first day after narcosis there was an clear increase in withdrawal symptoms (sleeping disorders, diarrhoea, psycho-motor restlessness, pain, vomiting etc.). The patients themselves mention more withdrawal symptoms that the nurses or doctors do. On an

average they stayed 6 days (3-15 days), 40% ended treatment premature. 49% of the patients say, that they did not use cannabis during the first 30 days after treatment, 45% say so for “hard” drugs - the other half takes drugs again. 17% were drug free during the first year. More than half of the patients found die duration of detoxification adequate, 23% too long.

On an average detoxification under narcosis was assessed to put „some burden “ on the solution of the addiction problem. 62% themselves would only under certain conditions undergo detoxification a second time, 38% not at all. Patient in narcosis detoxification only stay in treatment half as long as in standard detoxification treatment. The rather short duration, less withdrawal symptoms und a better general psychological state are felt as positive, the frequent side effects and care as negative. Consumption of addictive substances during the first 6 months of the follow-up period is similar to the results of inpatient treatment - but there are considerably more positive changes in the patients’ working situation for the later.

Rehabilitation in a special therapeutic setting: Treatment on a farm

Between 1996 and 1999 in several Federal States the demonstration project “drug addicts on a farm” (Küfner et. al 1999) were conducted. The concept foresees that clients addicted to drugs would live for about 12 months on an farm with ongoing farming activities. They should be integrated in the family and the working process and be treated regularly by the external drug counselling centres. Drug addicts should have a chance, to directly perceive the meaning of work and to build up contacts outside of the drug scene. An intensive psychotherapy was not foreseen. The aim was to create the preconditions for the clients to manage their life on their own. Abstinence was seen as necessary and as an outcome. The following specific targets should be reached ideally:

- development of a positive identity and finding sense for one’s individual life
- to build up social skills
- to overcome problems together with the social field
- to restore the ability to work

On methodological grounds the design of the accompanying study can be called a prospective natural evaluation study. From the 62 clients 56 (90%) were male and 6 (10%) were female. The average age was 30 years. 86% were addicted to opiates, 6,5% were using opiates in a harmful way. Addiction to tobacco and cannabis was frequent as a secondary diagnosis. A big proportion of the clients, however, was abstinent at the moment.

After two months process interviews on work, leisure time, family climate, social relationships and other topics were done. With 81% of the clients urine analyses were done: 12% showed positive findings. 22% felt fenced in through the regulatory system, nearly half of them thought about drop-out. 91% had one counselling contact per week.

Altogether 44% finished treatment in a regular way, but one third had an relapse with drugs before. The number of days with drug problems dropped, however, during the process nearly

to zero. The need for drug counselling, however, was still felt by 35%. While the percentage of clients with family problems, psychological problems and problems in leisure time dropped considerably, they felt more stressed in relation to their problems with work. 6 month after the end of treatment 43% were abstaining from any drug (self report), 57% from “hard” or “weak” drugs respectively, 39% were at work and 43% earned their living mostly on their own. The percentage of clients with primary contacts to other persons with addiction problems dropped from 31% at intake to 17% at follow-up.

12.3 Methodological issues

Both projects described are related to different phases of treatment: withdrawal and reintegration. A criterion for treatment success, which is a basis for both concepts of treatment is freedom from drugs or from additional drugs during treatment or follow-up (“hard”, “soft”, illegal drugs or alcohol). Criteria for success of withdrawal treatment are the applicability of withdrawal, accompanying withdrawal symptoms as well as the clients’ judgement. The study on reintegration goes beyond that and includes also psychosocial elements like ability to work, stable social environment and personal development (building up social competences, positive identity and "finding a sense".

The evaluation of treatment outcome for drug addicts in Germany could be further developed. Only few reviews on treatment concepts and related criteria for treatment outcome are available, data material which has been meta-analysed and published work on criteria for treatment success are available only to a limited extent. But asking for “success” might be misleading - taking into account the state of debate in the general field of psychotherapy research. Most important is, which therapy for which client in a given situation applied by which person can produce which outcomes. The big number of parameters mentioned makes clear the complexity of the question.

13 Drug use in prison

13.1 Epidemiological situation

Since 1961 nationwide in all prisons imprisonment statistics are prepared, which are analysed and published by the Federal Statistical Office. A census gives socio demographic information on inmates during the execution of prison or youth sentences as well as on offence and type and duration of imprisonment. An annual statistic includes among others information on intake and outtake within the reporting year. According to the recent statistics the execution of sentences (1999) within 217 German prisons at the moment there are 60.800 persons imprisoned and or preventive detention. 96% of them are male (Statistisches Bundesamt 2001a). The number of inmates has been increasing considerably since 1991 and has reached its maximum in 2000. The percentage of sentenced foreigners in 1999 was 26%, the percentage of foreigners sentenced because of the narcotic law with 26% is about the same (Statistisches Bundesamt 2001b)

An international, multi centre study on HIV/AIDS and hepatitis prevention in prisons done by Rotily and Weiland (1998) shows, that more than half of all interviewed persons in a Cologne prison have been born in Germany (57%). 22% came from European neighbouring countries, 9% from countries of the Middle East and 11% from Northern Africa, America and other countries. Amongst intravenous drug users the percentage of persons born in Germany was considerably (87%) higher that for non i.v. drug users. (43%) (Table 42)

Table 42: Country of birth for imprisoned i.v. drug users (IDU) vs. non i.v. drug users (Non-IDU)

Country of birth	IDU	Non-IDU
Germany	87%	43%
other European countries	8%	29%
Northern Africa/ Middle East	3%	18%
others/ unknown	2%	10%
Total	100%	100%

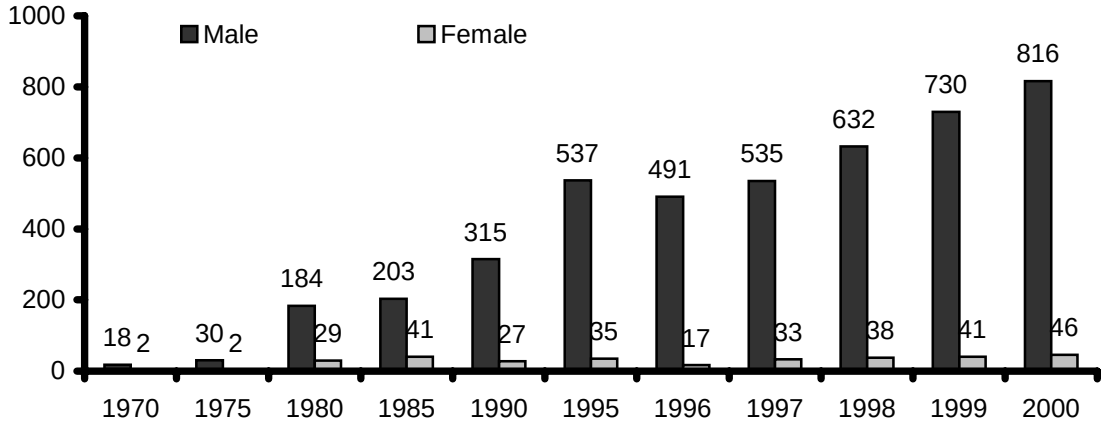
Source: Rotily & Weiland (1998)

13.1.1 Drug use before and in prison

Epidemiological data on drug use and drug users in prison in Germany are relatively sparse. Within their monitoring of the execution of sentences the Federal Statistical Office annually collects the number of offenders, which have to undergo an withdrawal treatment due to a court's decision. A total of 862 men and women were put into withdrawal institutions during the years 2000 due to a legal decision in accordance with §64 of the penalty law (StGB) because of intoxicating substances (without alcohol) (Figure 30) (Statistisches Bundesamt 2001a). Their number has increased dramatically since 1970 indicating, that in German jurisdiction the principle of "therapy instead of penalty" is also applied more and more on the

basis of §64. It should be taken into account in this respect, however, that only a limited number of such treatment slots are available.

Figure 31: Number of persons in a withdrawal unit on the basis of a courts' decision (§64 StGB) (alcoholism excluded) (2000)

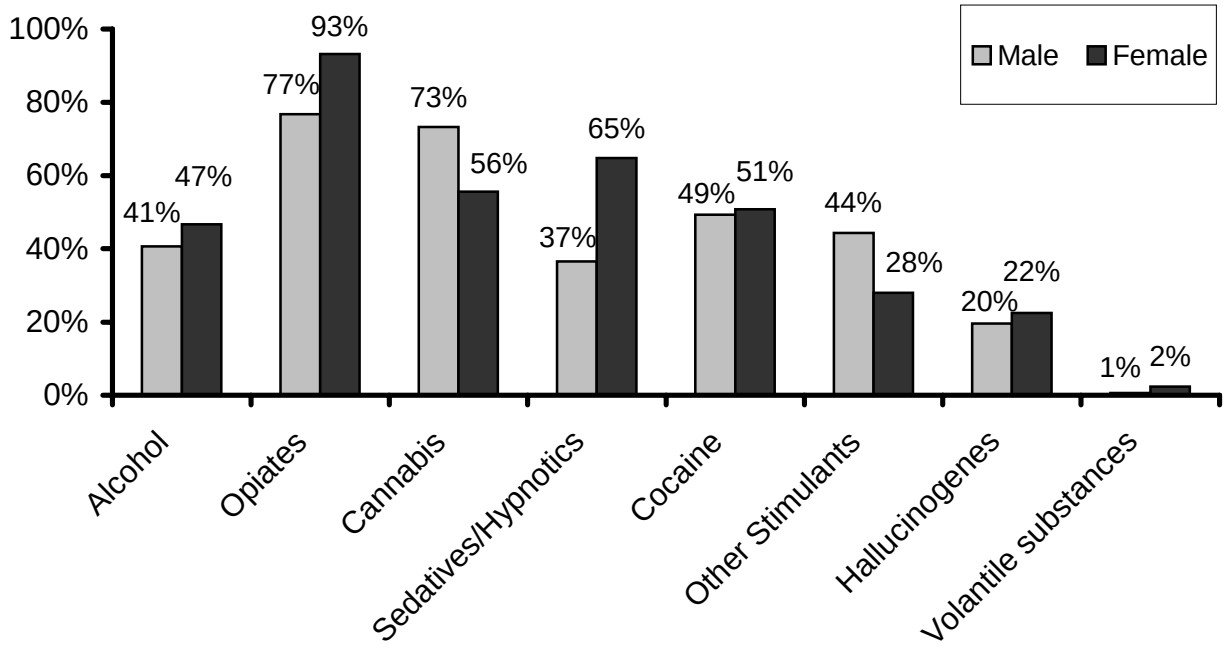


Source Statistisches Bundesamt (2001a)

There is no regular nationwide monitoring of the drug situation in prisons. During the last years there have been conducted some empirical studies on drug use in prison. Hypotheses, methods and samples vary considerably as well as estimates on the amount of drug addiction in prisons do. They reach from 30% [judgement of "addiction problems with illegal drugs" made by prison staff (Küfner, Beloch, Scharfenberg, Türk 1999; Dolde 1995)] up to at least 50% and even 70-80% for prisons for females (Dolde 1995; Meyenberg, Stöver, Jacob, Pospeschill 1999). On the basis of the total population of prison inmates a total number between 17.200 and 29.200 male and between 700 and 1.900 female (former) drug users can be calculated. The Ministry for Justice in Rhineland-Palatinate reports for the year 2000 on the basis of N = 3.851 prisoners, that 14% (n = 538) of them are addicted to legal substances while 28% (n = 1.085) are addicted to illegal drugs.

A high proportion of imprisoned persons with drug problems have used psychoactive substances already before they enter prison. A study done by Küfner et al. (1999) found for males with drug problems, that during 6 months before prison 77% (n = 370) of them had used opiates regularly, 73% (n=349) cannabis, 49% (n = 220) cocaine and 44% (n = 174) stimulants. Women with drug problems most likely had used opiates (93%; n = 69), sedatives and hypnotics (65%; n = 35) and cocaine (51%; n = 30).

Figure 32: Regular use of psychotropic substances during six months before start of prison for males and females



Source: Küfner et al. (1999)

A study on the implementation of machines for syringe exchange (Heinemann & Gross 2001) report on the basis of 2998 males and 21 females the following data: 47% used hard drugs, mostly heroin and cocaine, 41% intravenously.

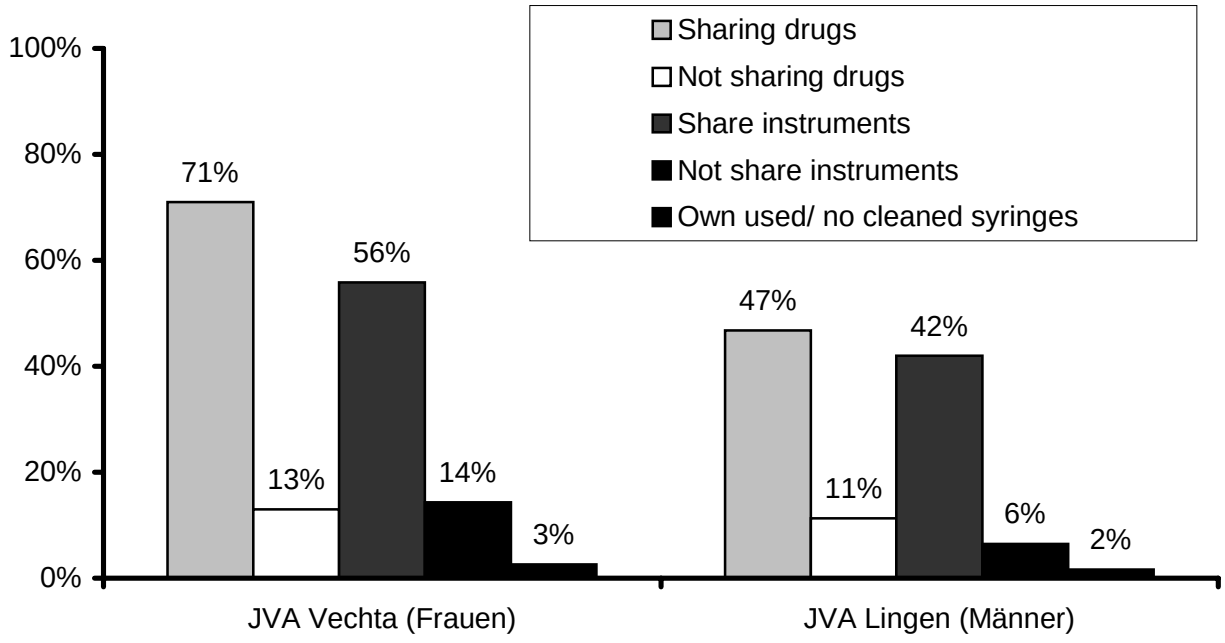
13.1.2 Risk behaviour in relation to infections

Hepatitis B, C and HIV are infectious diseases, which happen frequently amongst drug users as a consequence of i.v. application of the substance. Common use of needles and syringes ("needle sharing") or sharing drugs by use of a syringe ("drug sharing") mean a considerable risk to transmit viruses and bacteria through remainders of blood protein at the needle. Lack of hygienic conditions when injecting, for example spoiled spoons, used filters and lack of fresh water are additional sources for germs. The application of tattoos and piercing is usual for a part of the drug addicts. Unclean, non sterile instruments mean further risks to transmit infections.

In both prisons where the demonstration project on infection prophylaxis took place (Meyenberg et al. 1999) the substances used most often intravenously were heroin (females= 86%, males = 95%) and cocaine (females = 64%, males 62%). In the multi centre study „European network on HIV / AIDS and hepatitis prevention in prisons" (Rotily & Weiland 1999) a total of 33% (n = 143) of the interviewed inmates (n = 437) of a Cologne prison reported intravenous drug use before the beginning of imprisonment. The frequency of this risky way of use was about the same for males and females. Nearly all of them (92%) said, that they had injected drugs during the last 4 weeks before incarceration. Especially high frequent use , i.e. more than 20 injections within 4 weeks , was reported often (61%). From all subjects with i.v. drug use before prison one third (36%) reported i.v. drug use in

prison, 27% had shared injecting material with others. Prevalence of drug and needle sharing was considerably lower in this study than in the demonstration project on infection prophylaxis done by Meyenberg et al. (1999). In this study sharing of drugs was reported by 47% of the interviewed prison inmates, sharing of instruments 42%. Female inmates showed even more readiness to do so (drug sharing 71%, sharing of instruments 56%).

Figure 33: Ways of using drugs amongst prison inmates (Prisons Vechta und Lingen)

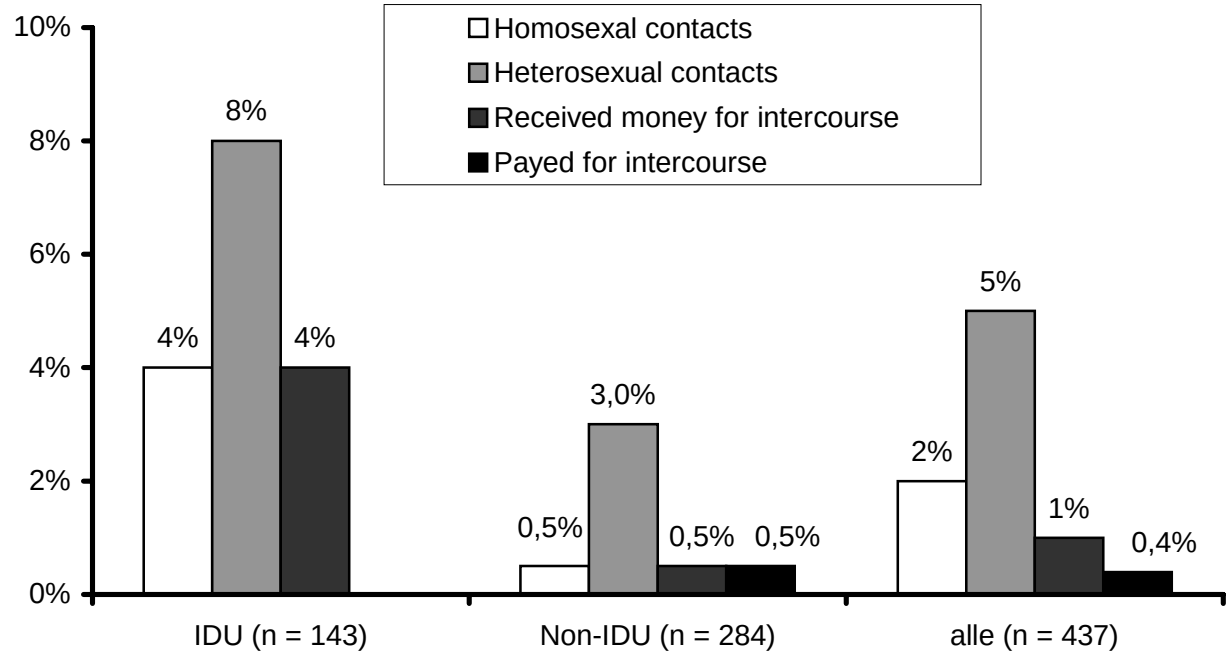


Source: Meyenberg et al. 1999)

The prisoners' sexual behaviour also was part of the multi centre network study (Rotily & Weiland 1999). More than half (55%) of the i.v. drug users reported that they had changed sexual partner several times within the last 12 months before prison. 73% said, that their partner also were applying drugs intravenously, 13% during this period had one or more sexual partners who were HIV-positive. Only 26% of all subjects said, that they had used condoms during the last 12 months before imprisonment. Compared to other European prisons only few inmates of the Cologne institution had sexual contacts during imprisonment, for i.v. drug users (IDU) relatively a little bit more frequent: heterosexual intercourse was reported by 8% of i.v. users and 3% of non-i.v. users (Non-IDU), homosexual contacts by 4% vs. 0,5%. There are no special "visiting rooms" for prisoners in this facility.

15% of the male prisoners and 26% of the male i.v. users report to have done prostitution within 12 month before imprisonment. The figures for female are considerably higher: 28% of all female prisoners and 44% of female i.v. users. Only 4% said, they had done prostitution within prison (figure 34).

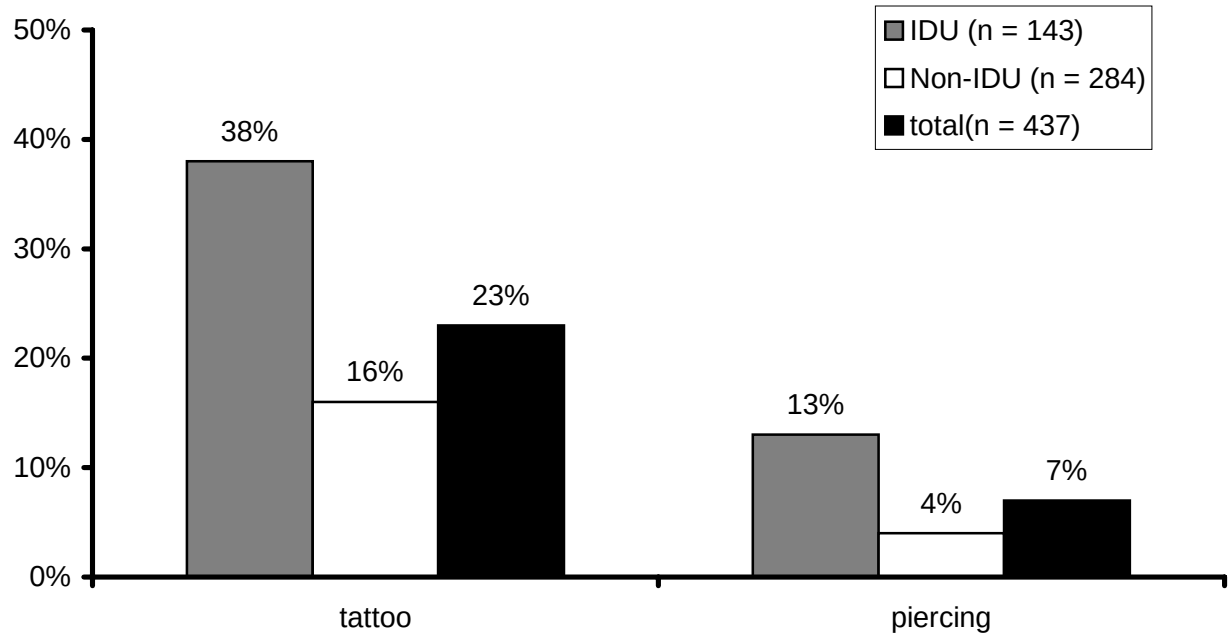
Figure 34: Sexual behaviour amongst prisoners



Source: Rotily & Weiland (1998)

Tattoos and piercing are applied in prison frequently. Unclean, non sterile instruments mean a risk for of transmission of infections. 38% of IDUs and 16% of Non-IDUs reported, that they had let apply a tattoo during the recent imprisonment. 13% of IDUs got a piercing, for non-IDUs this were only 4% (Rotily & Weiland 1998) (Figure 35).

Figure 35: Application of tattoos or piercing during the recent imprisonment

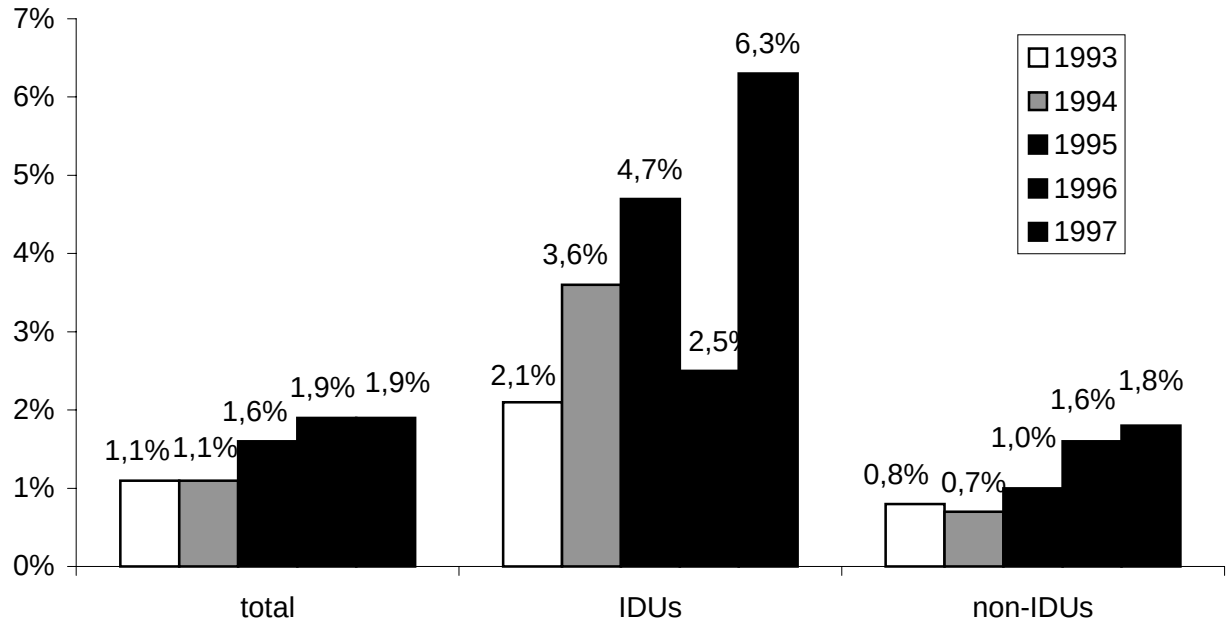


Source: Rotily & Wetland (1998)

13.1.3 Prevalence of HIV, HCV and HBC infections

As imprisonment is under the responsibility of each Federal Land there is no common practise of testing of prisoners in relation to infections. In most Laender HIV-tests are done on voluntary basis as part of the medical examination on admission. In the framework of the multi centre European study (Weilandt & Rotily 1998) prison inmates were asked about former HIV and HCV tests. The proportion tested was especially high (87%) amongst IDUs (N = 143). About half (49%) of the non-IDUs (N = 284) also had been tested at least once in their lifetime. Altogether 2% of the IDUs(N = 124) and 3% of the non-IDUs (N = 133) reported to be HIV-positive. 68% of the IDUs (N = 111) and 8% of non-IDUs (N = 51) a positive HCV test. The study also included saliva testing in order to assess prevalence of HIV and HCV. The proportion of HIV positive persons amongst i.v. drug users (n = 143) in a Cologne prison was 1,4%, but only 0,4% amongst non-IDUs. The prevalence of hepatitis C for IDUs was 14%, but only 0,4% for non-IDUs. Prevalence in German prisons, however, was rather low compared to other European prisons, where HIV prevalence ranged up to 28% and HCV prevalence up to 64% for i.v. drug users. From all interviewed subjects 27% were vaccinated against hepatitis B: from the IDUs 13% had all vaccinations, 14% part of them, from non-IDUs 21% were fully vaccinated against hepatitis B and 6% had not got all injections.

Figure 36: HIV-Infection amongst prisoners



Source: Heinemann & Püschel (1999)

The prevalence of the infectious diseases HIV, hepatitis B and C in Hamburg prisons was researched in a prospective longitudinal study by Heinemann & Püschel (1999) between 1991 and 1997. It was shown that the total prevalence for HIV infections was between 1,1% and 1,9%. The highest prevalence as well as the most visible increase was found for the group of IDUs. Heinemann & Püschel (1999) could also show that there is a significant effect of the duration of drug use on HIV prevalence for i.v. drug addicts. HIV positive addicts had used

drugs about double as long as HIV negative persons given the same age at the beginning of drug use.

The prevalence of hepatitis B (Hepatitis Bc-antibody positive) in 1997 for IDUs was 59,6%, for non-IDUs 36,2% in all Hamburg prisons (N = 6202 tests). The prevalence for hepatitis C was 77% for IDUs and 18% for non-IDUs (Heinemann, personal information). More recent data from Hamburg will be available soon. For persons with exclusive ivy. use in prison a study by Heinemann & Gross (2001) found 4% positive for HIV, 84% for hepatitis B, 12% acute before and persisting and 100% for hepatitis C.

13.2 Availability of drugs in prison

About the availability of illegal drugs as well as on transport and prices in prison little validated data have been published in Germany until now. Within the institutions structures of demand and supply have been established similar to the drug market outside of them (Trabut 2000, Heinemann & Püschel 1999). The proportion of addict inmates who became criminal and sentenced drug traffickers is high in prison. Altogether 14% (8.772) of all persons incarcerated during the year 2000 have been sentenced because of offences against the narcotic law (Betäubungsmittelgesetz; BtMG). As part of qualitative in-depth interviews participants of the demonstration project on infection prophylaxis (Meyenberg et al. 1999) were asked about the organisation of drug use.

Prison inmates report big variations in quality, continuity and price of substances as a consequence of controls and safety measures. Drugs are acquired and financed through an extensively organised exchange business. The intramural drug market is described as a small scale trafficking done by many prisoners as “by chance” business through several channels without central organisation. Due to the shortage and frequent withdrawal states drugs are exchanged and shared. Intravenous modes of application are used to make consumption as effective as possible. Through lack of syringes and insufficient techniques of disinfect ion high risk practices of use arise. How in prisons offences against regulations are handled, seems to be a delicate question. Küfner et al. (2000) could not derive any clear rules from a review amongst prison staff. For minor offences sanctions are mostly handled individually. Major offences, e.g. the possession of narcotics trigger an charge which is no longer in the realm of the prison.

13.3 Contextual information: organisation and structures in prison

The execution of sentences is under the responsibility of the Federal Laender. The organisation of imprisonment, collaboration in law making, financial and staff resources, the fields of safety and building, employment of prisoners is under the responsibility of the respective departments of the Ministries for Justice. In Germany distinction is made between detention and imprisonment for punishment following a sentence. Youth custody concerns persons up to 18, under certain conditions to 21 years. Custody prior to deportation, custody for public order, preventive detention, coercive and enforcement custody as well as imprisonment instead of a fine are based on different laws and have different purposes. In addition are distinction is made

between open and closed execution. There are specialised institutions as the so called mother-child-facilities for female offenders, prison hospitals and social therapeutic departments. Many prisons are organised in communities, mostly to increase prison capacities. There are single cells as well as cells for 2 up to 4 prisoners. Frequently within the prisons rooms are closed immediately again through an prison officer ("Umschluss"). Sometimes there are also rooms, which are available during day time and closed at evening. In special lounges prisoners can meet relatives several times per month.

An important aspect of re-socialisation as part of the execution of a sentence is the education of prisoners. Many prison inmates are considerably behind non offenders in education, as the Ministry for Justice in Baden-Württemberg reports (http://www.justiz. baden-wuerttemberg.de/). Society, family, the world of employment and leisure time are fast developing. To avoid in the first place that the youth offender without professional education "gets lost" and criminal behaviours are consolidated education is offered. On the basis of a differentiated concept besides courses at the level of supportive, elementary of primary schools (focus: reading, mathematics, writing in everyday situations) also courses at the level of junior high school and professional schools (theoretical and practical curricular units) are offered. For foreign prisoners partly further education is offered in their own language as far as possible. Leisure time courses for example inform about alcohol and drugs. First aid, language courses and trainings in text processing as well as IT basic education are also offered. Between 1998 and 2000 in the Laender of Brandenburg, Bremen and Lower Saxony a network for remote cooperation (TELIS) for computer aided learning in prisons has been set up. This network is integrated into a European network together with Spanish, Portuguese, French and English prisons at the moment) (www.telis.uni-bremen.de).

Social training should teach and train competence, new behaviours and attitudes towards problems with other people in family, job, authorities and leisure time. Sport activities have to be offered to prisoners according to the laws on imprisonment, youth court and detention. Most of the bigger prisons have the sports halls and places needed. Beside external sportsmen frequently prison staff is instructed as trainer. Most frequent leisure time activities offered in prisons (N=33)are TV (100%), sports (96,8%), games (75%), creative activities (67,9%) further education (61,5%) and cooking (38,1%) (Küfner et al. 2000).

13.4 Demand reduction policy in prisons

Repression is and has been for a long time the primary strategy of drug policy in prison to handle misuse of and addiction from substances. Through security measures (e.g. video monitoring, guards) controls (e.g. urine samples, prison rooms) followed by consequences (e.g. withdrawal of relieves) drug use should be reduced. External addiction counselling in prisons exists since the mid 80s and seems to become more and more established. Drug use in prisons is no longer generally denied but the aim within prison still is to be drug free. Also within the execution of sentences more and more the paradigm of „addiction as a disease" is followed. Beside measures or repression in the meantime it is accepted that

external and internal offers of counselling are needed to reduce the demand for drugs. Services for users of illegal drugs can be:

- Special areas for abstinent and non-addict inmates (drug free departments),
- Information, counselling and motivation for therapeutic measures,
- Support for the application for abstinence therapy and referral,
- harm reduction measures (e.g. syringe exchange),
- treatment based on medication (e.g. methadone substitution, treatment with naltrexone),
- check possibilities of „treatment instead of punishment“ in accordance to §§ 35, 36 BtMG,
- crisis intervention,
- single and group contacts during imprisonment

Generally quality and quantity of measures can vary considerably. Drug counselling can be done by specialist with a professional education as social pedagogues or psychologist within the staff or through external specialised drug counselling centres on request or on the basis of a defined number of hours. In the Federal Laender of Berlin, Hamburg and Lower Saxony syringe exchange has been tested in demonstration projects in small prisons. Measures for safe use like syringe exchange programmes and the distribution of clean material for syringes were introduced and prisoners and staff were trained in infection prophylaxis (see Meyenberg et al. 1999, Herrmann, Stöver & Knorr 2001). A project in an open prison (Heinemann & Gross 2001) showed an decrease in needle sharing in i.v. use from 51 down to 26% (N=49) through a syringe exchange programme. However, i.v. use amongst prisoners with 30% was still considerably higher than in closed units, where the prisoners had been before (17%).

As part of a model project to evaluate addiction counselling in prisons 46 external addiction counsellors were interviewed in Bavaria with a semi-standardised instrument about working conditions and concepts for counselling (Küfner, Beloch, Scharfenberg & Türk 2000). Nearly all counsellors had studied social pedagogues, only one quarter of them had a special training for their prison job. 79% stated, that they had an own office within prison. On the average there was one counsellor for 237 inmates. Information about addiction counselling in prison is usually given orally through the prison social services (98%) of staff (83%).

The treatment monitoring system EBIS-B documents psycho-social and therapeutic measures of out-patient and in-patient facilities to help people guilty of a crime and homeless in Germany (see Welsch & Sonntag 2000). In 1999 treatments of 914 clients were monitored within prison care, 94% of them were male and 6% female. Only for 142 clients from 7 facilities information on measures was available, which is 16% of the sample. This does not allow a generalisation of the reported results. The majority (52%) of clients treated in prisoners' care gets social training. Additional 38 clients (27%) do work for the public welfare instead of imprisonment. Measures like the assignment to work, care, offender-victim-compensation, help at the youth courts or to decide about (avoidance of) imprisonment only play a minor role in the facilities.

Table 43: Measures during treatment of clients in prisoner care in seven prisons

Measures during treatment	cases	percentage
Assignment of work	3	2%
Assignment to care	2	1%
Social training	74	52%
Offender-Victim-compensation	1	1%
Help at the youth court	1	1%
Help for decision on imprisonment	5	4%
Work to avoid prison	38	27%
Others	12	9%
Totel	142	100%

* multiple choice possible

Source: Welsch & Sonntag (2000)

13.5 Evaluation of drug users treatment in prison

By order of the Bavarian State Ministry for Work, Social Order, Family, Women and Health a demonstration project was conducted between June 1997 and September 1998 with the aim to offer addiction treatment through a better networking between prisons in Bavaria (??Untersuchungs- oder Strafhaft). Type and amount of counselling and its influence on prisoners and institution should be assessed and its quality should be increased. Guidelines for a perfect external addiction counselling should be developed. The demonstration project, in which 33 out of 37 prisons and altogether more than 4000 clients participated, was monitored scientifically and an evaluation took place (Küfner, Beloch, Scharfenberg & Türk 2000). External addiction counselling is judged as positive by the clients. But also the prisons perceive it as an important part of the care for prisoners. At the same time it reduces the workload of internal social service and staff. In general, therapists judged the treatment of females to be more helpful and successful.

At the beginning of counselling the inmates mentioned the following aims (multiple answers were possible)

- handling addiction problems (80%)
- preparation for therapy (78%)
- referral to therapy instead of punishment (74%)
- motivation for therapy (71%)

Especially for the first three mentioned topics, male clients were convinced, that counselling is very helpful in this respect. In addition they hoped it would help to reduce their time in prison.

Female inmates most often mentioned as aims of counselling (multiple answers were possible)

- preparation for therapy (72%)
- handling of addiction problems (72%)
- motivation for therapy (71%)
- relief (68%)

The general assumption, that females are more open-minded for counselling and psychotherapy than males, could not be supported. In relation to the process of counselling and changes the following results were found:

- drug clients during imprisonment got more lengthy and intensive counselling compared e.g. to clients with alcohol problems. This is due to legal options, that narcotic law offers, but also to the fact, that these offers are more targeted towards drug clients
- The retention rate for male clients is 69% (referral to other prisons excluded) which is considerably higher than in in-patient or out-patient treatment settings.
- in relation to the total change of symptoms males at the end of counselling made the following judgement: 2% stated to be abstinent, 49% found their symptoms improved, 46% unchanged and 2% ??detoriated. Among female clients 1% stated they would be abstinent, 57% improved, 40% unchanged and 2% deterioted.

13.6 Methodological issues

The registration of drug use in prison targets an illegal behaviour of prison inmates which is followed by sanctions. To conduct such studies always needs the agreement of the prison management and the support of its staff. The temporary withdrawal of freedom from the prisoner through the penalty makes it especially difficult to keep the research outcomes anonymous. On the other side the mistrust of interviewed subjects might be especially high here. Holiday from prison and the reduction of time in prison depend directly on the assessment of the prisoner's behaviour - to confess drug use in prison has a negative impact on that. The amount of denial and the size of the dark field therefore have to be judged especially big in prison studies.

Annex

14 References

14.1 Brochures

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14.3 Websites for the report

Website	**Contents**
www.aidshilfe.de	German AIDS - Aid
www.bmgesundheit.de	Federal Ministry for Health (Bundesministerium für Gesundheit (BMG)
www.bzga.de	Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung; BZgA)
www.dbdd.de	German Reference Centre for the European Monitoring Centre for Drugs and Drug Addiction (Deutsche Refe-renzstelle für die Europäische Beobachtungsstelle für Drogen und Drogensucht; DBDD)
www.dhs.de	German Council against Addiction Problems (Deutsche Hauptstelle gegen die Suchtgefahren; DHS)
www.drugcom.de	BzgA Information for yough and party visitors
www.ginko.de	Coordination Unit for Addiction Prevention North Rhine-Westphalia (Landeskoordinierungsstelle Suchtvorbeugung Nordrhein-Westfalen; GINKO)
www. rki.de	Robert Koch Institut (RKI)
www.ift.de	Institut für Therapieforschung (IFT)