IFT

REPORT TO THE EMCDDA

by the Reitox national focal point of Germany,

Institut für Therapieforschung

GERMANY

DRUG SITUATION 2000

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LIST OF WEBSITES

Website	German	English
www.aidshilfe.de	Deutsche AIDS-Hilfe (Informationen zu Spritzentausch)	German AIDS Help (information on syringe exchange)
www.bmgesundheit.de	Bundesministerium für Gesundheit (BMG)	Federal Ministry for Health
www.bzga.de	Bundeszentrale für gesundheitliche Aufklärung (BZgA)	Federal Centre for Health Education
www.dbdd.de	Deutsche Referenzstelle für die Europäische Beobachtungsstelle für Drogen und Drogensucht (DBDD)	German Reference Centre for the European Monitoring Centre for Drugs and Drug Addiction
www.dhs.de	Deutsche Hauptstelle gegen die Suchtgefahren (DHS)	German Council on Addiction Problems
www.eifoi.de	Europäischen Institut für onkologische und immunologische Forschung	European Institute for oncology and immunology research
www.ginko.de	Landeskoordinierungsstelle Suchtvorbeugung Nordrhein-Westfalen (GINKO)	
www.rki.de	Robert Koch Institut (RKI)	Robert Koch Institute
www.ift.de	Institut für Therapieforschung (IFT)	Institute for Therapy Research

ABBREVIATIONS

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 in Germany
AUB-Guidelines	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
BLV	Badischer Landesverband gegen die Suchtgefahren	
DAS	Drogenaffinitätsstudie	Drug Affinity Study
DBDD	Deutsche 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
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
EMCDDA	Europäische Beobachtungsstelle für Drogen und Drogensucht (EBDD)	European Monitoring Centre for Drugs and Drug Addiction
EU	Europäische Union	European Union
FAW	Fachverband für Außenwerbung	
FCHE	Bundeszentrale für gesundheitliche Aufklärung	Federal Centre for Health Education
GB	Groß Britannien	Great Britain
GDR	Deutsche Demokratische Republik	German Democratic Republic
GRV	Gesetzliche Rentenversicherungen	Public Social and Pension Insurance
HAART		Highly Activating Antirectrovirale Treatment
HAGE	Hessische Arbeitsgemeinschaft für Gesundheitserziehung	Working Group for Health Education in Hesse
HCV	Hepatitis C Virus	Hepatitis C Virus

IVDA	Intravenös applizierende Drogenabhängige	Intravenous drug addicts

Abbreviation	German	English
KJHG	Kinder- und Jugendhilfegesetz	Law on children and youth help
LAAM	Levoalphaacetylmethadole	Levoalphaacetylmethadole
MODRUS	Studie zur Modernen Drogen- und Suchtprävention	Study on Modern Prevention of Drugs and Addiction
NGOs	Nicht-staatliche Organisationen	Non-Governmental Organisations
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	Tetrahydrocannabinole
UN	Vereinte Nationen	United Nations
WHO	Weltgesundheitsorganisation	World Health Organisation
ZI	Zentrales Institut der Kassenärztlichen Versorgungen	Central Institute of Panel Doctors

Abbreviations of the Federal Laender

Abbreviations	German	English
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 Pommerania
NI	Niedersachsen	Lower Saxony
NW	Nordrhein-Westfalen	North Rhine-Westfalia
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

The REITOX report 2000 includes the most important information on the state and developments of drug problems in Germany for the reporting year. It closely follows the structure and guidelines published by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in Lisbon. Through the processing and description of the national data the basis is prepared for the EMCDDA to make comparative use of this information. Following the EMCDDA new information strategy the data will flow into a trend report on the situation of the drug phenomenon in Europe. In addition detail information will be made available in future in data banks. This will make the use of the national working results better and more easy.

Through a decision taken by the Federal Ministry for Health and the Federal Laender the focal point activities integrated in 1999 into the DBDD. In this way the generic task and the national role of the German Focal point has been underlined. The DBDD is hold by the three partners, which have done this work from the beginning. The Federal Centre for Health Education (FCHE) with a focus on prevention, the German Council on Addiction Problems (DHS) with a focus on treatment and the IFT Institute for Therapy Research focussing on epidemiology are working closely together in this respect. The IFT also is responsible for management and co-ordination.

Special thanks to Jürgen Töppich (FCHE) for his input in chapter 10 "quality assurance" and Susanne Schardt (ECDP) for her contributions to chapter 9.5.6 "ethnic minorities". For critical comments and support we would like to thank all persons from the Federal Ministry for Health, the Land Ministries, FCHE, DHS as well as Gerhard Bühringer, Tim Pfeiffer and Martina Tengler from the IFT Institute for Therapy Research.

Roland Simon

Director of the DBDD

PART I
NATIONAL STRATEGIES: INSTITUTIONAL & 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

In Germany after the change of government in autumn 1998 the office of the Federal Drug Commissioner moved from the Federal Ministry of the Interior (BMI) to the Federal Ministry for Health (BMG). This political step shows that in national drug policy health and social aspects are more predominant as they used to be following the general rule "help comes before law enforcement". In the agreement of coalition of the Federal Government education, prevention, help for drug addicts and law enforcement were fixed as four major pillars of drugs policy. The latter lies within the responsibility of the Federal Ministry of the Interior (BMI), its corresponding Land Ministries and customs.

In March 2000 the Drug Commissioner of the Federal Government Mrs. Nickels presented her report on drugs and addiction. There prevention is stressed as main focus of the national drug policy: Preventive interventions should focus on the use of illegal psychotropic substances but increasingly the abuse of alcohol and tobacco also. "Health promotion" and "the strengthening of life skills" are concepts placed in the foreground. A further aim of the Federal Government is to support addiction treatment which is oriented to efficiency and quality. In accordance with their psychological, physical and social condition addicts are to be offered individualised help which is easy to access by a differentiated drugs help system. Therefore help should range from low threshold services reaching from harm minimisation and survival to offers that help drug addicts to get abstinent of drugs.

In December 1999 a new "Drugs and Addiction Commission" was called by the Federal Ministry for Health. This commission replaces the "National Drugs Council" which was existing since 1992. The new body consists of 14 experts out of in the field of medicine, psychology, social science, jurisprudence, one representative of people concerned with drugs as well as a journalist. The function of the commission will be to give professional advice and to support the Federal Ministry for Health. Its votes have a consultative character. Firstly the Federal Ministry for Health has asked the body for

the development of a complete "drugs and addiction concept" in order to improve prevention as well as for the creation of elements for a new national action plan.

This year the national programme for addiction research will end. It has been supported by the Federal Ministry for Education and Research (BMBF) since 1994. Models of early stages of addiction development and persons who stopped their drug abuse without professional help were part of the field of analytical epidemiology. The neurobiological basis of causes, prevention and therapy in drug addiction were part of this programme, too. Last projects will end in the course of the year 2000. Another priority is now to support research co-operation units in addiction research which was announced in October 1999. Due to recent scheduling projects will be starting at the beginning of 2001. Between research and supply the goal is to strengthen its bonds and the transfer of research results as well as to build up long lasting structures of co-operation.

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 interministerial 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 institutions 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

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.

Rooms for drug use

At the end of February 2000 German Federal Parliament and Federal Chamber of German Laender agreed upon a law, which is expected to create a safe legal position for drug consumption rooms. §10a of the third amendment of the Narcotic Law (BtMG) contains a catalogue of minimum requirements for rooms, as well as for medical and social care. The first aim is to reduce the risks of drug intake through appropriate framework conditions and legalise staff activities. It has also been clarified that staff is forbidden to actively support drug consumption. When opening drug consumption rooms abstinence-oriented counselling and treatment have to be offered to opiate addicts and arranged if wanted. Each Land government is free to allow drug consumption rooms and to create corresponding rules. It is up to the Land government to pass a decree and fulfil by that requirements for a permission of drug

consumption rooms. The mentioned legal preconditions have to be installed in the Federal Laender within two years after coming into force of the new decree. This has taken place in Hamburg (April 2000) and in North Rhine-Westphalia (September 2000).

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 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

through heroin supported 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. On the basis of Par. 3,2 of the Narcotic Law the Federal Centre for Drugs and Medical Devices can permit such a scientific study. For such a study the regulations of national and international narcotic law as well as the rules of the Pharmaceutical Law (Arzneimittelgesetz) to protect humans in clinical trials as well as the Regulations for the Test of Pharmaceutics (Arzneimittelprüflinien) and the rules of good clinical practise have to be respected.

In February 1999 with Ministry for Health responsible a co-ordination group was created composed from representatives of interested municipalities and the Laender as well as a representative of the Federal Medical Association. This group has developed a framework concept in which general targets of the trial, its legal basis and different other questions concerning its content have been laid down in consensus. On the basis of this framework concept a call for tender was agreed upon between all participants and published in the meanwhile in the Federal Gazette and in the internet. ***Until the 3rd of January 2000 three research institutions have presented project concepts according to the call for tender. As the examining committee was not able to give the contract to any of the competitors, two of them were asked to develop a design for the study. Until the 9th of July both study designs were proposed. In an expert meeting at the 29th of August both designs were examined thoroughly. At the 15th of September the steering group consisting of Federal Government, Federal Laender and cities met in order to discuss the study designs and the results of the expert meeting. An ethical commission and the Federal Centre for Drugs and Medical Devices (BfArM) will take their stand on the chosen research design.***

The beginning of the project is planned to be in 2001. Its term will be three years. Participating cities are Frankfurt am Main, Karlsruhe, Hamburg, Hanover, Köln, Essen and München. The city of Düsseldorf was quitting the model, because the political majorities changed in the town council after communal elections in autumn 1999. Costs of the model on heroin supported treatment will be covered by Federal Government, Federal Laender and the cities. Whereas the Federal Government will finance the scientific evaluation and half of the case-management (that means staff which is organising additional help if needed), the cities will cover all expenses on the scene as well as parts of the case-management and examining physicians.

Substitution

With help of the Third Amendment of the Narcotic Law (3. BtMG-ÄndG) which was passed on the 28th of February 2000 (see "Rooms for Drug Use") there are further possibilities to establish regulations for the prescription of substitution substances. They foresee a registration system for substituted patients. It should help to combat multiple prescriptions by attending several physicians as well as an increasing availability of methadone on the black market. The so called "central substitution register" will be placed at the Federal Centre for Drugs and Medical Devices (BfArM). A decree will regulate all details, that means what kind of information on the substitution based treatment of each patient will be registered and in which way data will be processed. Furthermore medical doctors who are prescribing substitution substances are since then legally obliged to obtain an additional qualification called

"Suchtmedizinische Grundversorgung" which was already decided by the Federal Chamber of Physicians on the 11th of September 1998. For this guidelines were already worked out by the Federal Chamber of Physicians.

Narcotic addicts substituted with codeine/dihydrocodeine are to be substituted with methadone. This change could not be realised by physicians before the 30th of July 1998 as planned in the 10th amendment of the Narcotic Law Regulations (BtM-ÄndV). The deadline was prolonged several time, finally until the 1st of January 2000. Since the beginning of 2000 the use of codeine as a substitution substance is regulated in the framework of a decree and is possible only in exceptional cases.

The Federal Drug Commissioner approves in her drug report a wider range of substitution substances to proceed alternatives in certain cases where methadone can not be used. On the German market methadone and buprenorphine are meanwhile permitted for substitution purposes. First clinical studies are expected to bring experience with levoalphaacetylmethadol (LAAM) and finished levomethadone in substitution treatment. For opiate addicts who have an especially strong will to finish their drug abuse the Federal Ministry for Health recommends the use of opiate antagonists. Physicians are asked to examine regularly if the used opiate antagonists as a remedy do make sense in individual cases.

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 ist 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.***

On January 20th 2000 the Federal Constitutional Court refused to decide over a petition of eight patients, who wanted to use cannabis products without prosecution in order to ease their pain. The judges explained that they first have to take legal actions. The reason given for the decision was that medical supply is a "public purpose" which can permit the circulation of cannabis products in single cases according to §3 Abs.2 BtMG. This permission is within the discretion of the Federal Centre for Drugs and Medical Devices (BfArM) and has to be decided there first.

Cannabis and penal law

The German government also has intensified the discussion on the legal position of non-medical use (possession and purchase) of cannabis products. The Federal Constitutional Court has requested the Laender already in 1994 to use uniform conditions and limits for the prosecution of an offence when cannabis for personal use is not prosecuted. The "small amounts" and further legal requirements to stop prosecution are still defined differently in the regulations of the Land justice administrations. For cannabis it varies between 5 and 30 gram, for heroin between 0,5 and 6g. In the practice of courts and public prosecutors nation-wide more than 90% of all criminal procedures with a maximum of 10g cannabis are suspended however (Aulinger 1998).

Children of families with drug problems

Children of addicted parents are at an especially high risk of getting mentally ill themselves. To find out the best support for parents and children in self-help group settings the Federal Ministry for Health promoted a model project of the German Guttempler Orden. German Caritas, too plans a special drugs prevention manual for children of afflicted families. This kind of programmes is well established in the USA and could also be used in Germany. The Germany Council on Addiction Problems (DHS) organised an expert meeting "children of addicts". A summarising documentation of its results is recently done.

Migrants and drug use

This is a field that has not been noticed for a long time - there is only few data out of the fields of epidemiology and treatment, and there is not much knowledge about the use and efficacy of special prevention and treatment programmes, too. Therefore the Federal Ministry for Health has assigned several expert reports. First results will be available at the end of the year.

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. 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 two 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.

Hamburg

In April 2000 the Hamburg Land parliament was the first Federal Land to pass the legal basis for drug consumption rooms according to the requirements of the Third Amendment of the Narcotic Law (3. BtMG-Änderungsgesetzes). First of all the official permission regulates the function of the rooms, which is to get in contact with people who could hardly be reached before, to help them and to give them advice. The aim is to show them new ways towards further abstinence-oriented counselling and therapy. There have to be the same standards in all units regarding responsibility, equipment, care and medical supply in case of emergency (for example artificial respiration or reanimation) as well as interventions to prevent drug related offences. In the eight Hamburg drug consumption rooms opiate addicts ought to be motivated to treatment or to substitution aiming at quitting drug use.

Sachsen-Anhalt

Even if the drug problem in the new Laender has yet not grown to the same size as in the old Laender the developments are followed critically. Some regional studies are commissioned by the Ministry for Work, Woman, Health and Social Affairs. They are expected to evaluate the situation in detail and give indications for interventions and political decisions on Laender level. Following studies were made or are still ongoing:

- ***The sociological-empirical short term study "Drug use in adolescents - Extent, risks and possibilities for interventions from a street-works point of view",***
- ***The study "Drug affinity of teenagers in the techno party scene in Sachsen-Anhalt",***

- ***The ethnographical study "Patterns of drug careers among illegal drug users in Sachsen-Anhalt",***
- ***The longitudinal study MODRUS II "Modern prevention of drugs and addiction".***

These studies give qualitative information on the scope of the drug problem and trends. Especially ethnographic approaches are expected to provide more insight in motives and needs of drug users in order to plan interventions appropriately.

1.2 Policy implementation, legal framework and prosecution

1.2.1 Drug laws and punishment

When end of the 60s drug use increased in Germany, the legal situation of drug use was still ruled by the opium law from 1929. The law was based in parts still on the International Opium Act from 1925. In 1971 a new Narcotic Law (Betäubungsmittelgesetz BtMG) was passed. The basis for this were the international conventions on “Narcotic Drugs“ (1961) and on “Psychotropic Substances“ (1971), which had been passed in the meanwhile. In parts in reaction to the subsequent worsening of the drug situation the law was amended in 1981. The aim was to give a more simple and clear structure to the law and to reduce negative health and social consequences of drug use. In addition, punishment especially for illegal trafficking and production of drugs should be 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 give more weight to the aspect of addiction as an illness and a burden for total society.*** In order to convert the UN convention on the illegal circulation of addictive and psychotropic substances further penal regulations have been added to the BtMG. Amongst others to set aside chemical substances for illegal production of drugs has been made a punishable offence. In 1992 another amendment starting in the Bundesrat (Federal Chamber of German Laender) (took place, which triggered further essential changes in the BtMG as well as in the Penal Code:

- The explicit permission of substitution based treatment for drug addicts (§13 Par. 1 sentence 1 BtMG).
- ***A partial depenalisation of drug users for use related petty cases through remittment of punishment by public prosecutors without a judge's agreement (§31a BtMG).***
- Essential improvements where external drug therapy is started or re-started by a drug addict who is sentenced to imprisonment.
- The possibility to credit periods of therapy if penalty is not executed (§36).
- The reduction of the threshold for entering for the principle of “therapy instead of prosecution“ (§37).

- The legal clarification of the authorisation to deliver syringes to addicts.
- The introduction of a right for drug counsellors to refuse to give evidence.

In 1992 and 1994 penalties for heavy delinquency 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.

In the last two years changes of the regulations on the prescription of narcotics which are important for the practical work have been made concerning prescription and delivery of pain killers and substitution substances. According to the 10th Amendment of the Narcotic Law Regulations (BtMÄndV) which came into force on February 1st 1998 the prescription of codeine, dihydrocodeine and flunitrazepame for patients addicted to narcotics has exclusively to be done on the special narcotics-form-sheets already mentioned. Besides exceptions because of medical reasons all patients addicted to narcotics substituted with codeine or dihydrocodeine should be substituted with methadone after January 1st 2000. This gradual change of patients formerly substituted with codeine was obviously causing problems only in single cases. A study in Hamburg reports that the change was possible without feared problems but around 20% of clients had problems (Kahlke, J., Verthein, U., Farnbacher, G., Schmidt, V & Degkwitz, P. (in print). Besides that there are indications for drug-related deaths in Bavaria based on problems in methadone supply. Programs for quick substitution of patients in case of insufficient supply were hardly used at all. Patients who meet the requirements for autonomous intake of substitution substances can be handed out recipes with take-away doses for seven days (three days until then). Furthermore substitution substances can be given in public pharmacies for immediate use.

The 12th and 13th Amendment of the Narcotic Law Regulations (BtM-ÄndV) included a total of 12 additional designer drugs (amphetamines, methaqualone and phencyclidine derivates) temporarily in schedule I of the Narcotic Law. At the end of February 2000 the Third Amendment of the Narcotic Law (3. BtMG-Änderungsgesetzes) already mentioned above was passed with the agreement of the Federal Chamber of the German Laender (Bundesrat). The law fixes minimum standards for drug consumption rooms. Each Land government is free to pass a decree and create the requirements for a permission. The law also contains the possibility for further regulations for the prescription substitution substances. By establishing a central substitution register (avoidance of double prescriptions) and training standards still to be definded for substituting physicians quality in substitution treatment is supposed to be improved.

1.2.2 Other relevant laws

Further important regulations in the control of drugs are especially the Money Laundering Act (Geldwäschegesetzt) 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.***

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 opinion and perception of drug issues

Information about attitudes and opinions on drug use and drugs have been collected by several representative surveys during the last years. A study (FCHE; Bundeszentrale für gesundheitliche Aufklärung 2000) showed in 1999 that there is a stable and high extend of knowledge about routes of infections of AIDS. In HIV testing there is a lifetime prevalence of 28%. The use of condoms is relatively stable - about 50% of all persons older then 16 years always or often use them.

In 1997 another Representative Survey on the Use of Psychoactive Substances in the German Adult Population (BUND) was conducted (Kraus & Bauernfeind 1998) funded by the Federal Ministry for Health. ***At the moment a new survey is in progress, results will be available at the beginning of 2001. In*** 1997 a total of 8,000 adults from both parts of Germany were asked about their drug use and were requested to give a general evaluation on the gravity of drug problems as well as on the consequences of drug use. The majority of the subjects sees drug problems as a big social problem (Table 1).

Table 1: Judgement of the drug problem in Germany

Judgement of the drug problem	Gender				Age-groups					
		Total	Male	Female	18-20	21-24	25-29	30-39	40-49	50-59
N		8,000	4,019	3,981	748	639	651	2,151	1,776	2,035
Big problem (%)	56.3	(4,506)	53.5	59.2	57.3	51.1	48.5	54.8	58.3	60.0
Rather a problem (%)	25.1	(2,011)	26.2	24.0	23.0	25.6	29.5	25.2	26.4	23.3
Rather no problem (%)	11.9	(954)	13.1	10.8	15.0	13.0	17.1	12.2	10.5	9.7
No problem (%)	5.0	(399)	6.1	3.9	3.7	8.2	4.0	6.4	3.8	4.3
N.A. (%)	1.6	(130)	1.1	2.2	1.0	2.1	0.9	1.4	1.0	2.8

Coding of the rating: big problem (1, 2), rather a problem (3), rather no problem (4), no problem (5,6) Source: Representative Survey 1997 (Kraus & Bauernfeind 1998)

67% of the subjects in the west and 64% in the east Laender judged in 1997 the drug problem as at least as important (“bigger“ or “no difference“) as alcohol related problems (Table 2). In 1994, 1995 and 1996 in the framework of the Representative Survey three representative telephone studies were conducted. 55-60% of all subjects in this period believed that the drug problem would be at least as big as the alcohol problem (bigger or as big). The increase in percentage might reflect a change in the perception of the size of the drug problems. Three quarters of all subjects in 1997 state, that they are informed “rather good“ of “very good“ about the harmful consequences of drug use (Table 3). The age-group of 18-20 years feels especially well informed. In this group nearly 90% state that they are informed “rather good“ or “very good“ which is considerable above all other age groups.

Table 2: Assessment on the drug problem in comparison to alcohol problems: West and East Germany

Drug problems in comparison to alcohol problems	West Germany				East Germany			
		Total	Male	Female		Total	Male	Female
N		6,380	3,209	3,171		1,620	810	810
Bigger (%)	27.1	(1,728)	29.7	24.4	21.8	(353)	24.2	19.4
No difference (%)	40.1	(2,555)	37.2	43.0	43.2	(700)	40.6	45.9
Smaller (%)	31.2	(1,991)	31.9	30.6	34.3	(556)	34.6	34.1
Don't know (%)	1.6	(105)	1.2	2.1	0.6	(11)	0.6	0.7

Source: Representative Survey 1997 (Kraus & Bauernfeind 1998)

Table 3: **Information about harmful consequences of drug use**

Information	Gender				Age-groups					
		Total	Male	Female	18-20	21-24	25-29	30-39	40-49	50-59
N		8,000	4,019	3,981	748	639	651	2,151	1,776	2,035
Very good (%)	35.9	(2,868)	36.9	34.8	39.8	44.0	30.7	36.7	37.3	31.4
Rather good (%)	42.6	(3,404)	42.0	43.1	48.1	38.4	48.6	43.4	41.4	40.0
Rather bad (%)	16.5	(1,320)	16.3	16.7	9.3	12.5	16.3	15.6	17.5	20.6
Not at all (%)	3.7	(298)	3.7	3.8	1.6	3.7	3.6	3.2	3.2	5.6
N.A. (%)	1.4	(109)	1.1	1.6	1.2	1.4	0.8	1.2	0.6	2.4

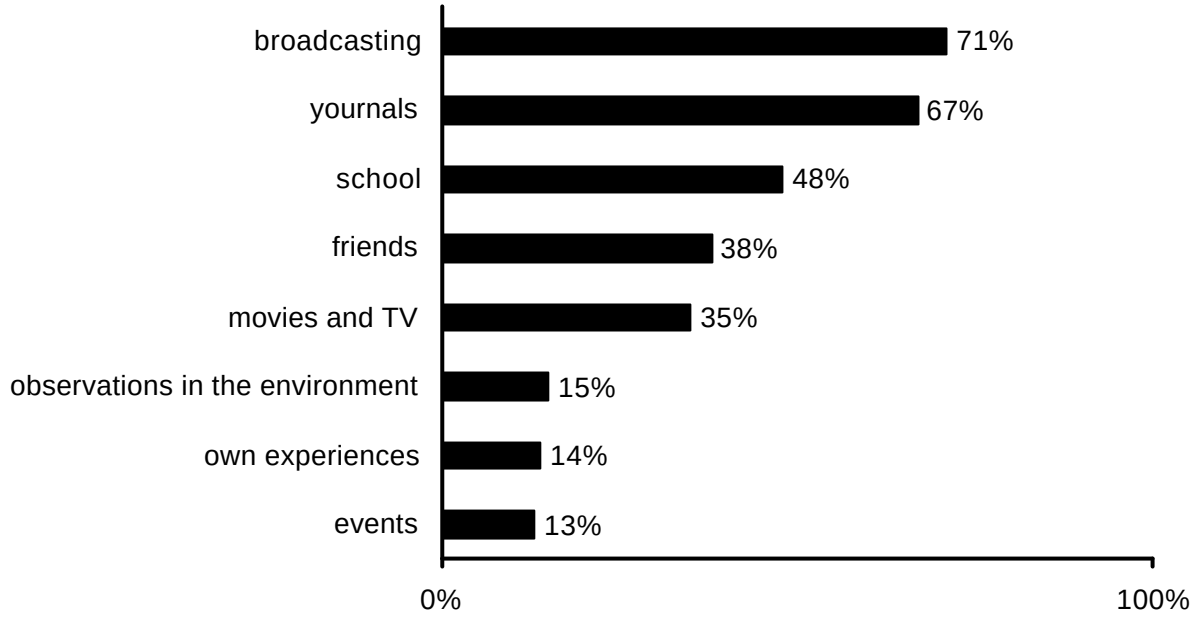
Source: Representative Survey 1997 (Kraus & Bauernfeind 1998)

In the Land of Sachsen-Anhalt in autumn 1998 the study Modern Prevention of Drugs and Addiction (MODRUS) was conducted. Attitudes of about 2500 female and male pupils and of about 1500 adults (teachers, parents, addiction counsellors, medical doctors and policemen) were collected on topics of “drugs and addiction“ (Böttcher, Chrapa, Chrapa, Teltscher, & Voigtländer 1999). About half of the interviewed children and youth in east Germany had strong interest in the subject while 20% found it less relevant. Important sources of information on the subject “drugs and addiction“ are for the adolescents the media (TV and newspapers), but also school lessons and friends (Figure 1). Almost the addictive substances heroin, cocaine, ecstasy and cannabis were judged as “drugs“ by 90% of the

subjects, nicotine and alcohol by 60-70%. The majority judged heroin, cocaine, LSD and ecstasy as very dangerous, but only a quarter of them gave the same judgement for alcohol and nicotine.

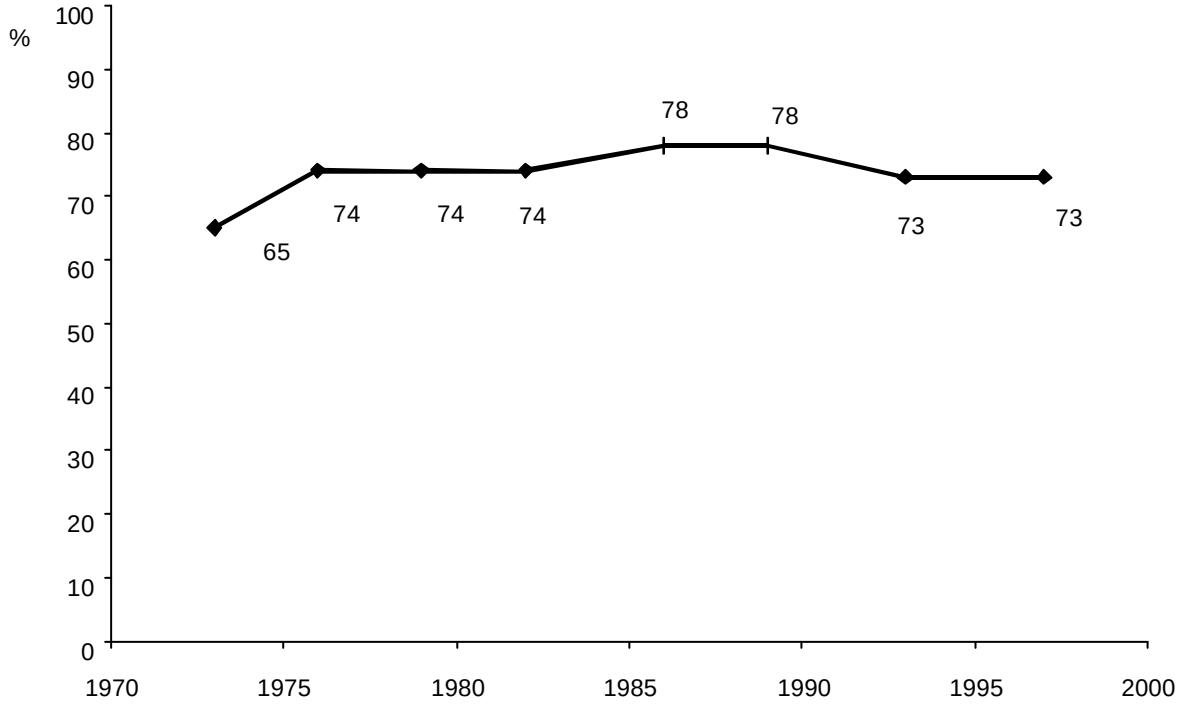
The Drug Affinity Study (DAS) is conducted by the Federal Centre for Health Education at regular intervals (Christiansen & Töppich 1998). It asks for the use of legal and illegal substances but also for attitudes and motives which influence substance use almost youth. Results show, that 74% of the 12-25 year old subjects have neither taken drugs nor plan to do this in future. In west Germany this rate is 73%, in east Germany even 80%. This general rate of refusal has been rather stable since the middle of the seventies (Figure 2). In the 1986 and 1989 surveys the negative attitude towards drug use has slightly increased, but again decreased in the years after.

Figure 1: Important sources of information on the subject „drugs and addiction“



Source: MODRUS 1998 (Böttcher, Chrapa, Chrapa, Teltscher & Voigtländer 1999)

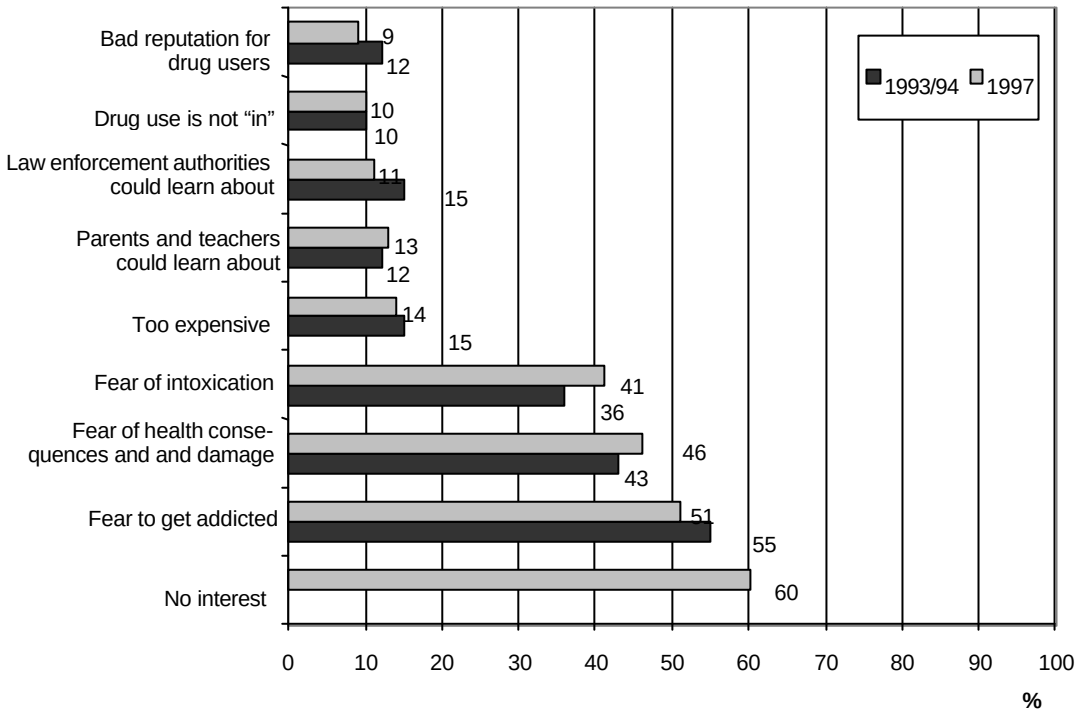
Figure 2: Refusal of illegal drugs (1973 - 1997)



Source: Drug Affinity Study 1997 (Christiansen & Töppich 1998)

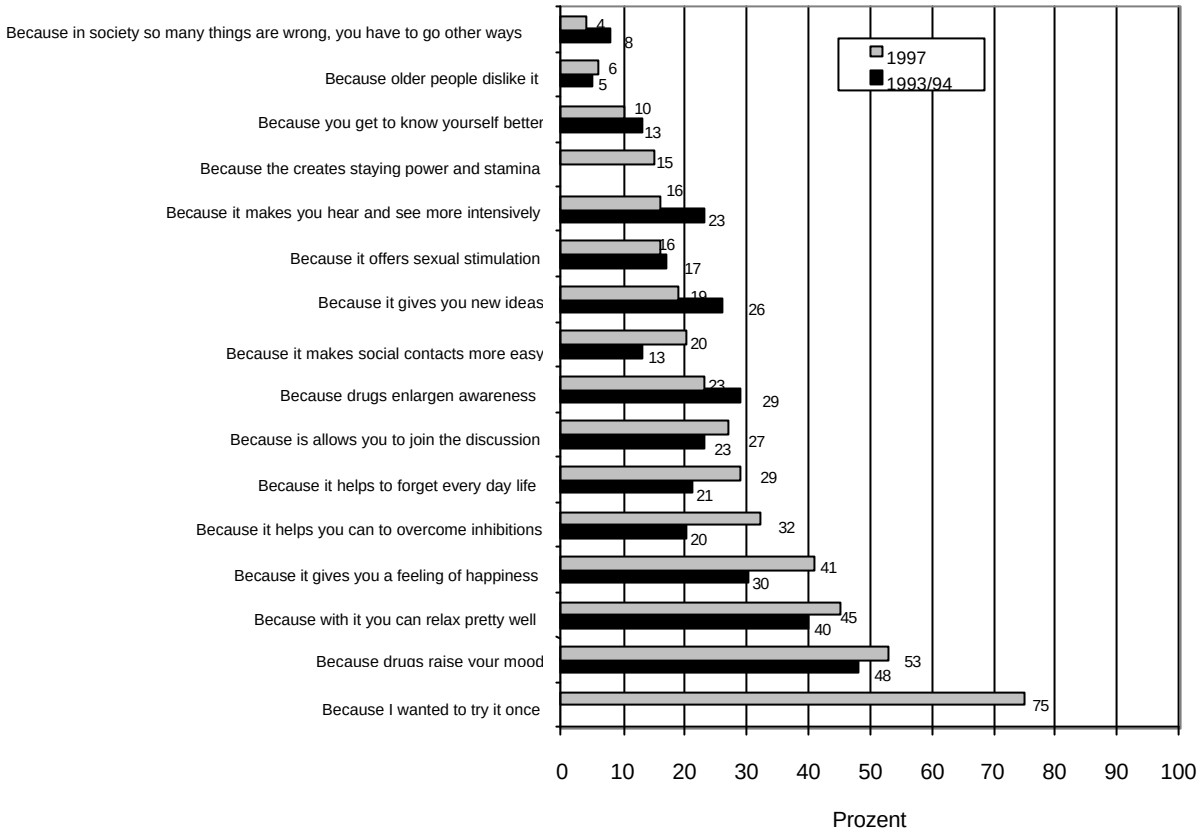
In the Drug Affinity Study in 1997 when youth are asked about the reason of their refusal when they had been offered illegal drugs for the first time 60% say, they have “no interest in drugs“. About half of them (51%) are afraid to get addicted or of health risks (46%). In comparison to 1993/94 fear of addiction and dependence has declined by 4 points (1993/94: 55%). At the same time fear of health consequences and harms has increased by 3 points (1993/94: 43%). Financial aspects, negative social consequences of loss of prestige have been mentioned as reasons in both studies only seldom (Figure 3). The Drug Affinity Study also asks for motives for drug use. In 1997 curiosity is the motive most frequently mentioned (75%). To relax and to be in high spirits are mentioned as motives in the 1997 as well as in the 1993/94 survey, 1997 however even more frequent than before. Other frequently mentioned reasons are in 1997: to reduce inhibitions, to forget everyday life and to make human contacts easier (Figure 4).

Figure 3: Reasons for the refusal of illegal drugs offered for the first time (12-25 year old)



Source: Drug Affinity Study 1993/94, 1997 (Christiansen & Töppich 1994, 1998), "No interest" was not asked in 1993/94.

Figure 4: Reasons for drug use (12 - 25 year old with and without drug experiences)



Source: Drug Affinity Study 1997 (Christiansen & Töppich 1998)

1.4 Budget and funding arrangements

In 1999 the total budget for drugs and addictions of the Federal Ministry for Health was about 24 Mio. DM (about 12.3 Mio Euro) (Table 4). This budget includes legal and illegal substances, resources only for illegal drugs are not available. About 13 Mio. DM were fixed for activities in the field of prevention. With 6.9 Mio. DM model projects were funded through Federal budgets. Model projects are often co-financed by participating Laender, municipalities or project holders (for example the model of heroin supported treatment, see chapter 1.2). The Federal Ministry for Health sponsored about 2.3 Mio. DM for research and studies in the field of drugs and addiction. An additional amount of 47,2 Mio. DM for addiction research came from the Federal Ministry for Education and Research (BMBF) in the years 1996 until 2000.

In the last years the contribution through Federal Laender tended to increase. Further funds for research in university settings as well as in the German Research Association (DFG) are existing. Charities, which are operating in the field of drugs and addiction, are funded at about 1,6 Mio. DM by Federal budgets: About 1,2 Mio. DM for the institutional support of the German Council on Addiction Problems (DHS), and about 0,4 Mio. DM for its single projects and meetings.

The Federal Laender have different tasks in the field of drugs and addiction. They are responsible for general health care and social help defined by the Federal Law on Social Help (Bundessozialhilfegesetz, BSHG), for measures by the Law on Children and Youth Help (Kinder- und Jugendhilfegesetz, KJHG), as well as for law enforcement. This means, that a big share of the public funds spent for prevention, counselling and partly drug treatment as well as for law enforcement comes from the Laender and municipality budgets. In all 16 Federal Laender budgets of about 246 Mio. DM in 1999 and 249 Mio. DM in 2000 were fixed for drugs and addiction. The amount varies in the Federal Laender between 19.000 and 347.000 DM per 100.000 inhabitants, depending on size, inhabitants and extent of the drug problem as well as on priorities in drug policy. Whereas the total costs of law enforcement in Germany are known, drug-related costs are not available. A study from Harwig and Pies (1995) is not referred to because of methodological limits.

Costs for (secondary) diseases and detoxification are usually covered by health insurance. Costs for inpatient and increasingly out-patient rehabilitation are covered by pension insurances. In 1999 German public social and pension insurances schemes (Gesetzliche Rentenversicherungen GRV) were spending more than 873 Mio. DM on rehabilitation and other services for addicts (alcohol, pharmaceuticals, drugs). Whereas the biggest part of costs was needed for inpatient services (79%) and interim funding (16%) out-patient (3%) or other services play a minor role. According to statistics of the German public social and pension insurance on alcohol, pharmaceutics and drug problems it can be estimated roughly that drug addiction causes about 23% of the total costs in this field.

Acute care is paid by health insurances. Inpatient and increasingly out-patient rehabilitation measures are paid by public social and pension insurance schemes in order to bring back someomes's ability to work. For persons with no health or pension insurance treatments are financed by social help, which is usually covered by municipalities.

Table 4: Drugs and addiction budgets in Germany 1999

Institution	Tasks	Approximate budget for 1999 (in Mio. DM)	
		Drugs (no further specification)	Drugs-and multiple addiction[1]
Federal Ministry for Health[2]	Prevention	12,9	
	Model projects	6,9	
	Research and Surveys	2,3	
	Institutional support of the German Council on Addiction Problems (DHS)	1,2	
	Single projects and meeting of the German Council on Addiction Problems (DHS)	0,4	
Federal Laender[3]	Activities in the field of drugs and addiction	246	
Federation of German Pension Insurance Institutions (VDR)[4]	Inpatient services	694,9	159,9
	Out-patient services	24,2	5,6
	Interim funding	136,9	31,5
	Other services	17,0	3,9

[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: Dogen- und Suchtbericht 1999 of the Federal Drug Commissioner (BMG 2000)
[3] Länderkurzbericht 1999 (BMG 2000)
[4] VDR-Statistik Rehabilitation 1999 (VDR 2000)

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. The use of LSD dropped sharply 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 scarce. With the spread of heroin drug use became rapidly visible as a social problem. The drug users got addicted faster and more frequent to the substance than this was true for other drugs. Even if the total number of heroin users in Germany has always been much lower than for example for cannabis, a number of social and health problems raised sharply with the increase in heroin use. The increase in drug related deaths shows this negative development as well as the sharp increase of drug related crime. The start of the HIV epidemic made the public image of the heroin user even worse. On the other side, the increase of HIV and AIDS problems caused a rather fast political and social reaction, installing methadone, needle-exchange and harm reduction programmes to reduce risk 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 1998, 1999; Robert Koch Institut 1999).***

Cocaine 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 a favourite secondary drug for heroin users in the first place in the meanwhile you can find an general increase in cocaine users. The number of cocaine users seems to be considerably higher than the number of heroin users today. Treatment statistics show, that persons, who use cocaine without using other drugs in addition, report much less problematic somatic or social consequences than heroin users. Cocaine is much more

frequent in urban or metropolitan areas. Cocaine use is still rare in Eastern Germany. East Berlin however has a special status because it is increasingly unified with the Western part of the city. 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 latest 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. Rather similar to cannabis before, there is a frightening tendency also for ecstasy users: while in the beginnings monovalent ecstasy use dominating (even if in some cases combined with cannabis use at a very early stage), recent studies show the parallel and increasing use of other drugs also in this group, especially ***speed***, LSD and cocaine. 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 (DAS) conducted by the Federal Centre for Health Education (FCHE; Bundeszentrale für gesundheitliche Aufklärung) and the "Representative Survey on the Use of Psychoactive Substances in the German Adult Population (BUND)" conducted by the Institute for Therapy Research (IFT) are two ongoing surveys since 1973 and 1980, which cover the field of illegal drugs. The Drug Affinity Study (DAS) covers not only the use of tobacco, alcohol and narcotics but also and above all, the attitudes and underlying motives of young people in relation to this use. A representative random sample of persons in the age between 12 to 25 years is interviewed through persons at the same age. The size of the sample in the last survey, 1997, 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 3-4 year intervals with the same techniques and to a great extent the same questions, thus facilitating comparisons between years.

The Representative Survey on the Use of Psychoactive Substances (see chapter 2.2) was carried out and published the last time in 1997. The latest study is carried out in 2000, results will be available in 2001. The numbers from 1997 show following patterns of drug use: The most significant group of substances among illegal drugs by members continues to be cannabis (Kraus & Bauernfeind 1998). Almost 2 million German citizens (4.5% in the West and 2.3% in the East) aged between 18 and 59 have

used cannabis in the past 12 months. In Eastern Germany there is an increasing use of cannabis compared to the representative surveys in 1995. Recent use (last 12 months) is 2 times as frequent among men than among women and is much more widespread in younger age-groups (18-39 years) (7.8% in the West and 4.5% in the East) than among elder people. The figures from the new Laender prove that cannabis use has already spread considerably there.

The use of drugs other than cannabis has become much more significant in comparison to previous years. This most probably is linked to an increasingly spread of ecstasy use. In spite of this, reported experiences with drugs mostly still relate to cannabis use. Only around one third of all persons with drug experience, 6.8% of younger adults (18-39 years) in the West and 2.5% in the East report, having ever used a drug other than cannabis. Lifetime experiences with other illegal drugs can be found at mostly between 1.3% (East) and 4.5% (West) (in case of heroin less than 1%) of the population. In the West amphetamines, ecstasy, LSD and cocaine are more frequently consumed, in the East ecstasy and amphetamines. The trends becoming evident in the surveys on drug use are not without consequences for the treatment area. Thus data from ***EBIS (i.e. facility based information system for outpatient centres for the treatment of addicts)*** and SEDOS ***(in-patient centre based documentation system)*** show that the use of cannabis is becoming more frequently problematic and relevant to treatment than before. The proportion of people who predominantly or exclusively undergo treatment for their problems with cannabis is growing clearly and at a faster rate than the corresponding data on drug use from the surveys. ***The percentage of 5.1 % in 1999 nevertheless is still small (Türk & Welsch 2000a).***

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. A new problem for the treatment area concerns clients experiencing considerable problems with methadone and codeine. Moreover, some results on multiple drug use show that methadone and codeine users also misuse other substances, chiefly cocaine and cannabis, to a considerable extent.

Compared to all the other drugs discussed here, cocaine shows extremely stable and uniform growth. 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. Although it is found to be the case much more frequently than before that drug users undergo treatment

exclusively or predominantly because of a problem with cocaine. Some surveys conducted at rave events, aimed essentially at ecstasy use, show that in this environment there is also a tremendous increase in cocaine use among very young people.

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 long time. They frequently live inconspicuously and without great problems, although in the last few years there has been a marked increase in the number of primary cannabis addictions among the clients treated in the out-patient area. Long-term users play only a minor role.
- **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**. Alongside heroin, one finds the 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, advice centres and other social institutions. In addition to results from surveys among the general population, it is chiefly the high volumes seized which point to a comparatively wide distribution of this drug.

2.2 Drug use in the population

In the first place the most important epidemiological data with regard to the consumption of illegal drugs ***will be described*** in general terms. This is advisable because in some studies no distinction is made in terms of the type of drug or because such a distinction appears questionable on statistical reasons, given the small number of cases. A brief description of the current situation for each of the most important illegal drugs is given in the chapters which follow. With regard to experience with illegal drugs (lifetime, 12 months), comparative data has been available in Germany since the eighties, this having been obtained on the basis of representative random samples. ***The two most important sources are the Representative Survey on the Use of psychoactive Substances of adults in Germany (BUND) conducted by the IFT Institute for Therapy Research and the Drug Affinity Study conducted the Federal Centre for Health Education (FCHE; Bundeszentrale für gesundheitliche Aufklärung)in the case of young people (cf. inset).***

The Representative Survey on the Use of psychoactive Substances in Germany was conducted for the first time in 1982. It is a written survey covering the consumption of psychotropic substances, how they are viewed and other framework data and is conducted on the basis of a representative random sample of the resident population ("random route") aged between 18 and 59. The relatively large size of the random samples (1997:6338 people in the old Laender, 1682 in the new Laender) makes it possible to give highly reliable information on the use of legal substances, of cannabis and to a certain extent of ecstasy. General trends at least can be taken from that for 'hard' drugs. Changes in the administrative practices of local authorities and German reunification have made it necessary to alter the method of random sampling in recent years. In addition, parts of the survey have been carried out as telephone interviews. Due to different sampling effects the results are not totally comparable. The questionnaires themselves have remained in all essentials identical since 1982. Out of those questioned, 64% in the old Laender and 68.6% in the new Laender were prepared to give information about themselves (quota utilised) (Kraus, Bauernfeind, Bühringer 1998).

The Drug Affinity Study covers not only the use of tobacco, alcohol and narcotics but also, above all, current attitudes and underlying motives of young people in relation to this use. A representative random sample of people between the ages of 12 and 25 was interviewed through personal contact by their contemporaries. The size of the sample at the last survey in 1997, was 3100 in the old and new Laender. Since 1973 the study has been carried out at 3-4 year intervals with the same technique and to a large extent the same questions, thus facilitating comparisons between years. The relatively small size of the samples, however, means that only a few users of 'hard' drugs are to be found among those questioned. It is therefore difficult to use these figures as a basis for conclusions about this group (Christiansen & Töppich 1998).

With regard to **experience with drugs (lifetime) among adults** aged between 18 and 59, the latest representative surveys (Kraus & Bauernfeind 1998) reveal that in the old Laender 14.2% of the subjects have used illegal drugs during their lifetime. Taken as a proportion of the population as a whole, this corresponds to around 5,7 million adults with experience of drugs. Within this group there are plainly more men with experience of drugs (17.1%) than women (11.3%). In the group of younger adults aged between 18 and 39, the proportion of people with experience of drugs is as high as 21.5%. In the new Laender the prevalence rates are considerably lower. The figure for adults between 18 and 59 with experience of drugs is 4.8%, representing about 400,000 people (240,000 men, 161,000 women). In this group the frequency of experience with drugs among men is almost 50% higher as among women. As in the old Laender, higher prevalence rates are found in the group of younger adults aged from 18 to 39. The corresponding proportion in the new Laender is 8.9%, more than half of the level in the old Laender.

In very many cases, experience with drugs means a one-off or only infrequent use of drugs. After the drug has been "tried" in most cases its use is completely discontinued in the course of the next few years. Use at some stage during a lifetime is therefore only a rough indicator of the extent of drug use at a given point in time. The figure includes people who have reported experience with drugs going back 20 or 30 years. Drug use in the 12 months prior to the survey therefore serves as a further indication of current user numbers. It emerges that in the old Laender around 4.9% of people aged between 18 and 59 are to be included in this group of more recent users. This corresponds to about 2 million adults. Here the figure for the group of younger adults between 18 and 39 is also markedly higher at 8.6%. The proportion of men among recent users (1.9:1) is a bit higher than in the case of lifetime consumption (1.5:1). In the new Laender around 2.7% of adults (representing 224,000)

between 18 and 59 years of age state that they have used illegal drugs within the last 12 months, although the age range within which an appreciable level of drug use is apparent is very clearly the group from 18 to 39 years, in which the proportion with more recent experience of drug use is 5.1%. Among recent users the ratio of men to women drops to around 2.1:1, in the case of lifetime experiences of use to 1.4:1.

Results for **experience with drugs (lifetime) among young people (12-17 years)** in Germany are drawn principally from the Drug Affinity Study (Christiansen & Töppich 1998). The most recent data available consists of results from 1997/98. In the old Laender 11% of young people have already had experience themselves with illegal drugs. In the new Laender the corresponding figure meanwhile is at 10%. In a 1993 survey lifetime prevalence rates were to be found at 8% in Western Germany an 3% in Eastern Germany. A comparison of the latest prevalence rates to those for years ago reveals that there is an large increase in the number of youngsters having already used drugs. In the meantime there are nearly no more differences in youngsters drug experiences between old and new Laender.

Table 5: Overview of lifetime experiences with illegal drugs - West Germany

Source	Age-Group	With experience of use[1)]	Total population[2)]	Experience of use in population[3)]
DAS '97	12-17	11.0%	≈ 4,246,000	≈ 467,000
BUND '97	18-20	23.2%	≈ 2,096,000	≈ 486,000
BUND '97	21-24	31.0%	≈ 3,100,000	≈ 961,000
BUND '97	25-29	21.1%	≈ 5,457,000	≈ 1,151,000
BUND '97	30-39	18.1%	≈ 11,615,000	≈ 2,102,000
BUND '97	40-49	9.6%	≈ 9,166,000	≈ 880,000
BUND '97	50-59	3.3%	≈ 8,804,000	≈ 291,000
BUND '97 (Men)	18-59	17.1%	≈ 20,521,000	≈ 3,509,000
BUND '97 (Women)	18-59	11.3%	≈ 19,716,000	≈ 2,228,000
BUND '97	18-39	21.5%	≈ 22,267,000	≈ 4,787,000
BUND '97	18-59	14.2%	≈ 40,237,000	≈ 5,714,000
DAS '97	12-59	13.9%	≈ 44,484,000	≈ 6,181,000
BUND '97				

Source: Drug Affinity Study 1997 (Christiansen & Töppich 1998); Representative Survey 1997 (Kraus & Bauernfeind 1998)

1) At least one illegal drug
2) Federal Office of Statistics 1998 (as of 31.12.1996, figures rounded to improve clarity)
3) Projection calculated with reference to total population (only rough approximation); Figures are weighted and rounded to improve clarity

Table 6: Overview of lifetime experiences with illegal drugs - East Germany

Source	Age-Group	With experience of use[1)]	Total population[2)]	Experience of use in population[3)]
DAS '97	12-17	10.0%	≈ 1,202,000	≈ 120,000
BUND '97	18-20	13.4%	≈ 533,000	≈ 71,000
BUND '97	21-24	15.8%	≈ 586,000	≈ 93,000
BUND '97	25-29	17.2%	≈ 951,000	≈ 164,000
BUND '97	30-39	3.0%	≈ 2,316,000	≈ 69,000
BUND '97	40-49	0.6%	≈ 2,018,000	≈ 12,000
BUND '97	50-59	2.0%	≈ 1.894.000	≈ 38,000
BUND '97 (Men)	18-59	5.6%	≈ 4.277.000	≈ 240,000
BUND '97 (Women)	18-59	4.0%	≈ 4.021.000	≈ 161,000
BUND '97	18-39	8.9%	≈ 4,386,000	≈ 390,000
BUND '97	18-59	4.8%	≈ 8,298,000	≈ 398,000
DAS '97 BUND '97	12-59	5.5%	≈ 9,500,000	≈ 518,000

Source: Drug Affinity Study 1997 (Christiansen & Töppich 1998); Representative Survey 1997 (Kraus & Bauernfeind 1998)

1) At least one illegal drug
2) Federal Office of Statistics 1998 (as of 31.12.1996, figures rounded to improve clarity)
3) Projection calculated with reference to total population (only rough approximation); Figures are weighted and rounded to improve clarity

Table 7: Overview of experiences with illegal drugs in the last 12 months- West Germany

Source	Age-Group	With experience of use[1)]	Total population[2)]	Experience of use in population[3)]
DAS '97	12-17	10.0%	≈ 4,246,000	≈ 425,000
BUND '97	18-20	13.8%	≈ 2,096,000	≈ 289,000
BUND '97	21-24	16.3%	≈ 3,100,000	≈ 505,000
BUND '97	25-29	8.1%	≈ 5,457,000	≈ 442,000
BUND '97	30-39	4.7%	≈ 11,615,000	≈ 546,000
BUND '97	40-49	1.3%	≈ 9,166,000	≈ 119,000
BUND '97	50-59	0.0%	≈ 8,804,000	---
BUND '97 (Men)	18-59	6.4%	≈ 20,521,000	≈ 1.311,000
BUND '97 (Women)	18-59	3.3%	≈ 19,716,000	≈ 651,000
BUND '97	18-39	8.6%	≈ 22,267,000	≈ 1,915,000
BUND '97	18-59	4.9%	≈ 40,237,000	≈ 1,972,000
DAS '97 BUND '97	12-59	5.4%	≈ 44,484,000	≈ 2,397,000

Source: Drug Affinity Study 1997 (Christiansen & Töppich 1998); Representative Survey 1997 (Kraus & Bauernfeind 1998)

1) At least one illegal drug
2) Federal Office of Statistics 1998 (as of 31.12.1996, figures rounded to improve clarity)
3) Projection calculated with reference to total population (only rough approximation); Figures are weighted and rounded to improve clarity

Table 8: Overview of experiences with illegal drugs in the last 12 months - East Germany

Source	Age-Group	With experience of use[1)]	Total population[2)]	Experience of use in population[3)]
DAS '97	12-17	9.0%	≈ 1,202,000	≈ 108,000
BUND '97	18-20	10.0%	≈ 533,000	≈ 53,000
BUND '97	21-24	5.4%	≈ 586,000	≈ 32,000
BUND '97	25-29	14.0%	≈ 951,000	≈ 133,000
BUND '97	30-39	0.8%	≈ 2,316,000	≈ 19,000
BUND '97	40-49	0.0%	≈ 2,018,000	---
BUND '97	50-59	0.0%	≈ 1,894,000	---
BUND '97 (Men)	18-59	3.6%	≈ 4,277,000	≈ 154,000
BUND '97 (Women)	18-59	1.7%	≈ 4,021,000	≈ 68,000
BUND '97	18-39	5.1%	≈ 4,386,000	≈ 224,000
BUND '97	18-59	2.7%	≈ 8,298,000	≈ 224,000
DAS '97 BUND '97	12-59	3.5%	≈ 9,500,000	≈ 332,000

Source: Drug Affinity Study 1997 (Christiansen & Töppich 1998); Representative Survey 1997 (Kraus & Bauernfeind 1998)

1) At least one illegal drug
2) Federal Office of Statistics 1998 (as of 31.12.1996, figures rounded to improve clarity)
3) Projection calculated with reference to total population (only rough approximation); Figures are weighted and rounded to improve clarity

All in all, the use of drugs other than cannabis is now more important compared to 1990. This observation is linked to the increasingly spread of ecstasy, which - like cannabis 20 to 25 years ago - has found enormous demand as a result of being firmly anchored in a particular subculture and having a relatively positive image. In spite of this, in most cases the reported experiences with drugs still relate to the use of cannabis. Only around a third of people with drugs experience, 6.8% of younger adults (18-39 years) in the old Laender and 2.5% in the new Laender state that they have ever used drugs other than cannabis. In Eastern Germany the proportion of person who have used drugs other than cannabis in the last 12 months among younger adults (18-39) (1.6%) is still below the West Germany (2.9%). Although a considerable increase in prevalence has taken place here in recent years.

Table 9: Overview of lifetime experiences with drugs other than cannabis - West Germany

Source	Age-Group	Experience with drugs other than cannabis	Total population[1)]	Experience of use in population[2)]
DAS '97	12-17	4.5%	≈ 4,246,000	≈ 191,000
BUND '97 (Men)	18-59	5.9%	≈ 20,521,000	≈ 1,211,000
BUND '97 (Women)	18-59	3.0%	≈ 19,716,000	≈ 591,000
BUND '97	18-39	6.8%	≈ 22,267,000	≈ 1,514,000
BUND '97	18-59	4.5%	≈ 40,237,000	≈ 1,811,000
DAS '97 BUND '97	12-59	4.5%	≈ 44,484,000	≈ 2,002,000

Source: Drug Affinity Study 1997 (Christiansen & Töppich 1998); Representative Survey 1997 (Kraus & Bauernfeind 1998)

1) Federal Office of Statistics 1998 (as of 31.12.1996, figures rounded to improve clarity)
2) Projection calculated with reference to total population (only rough approximation); Figures are weighted and rounded to improve clarity

Table 10: Overview of lifetime experiences with drugs other than cannabis - East Germany

Source	Age-Group	Overview of lifetime experiences with drugs other than cannabis – East Germany	Total population[1)]	Experience of use in population[2)]
DAS '97	12-17	5.2%	≈ 1,202,000	≈ 63,000
BUND '97 (Men)	18-59	2.0%	≈ 4,277,000	≈ 86,000
BUND '97 (Women)	18-59	0.7%	≈ 4,021,000	≈ 28,000
BUND '97	18-39	2.5%	≈ 4,386,000	≈ 110,000
BUND '97	18-59	1.3%	≈ 8,298,000	≈ 108,000
DAS '97 BUND '97	12-59	1.8%	≈ 9,500,000	≈ 171,000

Source: Drug Affinity Study 1997 (Christiansen & Töppich 1998); Representative Survey 1997 (Kraus & Bauernfeind 1998)

1) Federal Office of Statistics 1998 (as of 31.12.1996, figures rounded to improve clarity)
2) Projection calculated with reference to total population (only rough approximation); Figures are weighted and rounded to improve clarity

Table 11: Overview of experiences with drugs other than cannabis in the last 12 months - West Germany

Source	Age-Group	Experience with drugs other than cannabis	Total population[1)]	Experience of use in population[2)]
DAS '97	12-17	4.0%	≈ 4,246,000	≈ 170,000
BUND '97 (Men)	18-59	2.5%	≈ 20,521,000	≈ 513,000
BUND '97 (Women)	18-59	0.8%	≈ 19,716,000	≈ 158,000
BUND '97	18-39	2.9%	≈ 22,267,000	≈ 646,000
BUND '97	18-59	1.7%	≈ 40,237,000	≈ 684,000
DAS '97 BUND '97	12-59	1.9%	≈ 44,484,000	≈ 854,000

Source: Drug Affinity Study 1997 (Christiansen & Töppich 1998); Representative Survey 1997 (Kraus & Bauernfeind 1998)

1) Federal Office of Statistics 1998 (as of 31.12.1996, figures rounded to improve clarity)
2) Projection calculated with reference to total population (only rough approximation); Figures are weighted and rounded to improve clarity

Table 12: Overview of experiences with other drugs than cannabis in the last 12 month - East Germany

Source	Age-Group	Experience with drugs other than cannabis	Total population[1)]	Experience of use in population[2)]
DAS '97	12-17	4.0%	≈ 1,202,000	≈ 48,000
BUND '97 (Men)	18-59	1.2%	≈ 4,277,000	≈ 51,000
BUND '97 (Women)	18-59	0.5%	≈ 4,021,000	≈ 20,000
BUND '97	18-39	1.6%	≈ 4,386,000	≈ 70,000
BUND '97	18-59	0.8%	≈ 8,298,000	≈ 66,000
DAS '97 BUND '97	12-59	1.2%	≈ 9,500,000	≈ 114,000

Source: Drug Affinity Study 1997 (Christiansen & Töppich 1998); Representative Survey 1997 (Kraus & Bauernfeind 1998)

1) Federal Office of Statistics 1998 (as of 31.12.1996, figures rounded to improve clarity)
2) Projection calculated with reference to total population (only rough approximation); Figures are weighted and rounded to improve clarity

Cannabis

Cannabis is the illegal drug most frequently used in Germany. In the old Laender around 20.1% of adults aged between 18 and 39 have used cannabis at least once during their lifetime. The corresponding figure in the new Laender is about 7.8% (Representative Survey 1997). Figures for use during the 12 months prior to the interview reveal more recent developments. 7.8% of the subjects in the old Laender and 4.5% in new Laender have used cannabis during this period. Thus the difference between the old and the new Laender is now by no means as great as is found in the case of experiences during a lifetime. Moreover, experiences of the use of cannabis in the last 5 years in the East have increased more sharply than in the West, although the group of older people with experience of drugs is almost completely absent in the new Laender (cf. Table in the appendix). If one bears in mind that before the opening of the border illegal drugs in the GDR were extraordinarily difficult to obtain, this fact comes as no surprise. In both parts of Germany the prevalence rates for cannabis have risen markedly since 1990. Since 1995 the prevalences are visibly decreasing. In the old Laender only 16.7% of those interviewed (18-39 years) had experiences of cannabis in 1990 (lifetime prevalence), and in the new Laender the initially very low figures for 1990 (approximately 1% with cannabis experience) increased as much as eightfold by 1997 (7.8%).

Table 13: Overview of experiences with cannabis - West and East Germany

WEST	Age-Group	Percentage		Absolute Numbers	
Source		Lifetime prevalence	12-month-prevalence	Lifetime prevalence	12-month-prevalence
DAS '97	12-17	11.0%	8.0%	≈ 467,000	≈ 340,000
BUND '97 (Men)	18-59	16.2%	5.9%	≈3,324,000	≈1,211,000
BUND '97 (Women)	18-59	10.6%	3.0%	≈2,090,000	≈ 591,000
BUND '97	18-39	20.1%	7.8%	≈4,476,000	≈ 1,737,000
BUND '97	18-59	13.4%	4.5%	≈5,392,000	≈ 1,811,000
DAS '97 BUND '97	12-59	13.2%	4.8%	≈5,858,000	≈ 2,151,000
EAST	Age-Group	Percentage		Absolute Numbers	
Source		Lifetime prevalence	12-month-prevalence	Lifetime prevalence	12-month-prevalence
DAS '97	12-17	7.0%	6.0%	≈ 84.000	≈ 72,000
BUND '97 (Men)	18-59	4.7%	3.2%	≈ 201,000	≈ 137,000
BUND '97 (Women)	18-59	3.6%	1.5%	≈ 145,000	≈ 60,000
BUND '97	18-39	7.8%	4.5%	≈ 342,000	≈ 197,000
BUND '97	18-59	4.2%	2.3%	≈ 349,000	≈ 191,000
DAS '97 BUND '97	12-59	4.6%	2.8%	≈ 433.000	≈ 263,000

Source: Drug Affinity Study 1997 (Christiansen & Töppich 1998); Representative Survey 1997 (Kraus & Bauernfeind 1998)

Ecstasy

Ecstasy has only been of major importance on the German drug market since relatively recent times. There is an almost complete lack of information on trends, given the absence of comparative data from previous years. It is noticeable that ecstasy - although it is still very new on the market compared to other drugs - is already being used to a considerable extent. In the last 12 months 1.7% of 18-39 year-olds in the western parts and as many as 0.7% of those in the eastern parts of Germany have used this substance. 3.2% of 18-39 year-olds in the old Laender and about 1.3% of the subjects in the new Laender have already had experience with ecstasy (cf. also Table in the appendix). It is striking that the “experience difference” between the old and the new Laender, which is clearly visible in the case of the ‘old’ drugs such as cocaine, heroin and cannabis, is evidently smaller in the case of ecstasy. It is true that experiences with ecstasy occur more frequently in the old Laender, but the gap between old and new Laender has closed quite substantially, particularly among current users.

Hallucinogens

Almost the only hallucinogenic drug used to an appreciable extent in Germany is LSD. Other drugs such as mescaline arise only very rarely and are not statistically significant. Lifetime experience with LSD dropped in 1997 in the western parts down to a prevalence rate of 2.1% touching again the 1990 level (18-39 age-group). In the new Laender the figure has risen almost eightfold up to around 0.8%. The frequency of use during the last year is around 0.6% in the old Laender and 0.7% in the new Laender. The respective figures for 1990 and 1992 were still practically zero. Considering that in 1995 lifetime prevalence of hallucinogens were still higher than those of ecstasy in the west, one finds inverted figures for 1997. In the new Laender, it is noticeable that the prevalences for hallucinogen use (lifetime and past 12 months) are almost the same, but higher as in 1995.

Table 14: Overview of experiences with ecstasy - West and East Germany

WEST	Age-Group	Percentage		Absolute Numbers	
Source		Lifetime prevalence	12-month-prevalence	Lifetime prevalence	12-month-prevalence
DAS ’97	12-17	3.0%	3.0%	≈ 127,000	≈ 127,000
BUND ’97 (Men)	18-59	2.2%	1.2%	≈ 451,000	≈ 246,000
BUND ’97 (Women)	18-59	1.2%	0.6%	≈ 237,000	≈ 118,000
BUND ’97	18-39	3.2%	1.7%	≈ 713,000	≈ 379,000
BUND ’97	18-59	1.7%	0.9%	≈ 684,000	≈ 362,000
DAS ’97 BUND ‘97	12-59	1.8%	1.1%	≈ 811,000	≈ 489,000
EAST	Age-Group	Percentage		Absolute Numbers	
Source		Lifetime prevalence	12-month-prevalence	Lifetime prevalence	12-month-prevalence
DAS ’97	12-17	3.0%	2.0%	≈ 36,000	≈ 24,000
BUND ’97 (Men)	18-59	1.0%	0.5%	≈ 43,000	≈ 21,000
BUND ’97 (Women)	18-59	0.3%	0.2%	≈ 12,000	≈ 8,000
BUND ’97	18-39	1.3%	0.7%	≈ 57,000	≈ 30,700
BUND ’97	18-59	0.7%	0.4%	≈ 58,000	≈ 33,000
DAS ’97 BUND ’97	12-59	1.0%	0.6%	≈ 94,000	≈ 57,000

Source: Drug Affinity Study 1997 (Christiansen & Töppich 1998); Representative Survey 1997 (Kraus & Bauernfeind 1998)

Table 15: Overview of experiences with hallucinogens - West and East Germany

West	Age-Group	Percentage		Absolute Numbers	
Source		Lifetime prevalence	12-month-prevalence	Lifetime prevalence	12-month-prevalence
DAS '97	12-17	1.0%	0.0%	≈ 43,000	0
BUND '97 (Men)	18-59	2.2%	0.6%	≈ 451,000	≈ 123,000
BUND '97 (Women)	18-59	0.9%	0.1%	≈ 177,000	≈ 20,000
BUND '97	18-39	2.1%	0.6%	≈ 468,000	≈ 134,000
BUND '97	18-59	1.6%	0.4%	≈ 644,000	≈ 161,000
DAS '97 BUND '97	12-59	1.5%	0.4%	≈ 687,000	≈ 161,000
EAST	Age-Group	Percentage		Absolute Numbers	
Source		Lifetime prevalence	12-month-prevalence	Lifetime prevalence	12-month-prevalence
DAS '97	12-17	0.0%	0.0%	0	0
BUND '97 (Men)	18-59	0.8%	0.7%	≈ 34,000	≈ 30,000
BUND '97 (Women)	18-59	0.0%	0.0%	0	0
BUND '97	18-39	0.8%	0.7%	≈ 35,000	≈ 31,000
BUND '97	18-59	0.4%	0.4%	≈ 33,000	≈ 33,000
DAS '97 BUND '97	12-59	0.3%	0.3%	≈ 33,000	≈ 33,000

Source: Drug Affinity Study 1997 (Christiansen & Töppich 1998); Representative Survey 1997 (Kraus & Bauernfeind 1998)

Cocaine

In contrast to ecstasy or hallucinogenic drugs, the use of which only rose sharply at the beginning of the nineties, the group of cocaine users in Germany has shown a very stable year-on-year growth over more than 10 years. In the last survey in 1997, the percentage of those having used cocaine during their lifetime in the 18-39 age-group was 2.2% in the West, while 1.2% reported using it during the last year. These figures increased, compared to the figures for 1990 (lifetime prevalence in the age-group 12-24: 0.8%). In the East experiences of cocaine use - in contrast to ecstasy or hallucinogens - are less frequent. In the old

Laender men are using cocaine far more frequent than women. In new Laender gender differences are visible for cocaine use during the last 12 months. A relevant use of cocaine is just to be found in women (0.2%).

Table 16: Overview of experiences with cocaine – West and East Germany

WEST	Age-Group	Percentage		Absolute Numbers	
Source		Lifetime prevalence	12-month-prevalence	Lifetime prevalence	12-month-prevalence
DAS '97	12-17	1.0%	1.0%	≈ 43,000	≈ 43,000
BUND '97 (Men)	18-59	2.2%	1.1%	≈ 451,000	≈ 226,000
BUND '97 (Women)	18-59	0.8%	0.3%	≈ 158,000	≈ 59,000
BUND '97	18-39	2.2%	1.2%	≈ 490,000	≈ 267,000
BUND '97	18-59	1.5%	0.7%	≈ 604,000	≈ 282,000
DAS '97 BUND '97	12-59	1.5%	0.7%	≈ 647,000	≈ 325,000
EAST	Age-Group	Percentage		Absolute Numbers	
Source		Lifetime prevalence	12-month-prevalence	Lifetime prevalence	12-month-prevalence
DAS '97	12-17	0.0%	0.0%	0	0
BUND '97 (Men)	18-59	0.2%	0.0%	≈ 9,000	≈ 0
BUND '97 (Women)	18-59	0.2%	0.2%	≈ 8,000	≈ 8,000
BUND '97	18-39	0.4%	0.2%	≈ 18,000	≈ 9,000
BUND '97	18-59	0.2%	0.1%	≈ 17,000	≈ 8,000
DAS '97 BUND '97	12-59	0.2%	0.1%	≈ 17,000	≈ 8,000

Source: Drug Affinity Study 1997 (Christiansen & Töppich 1998); Representative Survey 1997 (Kraus & Bauernfeind 1998)

Heroin

Around 0.6% of the population aged between 18 and 39 in the old Laender and 0.1% in the new Laender have experiences with heroin during lifetime. The figures for use during the last 12 months are clearly smaller, so that in this case the statistical data should really only be seen as a rough indication. Moreover, it should be assumed that the figures are subject to a relatively high degree of inaccuracy, partly as a result of the difficulty in reaching this group in the context of the usual household surveys. A comparatively large proportion of this group is automatically out of reach of the usual statistical surveys because of homelessness, imprisonment or residential therapy, or deliberately does not take part in such surveys. In the old Laender a relatively large number of ex-users of heroin are found in the age-group above 30 years. However, most experiences are reported in the age-group 25-29 in the West and 18-24 in the East.

Table 17: Overview of experiences with heroin - West and East Germany

WEST	Age-Group	Percentage		Absolute Numbers	
Source		Lifetime prevalence	12-month-prevalence	Lifetime prevalence	12-month-prevalence
DAS ’97	12-17	0.0%	0.0%	0	0
BUND ’97 (Men)	18-59	0.6%	0.3%	≈ 123,000	≈ 62,000
BUND ’97 (Women)	18-59	0.2%	0.0%	≈ 39,000	0
BUND ’97	18-39	0.6%	0.3%	≈ 134,000	≈ 67,000
BUND ’97	18-59	0.4%	0.2%	≈ 161,000	≈ 80,000
DAS ’97 BUND ’97	12-59	0.4%	0.2%	≈ 161,000	≈ 80,000
EAST	Age-Group	Percentage		Absolute Numbers	
Source		Lifetime prevalence	12-month-prevalence	Lifetime prevalence	12-month-prevalence
DAS ’97	12-17	0.0%	0.0%	0	0
BUND ’97 (Men)	18-59	0.0%	0.0%	0	0
BUND ’97 (Women)	18-59	0.1%	0.0%	≈ 4,000	0
BUND ’97	18-39	0.1%	0.0%	≈ 4,000	0
BUND ’97	18-59	0.0%	0.0%	0	0
DAS ’97 BUND ’97	12-59	0.0%	0.0%	0	0

Source: Drug Affinity Study 1997 (Christiansen & Töppich 1998); Representative Survey 1997 (Kraus & Bauernfeind 1998)

Other opiates

In addition to heroin, other opiates are used to a significant extent. These include chiefly codeine. The evolution in the case of opiates as a whole is in line with the trends described for heroin.

Table 18: Overview of experiences with other opiates - West Germany

WEST / *Source*	Age-Group	Percentage		Absolute Numbers	
		Lifetime prevalence	12-month-prevalence	Lifetime prevalence	12-month-prevalence
DAS '97	12-17	1)	2)	3)	4)
BUND '97 (Men)	18-59	0.9%	0.4%	≈ 185,000	≈ 82,000
BUND '97 (Women)	18-59	0.5%	0.0%	≈ 99,000	0
BUND '97	18-39	0.9%	0.4%	≈ 200,000	≈ 89,000
BUND '97	18-59	0.7%	0.2%	≈ 282,000	≈ 80,000
DAS '97 / BUND '97	12-59	5)	6)	7)	8)

Source: Drug Affinity Study 1997 (Christiansen & Töppich 1998); Representative Survey 1997 (Kraus & Bauernfeind 1998)
1)-8) Prevalence rates not known

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 cases of ecstasy-related deaths and a significant number of people with psychotic symptoms possibly caused in part by excessive cannabis use. 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 individual feels it to be so,
- negative physical consequences arise or threaten,
- serious psychological problems arise and / or

- in particular an addiction develops.

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 (Johnston 1978). 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. Welz (1987) comes to the conclusion that representative surveys produce valid statements on experimental use and lighter forms of multiple or long-term drug use. On the other hand, in particular 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 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 locale prevalence estimates of drug use

The described problems with regard to the exact representation of problematic drug use in the population is the central subject of a **report on methods of estimation.** It is produced in 1997 by a common working group of the Federal Criminal Police Office, the Epidemiological Research Group in Berlin, the Institut für Rechtsmedizin (Institute for Legal Medicine) at the University of Hamburg and the IFT Institute for Therapy Research in Munich on behalf of the Federal Ministry for Health and the Federal Ministry of the Interior and updates the first report from 1994 (Bühringer et al. 1997).

Results of the Report on Methods and Figures about the Extent of the Drug Problem in Germany (1997)

The report on methods of estimation and estimated figures aims to describe the existing survey systems, including the methodological bases and sources of error, to estimate the prevalence of the misuse of "hard" illegal drugs in Germany. The term "hard drugs" is initially used in this expert report in the everyday sense as shorthand for all illegal substances except cannabis products[5]. The report mainly includes a discussion of the findings and description of a joint estimate based on all the estimating procedures. The following figure shows the respective estimating procedures as well as the groups of references of altogether 8 estimations included in the report. The individual estimating procedures are defined below the table.

Figure 5: Comparison of 8 estimating procedures* and the current estimated prevalence figures on users of hard drugs

Estimating procedure 1a 296.000 – 322.000 Basis for estimation: users of hard drugs in the population (West and East)
Estimating procedure 2a 224.000 – 276.000 Basis for estimation: users of hard drugs in the population who have become known to the police for the first time (West and East)
Estimating procedure 1b 81.000 – 122.000 Basis for estimation: frequent users of hard drugs in the population (West and Westberlin)
Estimating procedure 2b 126.000 – 152.000 Basis for estimation: users of heroin in the population who have become known to the police for the first time (West and East)
Estimating procedure 3 97.000 – 204.000 Basis for estimation: those who are addicted to hard drugs taken intravenously and who are undergoing medical treatment as out-patients (West and Westberlin)
Estimating procedure 4 81.000 – 129.000 Basis for estimation: users of hard drugs who are undergoing treatment for addiction (West and East)
Estimating procedure 5 (not possible at present) Basis for estimation: users of hard drugs who are in emergency situations

[5] Unlike German jurisdiction (based on the provincial high court's decision in Karlsruhe on February, 23rd 1986 and the Federal supreme court's judgement on September, 9th 1996) the Federal Criminal Police Office currently still counts ecstasy among the group of 'hard drugs'.

Estimating procedure 6
80.000 – 112.000
Basis for estimation: use of hard drugs with fatal outcome (West and East)

Source: Bühringer et al. (1997)

Explanation:

Estimating procedure 1a/b:	Representative Survey (1995)
Estimating procedure 2a/b:	Federal Criminal Police Office, drugs users, who have become known to the police for the first time
Estimating procedure 3:	Anonymous monitoring of a representative random sample of doctors in independent practise in Germany (ANOMO)
Estimating procedure 4:	IFT Institute for Therapy Research, EBIS / SEDOS
Estimating procedure 5:	Institute for Legal Medicine, Hamburg
Estimating procedure 6:	Institute for Legal Medicine, Hamburg

Based on the described results and after a detailed consideration of possible sources of errors the authors of the report come to the following two common estimations for 1995. ***In addition 2.1 million recent cannabis users are estimated, among them 270,000 having used cannabis at least 20 times during the last 30 days.***

Table 19: Common estimated figures for users of 'hard' drugs (amphetamines, ecstasy, cocaine and opiates)

Taking account of the results from the various estimating procedures and of assumptions on the risks of underestimates and overestimates associated with each, the following figures are postulated for 1995 (West and East)[6]:

1. Wider circle*	
Users of hard drugs	**250,000 to 300,000 people**
2. Narrower circle **	
Those who take hard drugs frequently or by a high-risk route	**100,000 to 150,000 people**

Group 2 is a sub-group of Group 1

Source: Bühringer et al. (1997)
*with drug-use in the last 12 month
**at least 100 x drug-use in the last 12 month and/or i.v. use

[6] Some of the estimation procedures are only valid for the old Laender; but this has nearly no effect on the accuracy of the estimations for the whole of Germany.

Assessment of the treatment data at national level

From the number of addicts treated in EBIS participating treatment centres per year, rehabilitations financed by public pension institutions, the total number of the treatment centres in Germany and the estimated ratio on consumers in need of treatment who are reached by the care system the prevalence in the population is projected (Bühringer et al. 1997).

The process of estimation is based on two groups of references:

1) Drug-addicts treated in out-patient facilities: In ***951*** German out-patient treatment centres[7] consumers of psychotropic substances are treated. In the annual analysis of ***1999*** EBIS data of **448** centres were considered. In ***1999 11,631*** of ***62,895*** admissions are users of illegal drugs and have illegal substances as main diagnoses (ICD-10: F11, F14, F15, F16). Based on the assumption, that there is no systematic difference between the total population of registered addicts treated in EBIS and treatment admissions, there is a projected number of ***19,964*** registered clients using illegal drugs in EBIS participation facilities in ***1999***.
2) Drug-addicts treated in in-patient facilities: In ***1999 8,330*** in-patient drug treatments are financed by public pension insurance institutions ***(7,164*** because of rehabilitation and about ***50% of 2,332*** rehabilitations from multiple addictions)[8]. Approximately 50% of the patients are referred by an out-patient treatment centre.

By standardising the number of treatment facilities participating in EBIS to the total number of treatment facilities in Germany the total number of out-patient treated addicts can be concluded. If one assumes of ***951*** out-patient treatment facilities in Germany, then a number of ***951 / 448 x 19.964 » 42,379*** out-patient treated drug addicts results. As approximately 50% of all ***8,330*** in-patient drug treatments are referred by out-patient treatment centres therefore the number of in-patient treatments is considered only to the half. Adding up the number of inpatient treatments and the projected number of out-patient treatments there is a total number ***42,379 + 4.165 = 46,544*** treatments in Germany in ***1999.***

With assumed 5-20% double counting per year because of parallel or successive treatments in different treatment centres, altogether **37,235 – 44,217** treated drug-addicts can be estimated. The ratio of problematic consumers who are reached by the care system is estimated on 30-40%.

The total number of problematic consumers in the population amounts to (projected):

37,235 $\times$ 100/40 = ***93,088*** people (minimal estimation)

44,217 $\times$ 100/30 = ***147,390*** people (maximal estimation).

[7] Länderkurzbericht 1999: Alle Bundesländer (BMG 2000)

[8] VDR Statistik Rehabilitation 1999, Table 55.00M (VDR 2000)

One proceeds from the following **assumptions:**

1. The participating treatment centres are a representative sample of the available treatment centres in Germany.
2. The ratio of clients who are reached by treatment centres is stable and valid over the years.

The following **methodical problems** are in particular:

1. Double counting of persons because of data security reasons and therefore only estimated, since under normal conditions no identifying combinations of characteristics can be exchanged.
2. Only the number of treatments, not the exact number of persons are recorded.
3. The information about not participating treatment centres is not complete.
4. The estimation of the ratio of clients that are reached by the treatment system is difficult.

In summary one can say that for the calculation of absolute numbers with this method a set of parameters only to an estimated extend have some influence on the calculation. Because of the continuity of data collection, that concerns participating treatment centres and analysis routines as well as instruments and methods, the comparison of the figures over the years is valid. This can also be seen in the trends of different indicators.

2.3.2 Problematic drug use on local level

In Germany there are just a few studies available reporting on problematic drug use on a local level. In the framework of the “Representative Survey on the Use of psychoactive Substances“ two local surveys on the consumption of legal and illegal drugs were conducted in the past two years. Both 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 1995/96 one representative survey was carried out in the federal capital of Berlin on behalf of the Senate Administration for School, Youth and Sports (Kraus & Bauernfeind 1998). The results show that in West Berlin the proportion of the 18-59 year olds, having taken illicit drugs at least once in their life is more than the double of East Berlin. Differences between both parts of the city are clearly smaller in 12-months- and 30-days-prevalences. This makes clear, that the East Berlin level of consumption adopts to the one in West Berlin. Reasons are to be found in huge social changes in Berlin after the fall of the wall but also in open frontiers towards the eastern European countries, which are used for production or transport of illegal drugs in many cases.

Table 20: Consumption of illegal drugs in Berlin (age-group 18-59 years)

Illegal Drugs	WEST (N = 644)		EAST (N = 416)	
	Men	Women	Men	Women
Lifetime-Prevalence	31.7%	22.5%	15.3%	9.6%
12-Months-Prevalence	15.1%	9.8%	12.8%	3.1%
30-Days-Prevalence	10.8%	6.6%	6.4%	2.3%

Source: Representative Survey 1995/96 (Kraus & Bauernfeind 1998)

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 a longer period of time. Lifetime-prevalences for cannabis remain nearly unchanged as table 21 shows.

Table 21: Consumption of illegal drugs in Hamburg (age-group 15-39 years and 15-17 years)

	1990		1997	
15-39 Years	Lifetime-Prevalence	12-Months-Prevalence	Lifetime-Prevalence	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

In 1990 27.9% and in 1997 26.5% of all 15-39 year old respondents used cannabis. In this age-group lifetime-prevalences of other substances have nearly not been changing. Major changes can be found in the group of very young drug users. Among 15-17year olds the 12-month-prevalence of cannabis use has more than doubled from 8.4% (1990) to 17.9%

(1997). Whereas at the beginning of the 90s there was no ecstasy and LSD use in the last 12 month, it has risen to 3.8% re. 1.4% in 1997. Additionally this survey shows, that amphetamines are the most widespread drug among teenagers beside cannabis.

2.3.3 Risk behaviour

Intravenous administration of substances under insufficient and unhygienic conditions involve a large risk for secondary diseases of drug use. Especially the shared use of syringes contains the considerable risk of transmitting diseases by blood remainders in syringes. Only limited data on the risk behaviour of drug addicts is available in Germany. ***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% use (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 of drug administration are specially evident.***

Since 1996 EBIS ***(i.e. facility based information system for the outpatient treatment of addicts***) is recording the method of administration of drugs; thus only cautious trend analysis are possible. hand, there was no evidence of a decrease in dangerous injection behaviour. ***Current results of EBIS statistics 1999 concerning the mode of administration of drugs show that half of those treated with a heroin main diagnoses apply the substance intravenously (about 50%) (Table22). In comparison to previous years there is even a slight increase in heroin addicted clients with i.v. drug use (1998: 49.0%; 1997: 47.2%).*** The basis in numbers is small, but this trend should carefully be monitored in future in any case. ***In contrast to heroin there was a tendency in the last 12 months to a less frequent i.v. use of other opiates (usually codeine or methadone) in comparison to the two years before (1999: 21.5%; 1998: 22.0%; 1997: 24.5%). Whereas intravenous application of cocaine has decreased visibly in the last year (1999: 24.3%; 1998:37.8; 1997: 36%), cocaine derivates are still the second most frequent drug to be injected (27.8%). Table 22 shows, that hypnotics are injected to a lager extent by male drug users (30%). The i.v. use of cocaine derivates and other hallucinogens is more common among women.***

Data about shared use of syringes is collected by the EBIS-system since 1996. ***As the number of cases is still relatively small for several substances, the following table***

shows results only for heroin and cocaine single diagnoses, which are most frequent. The results show (Table 23, Figure 6), that a large portion of cocaine and heroin addicts with i.v. drug use had shared at least once their syringes with other drug users. In comparison to the year before there was an increasing willingness for a common use of syringes. In general female drug users do agree more often to share needles with other users.

Table 22: Single diagnosis and current i.v. drug use

Single Diagnoses	Current i.v. drug use			
	Men	Women	Total	N
Heroin	50.4%	47.8%	49.8%	3,841
Methadone	9.5%	7.7%	9.0%	873
Codeine	5.2%	4.1%	4.9%	586
Other Opiates	24.0%	12.0%	21.5%	121
Sedatives	10.3%	4.3%	6.1%	98
Hypnotics	30.0%	10.7%	15.8%	38
Cocaine	25.2%	16.2%	24.3%	338
Crack	12.5%	0.0%	11.8%	17
Other Cocaine Derivates	21.4%	50.0%	27.8%	18
Other Stimulants	9.5%	11.1%	9.8%	132
LSD	5.0%	0.0%	3.8%	26
Other Hallucinogens	0.0%	25.0%	4.8%	21
Other psychotropic Substances	0.0%	0.0%	0.0%	34

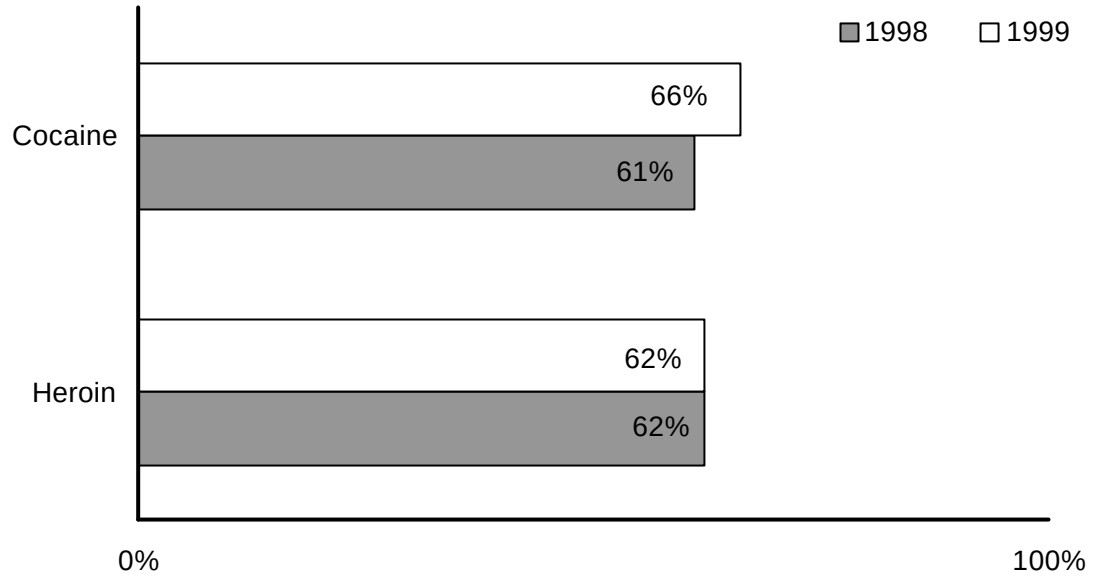
Source: EBIS 1999 (Türk & Welsch 2000a)

Table 23: I.v. drug use and "needle-sharing"

Single Diagnoses	Needle Sharing					
	Men		Women		Total	
	1998	1999	1998	1999	1998	1999
Heroin	59%	60%	71%	69%	62%	62%
Cocaine	59%	64%	69%	75%	61%	66%

Source: EBIS 1999 (Türk & Welsch 2000a)

Figure 6: “Needle-sharing” and cocaine or heroin single diagnoses



Source: EBIS 1999 (Türk & Welsch 2000a)

3 Health consequences

3.1 Drug treatment demand

In the field of treatment of drug addiction there are two major national statistical sources: The treatment monitoring systems EBIS and SEDOS. EBIS is a facility based information system for outpatient treatment centres which is run by the IFT Institute for Therapy Research since 1980 and which has been held by the EBIS/SEDOS working group. EBIS registers information on persons, who are cared of in outpatient counselling or treatment centres because of legal or illegal addictive substances. It is the most comprehensive routine information system, 448 of 951 centres of this type in Germany are participating. The last year covered is 1999.
SEDOS (in-patient centre based documentation system) describes data of alcohol and drug addicts in specialised in-patient treatment centres. The SEDOS information system has been in existence since 1994 and is also run by the IFT Institute for Therapy Research. At present 107 in-patient treatment centres are participating. These are special clinics for drug addicts and/or alcoholics, psychiatric centres and transitional institutions such as hostels. In 2000 the sixth annual evaluation will be presented, containing data of 107 in-patient treatment centres and 16,527 people. Beside these two treatment monitoring systems which are used throughout Germany, a number of smaller regional information collection systems are used at present, e.g. in Hamburg and in Schleswig-Holstein. "Horizont" is used as technical basis for a number of systems.

The statistical committee of the German Council on Addiction Problems (DHS) ensures the co-ordination of questionnaires of all systems used. An aggregation of information will be realised on the basis of the German Core Item List, which already includes the recent draft version of the European Core Items. The implementation of this synopsis has not been finished yet, an interface of Destas, Horizont and EBIS has already been defined.

Compared to representative surveys, these statistics have the advantage of including precisely those groups of "hard users" which are recognisably out of reach of the representative surveys or cause the results to become distorted. On the other hand, particularly in the case of EBIS and SEDOS, one has to acknowledge that there are limits on how representative they are. Both systems cover about 40% of all German treatment centres. Based of the number of staff the coverage of all out-patient treatment centres in Germany is about 66%. In this way sufficiently reliable conclusions can be drawn on the situation of addiction treatment in Germany. Due to the nature of the systems only persons asking for treatment can be described. This is therefore an appropriate way to supplement the representative surveys and statistics from the field of treatment, as far as the description of problematic use of psychoactive substances is concerned. Taken on their own, both

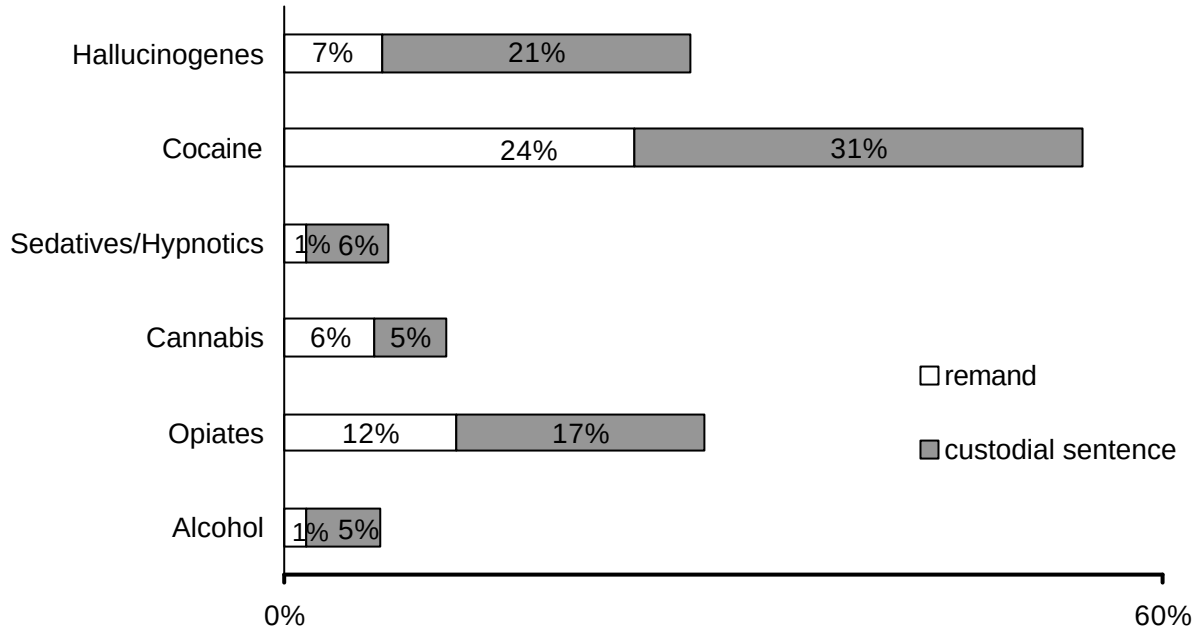
sources demonstrate typical deficiencies. ***Recently a study is in progress to prove if EBIS is representative for all existing outpatient treatment centres.***

Characteristics of drug users

Information on clients treated in out-patient counselling and treatment centres shows that this is not a homogenous group. A breakdown by main diagnosis finds a series of considerable differences between these groups. Legal problems play an important role in the group of drug addicts. A considerable proportion of the drug addicts ***(13%)*** treated in out-patient centres are at the beginning of their treatment in prison or on remand ***(EBIS 1999). These are about 16% of all male and 2% of all female clients***. ***Figure 7 shows that custodial problems vary considerably between different groups of diagnoses.*** With about **55%,** the proportion of treated cocaine addicts who are in custody at the beginning of their treatment, is particularly high. The reasons therefore are not clear. Either there is more willingness for treatment or there higher prevalences of cocaine users in custody. Client with major alcohol problems or pharmaceutical addiction are comparatively less often in custodial sentence or on remand ***(6% and 7%).***

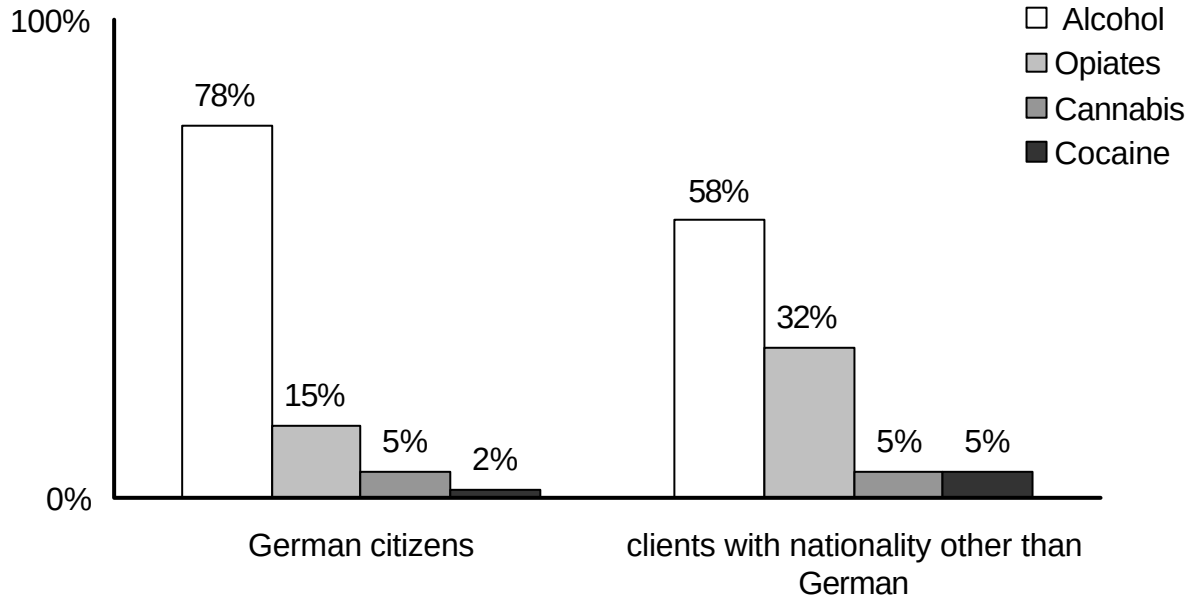
8.2% of the clients of out-patient treatment centres are foreigners. ***(EBIS 1999, Türk & Welsch 2000a). 1.4%*** are from other European member states, ***6.8%*** from Non-EU countries, such as former-Yugoslavia, Turkey or from the former Soviet Union. ***Table 8*** shows that the addiction problem among Germans and foreigners varies, whilst in both groups alcohol is clearly the prime addictive substance. Amongst German clients its proportion is ***78%,*** amongst foreign clients (EU-citizens and Non-EU-citizens) it is ***58***% and clearly lower. The proportion of foreigners treated for opiate addiction is ***32%*** and therefore more than twice as high as within the group of German clients.

Figure 7: Alcohol- and drug addicts, in custodial sentence or on remand at the beginning of their treatment



Source: EBIS 1999 (Türk & Welsch 2000a)

Figure 8: Main diagnoses by nationality



Source: EBIS 1999 (Türk & Welsch 2000a)

Data from the out-patient treatment sector

The following table describes the distribution of the main diagnoses of a total of ***15,053*** people (old Laender ***13,369***; new Laender ***1,648***), who began treatment in ***1999*** for problems related to illegal drugs in out-patient psycho-social drug treatment centres[9]. The main diagnoses are based on the diagnostic categories from the international classification system of the WHO (ICD 10) for the classification of disturbances caused by psychotropic substances (harmful use and addiction). The source of information is the monitoring system EBIS ***(Türk & Welsch 2000a).***

Table 24: Most common main diagnoses

Main Diagnosis	Total Germany			East	West
	Men	Women	Total	Total	Total
Opiates	64.6%	65.1%	64.7%	38.2%	68.0%
Cannabis	23.8%	15.7%	22.2%	42.2%	19.7%
Cocaine	8.5%	4.9%	7.7%	9.6%	7.5%
Hypnotics and Sedatives	1.8%	13.3%	4.1%	5.9%	3.9%
Hallucinogens	1.3%	1.1%	1.3%	4.0%	0.9%
Total	100%	100%	100%	100%	100%

Source: EBIS 1999 (Türk & Welsch 2000a)

It is clear that in ***1999*** drugs containing opiates form the core of problematic drug use. They represent a total of ***about 65%*** of the main diagnoses ***(Table 24). Problematic drug use at considerable extent is existing for cocaine (almost 8% of main diagnoses) and especially for cannabis (22% of main diagnoses). Whereas cannabis is reported more often as main diagnoses for men (about 24% of main diagnoses) women stand out as problematic users of hypnotics and sedatives (almost 13% of main diagnoses).*** From the year 2000 on Ecstasy can independently be recorded as main diagnoses in EBIS and will be reported from 2001 on. The tables below show patterns of multiple use among drug-dependent men and women being cared for or treated in EBIS out-patient centres ***(EBIS 1999, Türk & Welsch 2000a).*** Diagnoses are based on harmful use and addiction according to ICD 10. The results show that among people using opiates, cannabis and especially cocaine and hallucinogens multiple patterns of use occur to a considerable extent ***(Table 25, Table 26).*** The figures for opiate users must be viewed particularly critically concerning the use of substitution treatments in Germany. ***Almost 45%*** of female and ***about 51%*** of male opiate users also used cocaine to a harmful extent.

[9] ***Including legal substances (e.g. alcohol and pharmaceuticals), EBIS currently has main diagnoses for well over 62,051 persons treated (new admissions in 1999).***

Table 25: Patterns of multiple drug use among drug dependent women

	Categories of Diagnoses						
Categories of Diagnoses	Alcohol	Opioids	Cannabis	Sedatives / Hypnotics	Cocaine	Other Stimulants	Hallucinogens
Alcohol	100.0%	8.3%	8.9%	9.9%	5.8%	2.2%	2.7%
Opioids	36.6%	100.0%	56.9%	33.6%	44.9%	12.2%	18.3%
Cannabis	43.8%	63.2%	100.0%	30.3%	47.5%	19.7%	27.0%
Sedatives / Hypnotics	61.4%	47.0%	38.2%	100.0%	31.2%	9.8%	15.5%
Cocaine	44.7%	78.6%	74.8%	39.0%	100.0%	22.0%	32.5%
Other stimulants	42.4%	52.8%	76.5%	30.2%	54.2%	100.0%	37.5%
Hallucinogens	43.3%	66.8%	88.9%	40.6%	67.9%	31.8%	100.0%

Quelle: EBIS 1999 (Türk & Welsch 2000a)

Table 26: Patterns of multiple drug use among drug dependent men

	Categories of Diagnoses						
Categories of Diagnoses	Alcohol	Opioids	Cannabis	Sedatives / Hypnotics	Cocaine	Other Stimulants	Hallucinogens
Alcohol	100.0%	9.6%	13.1%	5.8%	7.7%	3.2%	4.3%
Opioids	39.3%	100.0%	66.4%	27.7%	50.6%	13.3%	21.4%
Cannabis	46.4%	57.6%	100.0%	22.3%	47.3%	19.6%	28.2%
Sedatives / Hypnotics	62.2%	72.6%	67.4%	100.0%	54.9%	18.5%	30.0%
Cocaine	46.0%	74.2%	80.0%	30.7%	100.0%	23.8%	35.4%
Other stimulants	50.1%	51.4%	87.2%	27.4%	62.8%	100.0%	47.0%
Hallucinogens	50.5%	61.3%	93.2%	32.9%	69.4%	34.9%	100.0%

Source: EBIS 1999 (Türk & Welsch 2000a)

Data from the residential treatment spectrum (SEDOS)

The following table describes the distribution of the main diagnoses of 2,963 people treated in residential drug treatment centres for problems related to illegal substances[10] (pharmaceuticals included) in 1999. Here too the main diagnoses are based on the diagnostic categories from the international classification system of the WHO (current version: ICD 10) for the classification of disorders caused by psychotropic substances (harmful use and addiction).

Table 27: Most common main diagnoses

Main Diagnoses	Men	Women	Total
Opiates (total)	81,2%	78,9%	81,8%
Cocaine	7,0%	3,9%	6,8%
Stimulants	2,0%	0,9%	1,7%
Sedatives / Hypnotics	2,2%	12,9%	4,7%
Hallucinogens	0,8%	0,6%	0,7%
Cannabis	5,3%	2,5%	4,7%
Other substances	1,5%	1,0%	1,4%

Source: SEDOS 1999 (Türk & Welsch 2000b)

Compared to the out-patient area, where hallucinogens and cannabis already play a more important role, in the residential area there is an even clearer predominance of drugs containing opiates ***(Table 27).*** As in the year before, with an overall share of more than 82% of the main diagnoses, they very clearly form the core of problematic drug use here. In addition, particularly in the cases of cocaine, hypnotics and sedatives, it is evident that their use frequently gives rise to harmful effects.

3.2 Drug-related mortality

Data on drug-related deaths in Germany is recorded in the individual Laender and then collected by the Laender Criminal Office and assessed in the drugs case file of the Federal Criminal Police Office.

The following groups are taken into account when data is collected on drug-related deaths ***(BKA 2000a):***

- Deaths following unintentional overdose,
- Deaths following health defects (physical decline, HIV or Hepatitis C, weakness of an organ) caused by long-term drug abuse,

[10] Including legal substances (e.g. alcohol and pharmaceuticals), SEDOS currently covers main diagnoses for 14,632 persons treated.

- 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 ***1999, 1,812*** drug-related deaths were registered in Germany. The number of people dying in connection with the use of drugs has risen in comparison to the year before (+***138 cases, +8.2%)***. Since the middle of the 80s the annual number of people dying in connection with the use of drugs has dramatically risen and came to its peak of 2,125 deaths in 1991. ***In the years after the number declined again and reached its lowest level since 1990 in 1997 at 1501 drug-related deaths. In the last three years another increase became visible.*** The trend in drug-related deaths in the individual Laender varies. ***With 11.4 drug related-deaths per 100,000 the Land Bremen has recently got the highest quota nationally, followed by Hamburg (6.8) and Berlin (6.0). Apart from city states Mannheim (7.7) and Stuttgart (6.7) are German cities with the highest number of drug-related deaths per 100,000 inhabitants, Düsseldorf with 1.8 drug-related deaths is at the low end of the scale.*** In the new federal Laender the number of drug-related deaths varies between 0.1 and 0.2 cases and is therefore still very small. The distribution of gender reveals that there is only a small portion of women among drug-related deaths, the majority are still men ***(Figure 9).***

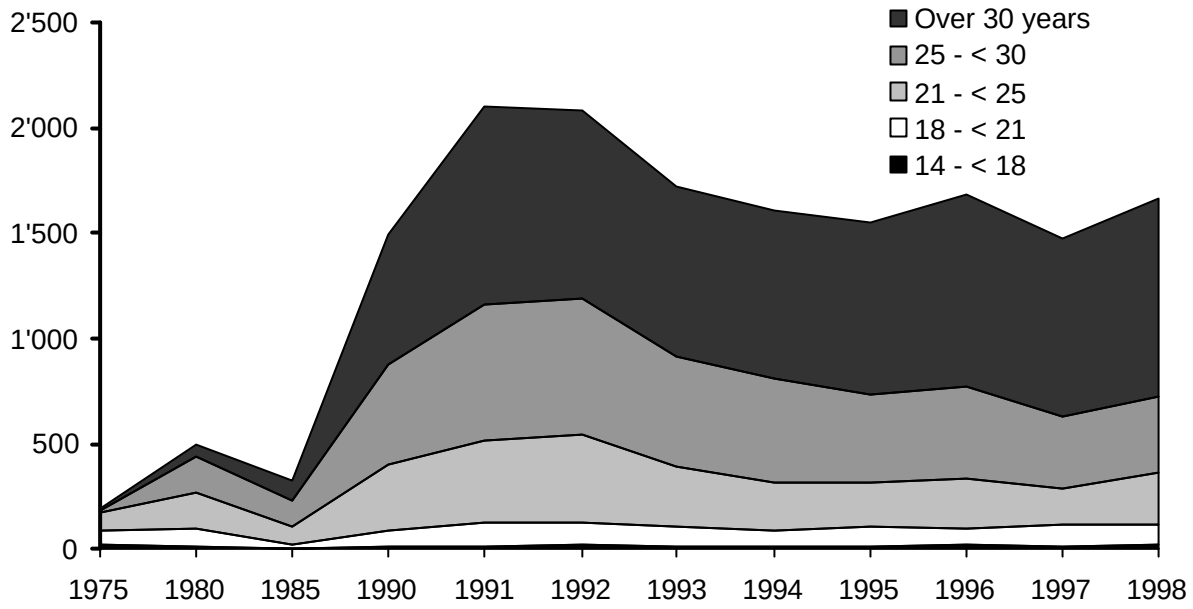
Figure 9: Drug-related deaths by gender

Drug-related death	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Male	162	373	235	1,227	1,770	1,750	1,419	1,346	1,293	1,447	1,223	1,401	1,513
Female	33	121	89	264	329	332	298	264	254	238	250	258	294
Unknown	1	0	0	0	26	17	21	14	18	27	28	15	5
Total	196	494	324	1,491	2,125	2,099	1,738	1,624	1,565	1,712	1,501	1,674	1,812

Source: Annual Report on Drugs 1999 (BKA 2000a)

The mean age of people dying in connection with the use of drugs was ***31.5*** years in ***1999, 43%*** are younger than 30 years ***(Figure 10).***

Figure 10: Drug-related deaths by age



Age	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
< 14 Years	2	0	0	0	0	0	0	0	0	0	0	0	0
14 - < 18	19	14	2	9	9	18	15	15	13	18	9	21	29
18 - < 21	70	86	23	78	121	108	87	74	97	79	106	93	110
21 - < 25	79	167	86	317	383	415	292	230	208	241	171	253	247
25 - < 30	17	169	119	472	645	646	522	486	414	435	341	354	376
> 30 Years	8	58	94	615	941	895	801	805	815	912	846	938	1,004

Source: Annual Report on Drugs 1999 (BKA 2000a)

Between individual Laender there are differences in recording methods and the basis for assessment. The proportion of drug-related deaths investigated by means of a post-mortem varies to a considerable extent between the federal Laender. The average proportion was 62% in 1999. The main cause of the registered deaths in ***1999*** is overdosing with heroin alone ***(30%),*** or in combination with other drugs ***(11%).*** The number of deaths caused by multiple intoxication with narcotics, alcohol and/or substitutes is rising to ***21%*** (***1998: 11.6%; 1997: 8.9%)***. ***3%*** of all cases are a result of overdosing in connection with substitutes/medicines***, the percentage has fallen in comparison to the previous year (12.3%).*** According to the Federal Criminal Office **27** people died in connection with ecstasy in ***1999.*** In several cases causes of death have been are suicide, long term use or accidents. In comparison to the previous year the number deaths linked to ecstasy has almost doubled.

Table 28: Drug-related deaths in 1999

Causes of deaths	Percentage	Absolute[1]
1. Overdose of:		
Heroin	30%	683
Heroin in association with other drugs	11%	253
Cocaine	3%	59
Cocaine in association with other drugs	6%	130
Amphetamines	1%	19
Amphetamines in association with other drugs	0%	11
Ecstasy in association with other drugs	0%	8
Medicines / Substitutes	3%	66
Narcotics in association with Alcohol / Substitutes	21%	484
Other narcotics / unknown	12%	268
2. Suicide	7%	152
3. Chronic damage	6%	127
4. Accident / other	1%	26
5. Total	100.0%	2,286

Source: Annual Report on Drugs 1999 (BKA 2000a)

1) Because of multiple responses the sum of causes of death exceeds the total number of 1.812 drug-related deaths.

Drug-related deaths are also recorded by the statistical offices of the federal Laender and then collected in the general death register of the Federal Statistical Office (StBA). Records of both sources were compared in an EMCDDA field trial, where the general death register of the Federal Statistical Office and (StBA) and the Drugs Case Register of the Federal Criminal Office (BKA) were corresponding closely in numbers. As drug-related deaths are one of five European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) key-indicators a national expert group was established in 1999. Its aim is to adapt German methods of data collection to European standards in order to make numbers more comparable in future.

Drug-related infectious diseases

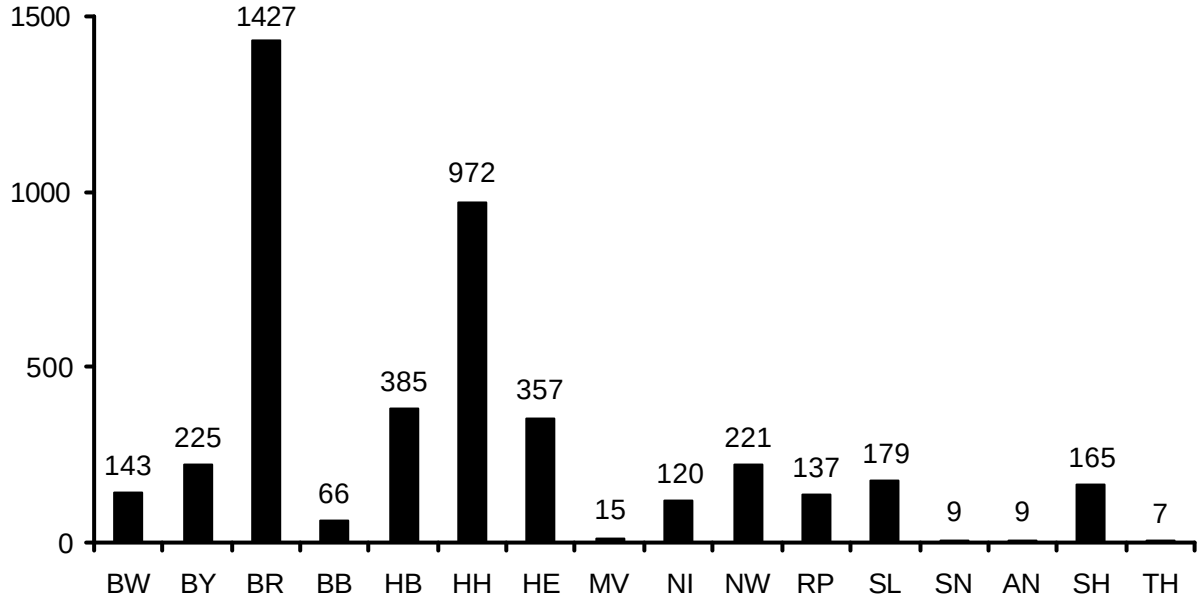
As drug-related infectious diseases are one of five EMCDDA key indicators, a national working group was established for this topic in 2000. As data on infectious diseases such as HIV, hepatitis B or C and tuberculoses are very scare at the moment, the working group tries to find out how data from existing routine surveys can be used in the best way possible. At the same time improvements in getting access to risk groups for infectious diseases (such as drug using prisoners) will be discussed. Another task of the group will be to observe the consequences of the planned amendment of the legal basis and to represent the German situation within relevant European expert groups. In chapter 14 infectious diseases among drug users will be examined extensively as special topic.

HIV and AIDS

Drug users are, after homosexuals, the second risk group 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 and Hamburg are highest (Table 11).***

On the basis of the report from the AIDS centre of the Robert Koch Institute (http://hiv.rki.de) the proportion of drug addicts amongst new notified Aids cases in 1999 was about 12% in Germany. In Hamburg and Baden-Württemberg its percentage of 34.6% and 26% was nationally at its highest (Fable 12). Referred to a cumulative total number of 18,524 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.

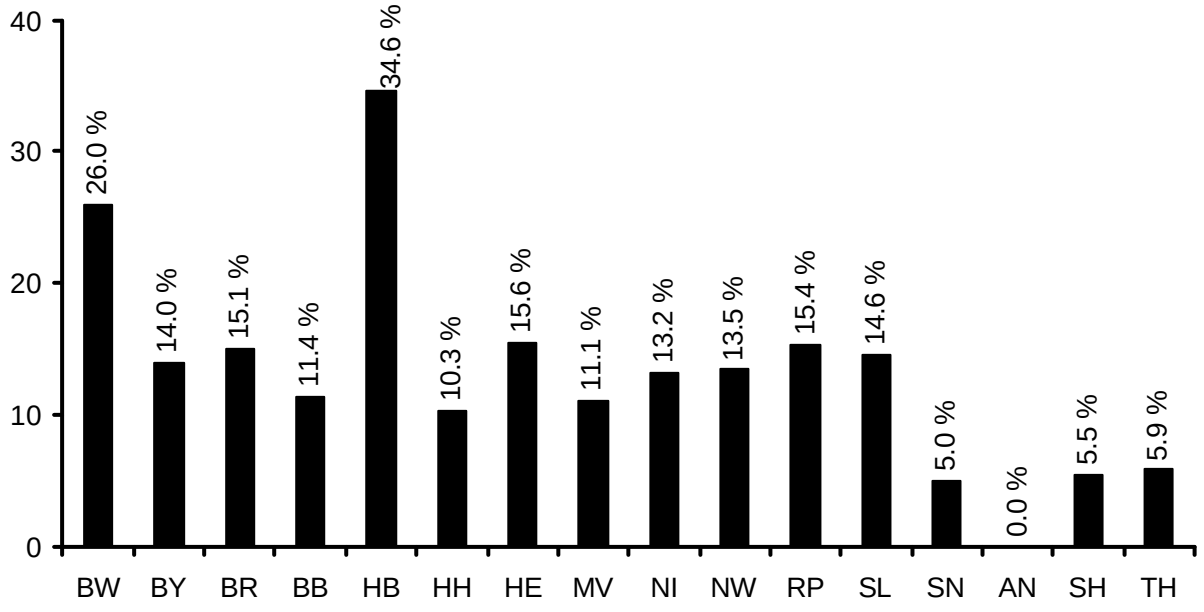
Figure 11: AIDS cases in the Federal Laender (rate/mil.), 1999



Source: Robert Koch Institute, Working Group HIV and AIDS (2000)

With the help of new antiretrovirale substances and quantitative HIV-RNA analysis a more effective HIV therapy is possible. Drug users can get this treatment at specialised general practitioners and in hospitals, health insurance covers the treatment costs. Approximately 15-20% of HAART patients (Highly Activating Antirectrovirale Treatment) are addicts with intravenous drug use.

Figure 12: Proportion of intravenous drug users (IVDA) among AIDS cases, 1999



Abbreviations for the various Federal Laender:

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

Source: AIDS/HIV Quarterly Report IV 1998 (Robert Koch-Institute AIDS-Research 1999)

Hepatitis B and C

All in all, the health situation is relatively poor, particularly among heroin addicts. This applies to oral hygiene, infections, parasitic infestations and other problems. The causes are poor diet, lifestyle and insufficient personal healthcare. Cases of tuberculosis, hepatitis B and hepatitis C are increasingly common in this group. Recently representative numbers are not available, but the increasing prevalence rates - mainly of hepatitis C - seem to be alarming. The annual report 1998 of the Drugs Emergency Service (Drogennotdienst, DND) in Frankfurt, an institution of the Therapieverbund Jugendberatung und Jugendhilfe e.V., reports on the health state of treated clients. The figures reveal a tremendous variety and severity of diseases among these people ***(Table 29).*** Alarming is a portion in this sample of nearly 97% suffering from hepatitis C. Almost 80% suffer from hepatitis B and 51% from hepatitis A. In comparison to 1997 and 1996 the high quota of hepatitis C infected is still rising in this sample whereas it remained rather stable for hepatitis B and hepatitis A.

Table 29: Health state in drug addicts

Health State	31.12.98 (N = 63[1)])		31.12.97 (N=60[2)])		31.12.96 (N=90[3)])	
HIV-Infection	27%	(17)	28%	(17)	20%	(18)
AIDS	5%	(3)	3%	(2)	7%	(6)
Hepatitis A	51%	(32)	57%	(34)	59%	(53)
Hepatitis B	79%	(50)	80%	(48)	80%	(72)
Hepatitis C	97%	(61)	95%	(57)	89%	(80)

Source: Jugendberatung und Jugendhilfe (e.V.), 1998
1), 2), 3) Because of multiple responses the sum of individual records may be higher than the total

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 36% of all cases.

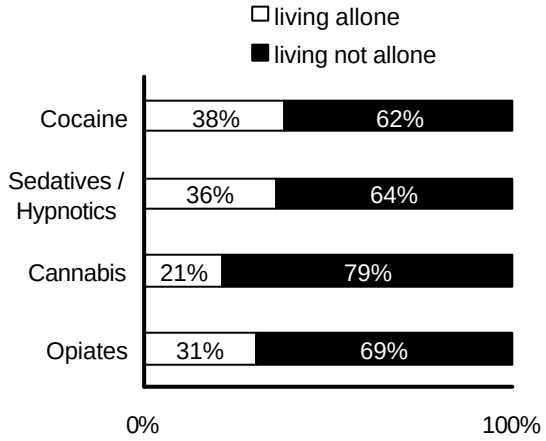
Generally data concerning hepatitis infections among i.v. drug users is still based on single results. An extensive set of statistics is still missing.

4 Social and legal correlates and consequences

4.1 Social problems

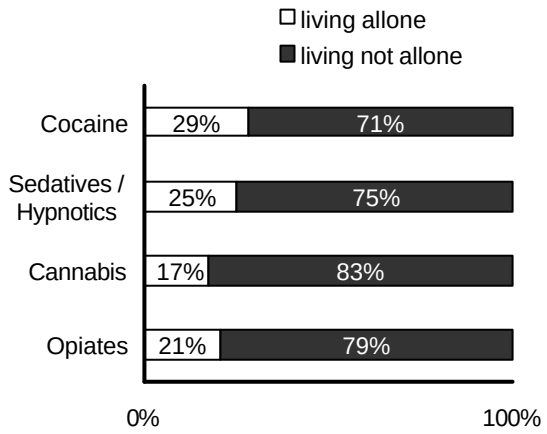
Social problems such as poor education, unemployment or debts play an important role in developing a drug-related disorder. Often they result from an addiction in progress. The treatment monitoring system EBIS gives information on the social status of clients in out-patient treatment, their situation in life, education, employment etc. Figure 13 and 14 show that the percentage of men living on their own is low than the percentage of women. Mostly clients, who are in out-patient counselling or treatment because of cocaine addiction, live on their own (men: 38%, women: 29%) whereas clients with a cannabis main diagnoses - an especially young group of clients - are very often living with other people (men: 79%, women: 83%).

Figure 13: Living situation of male clients



Source: EBIS 1999 (Türk & Welsch 2000a)

Figure 14: Living situation of female clients

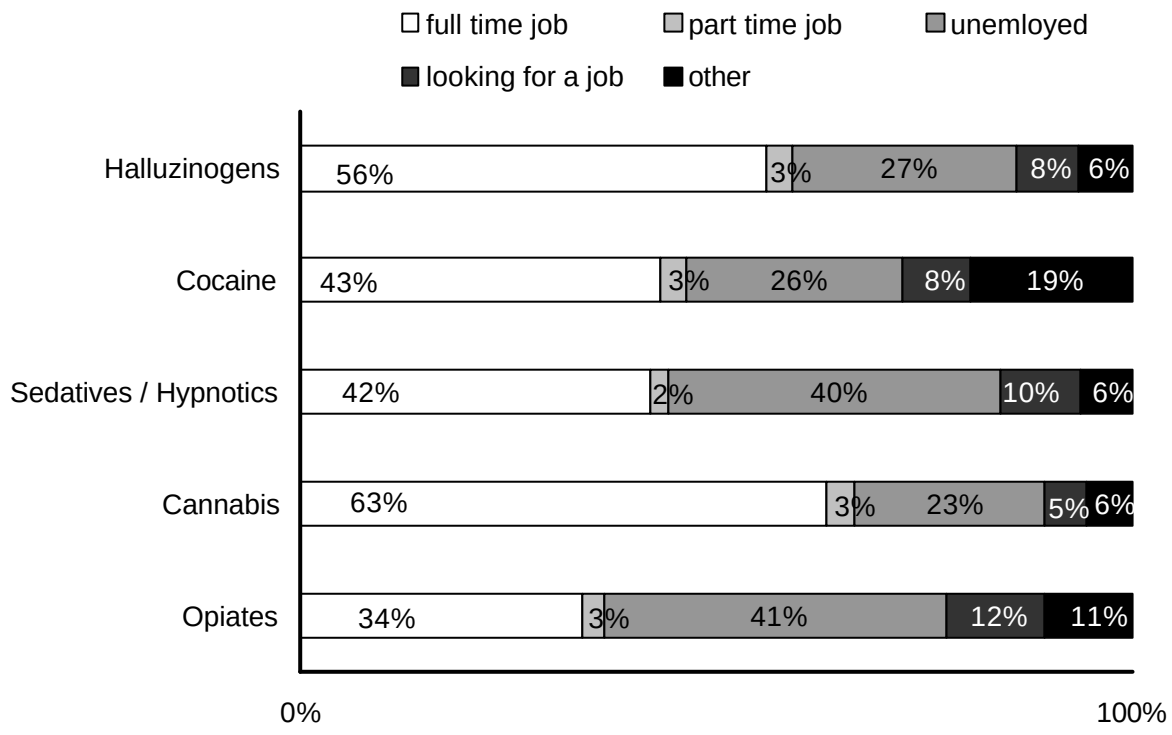


Source: EBIS 1999 (Türk & Welsch 2000a)

Men and women in out-patient treatment because of cannabis addiction mostly have a regular job (men:63%, women:60%). On the other hand only 34% of all male and 28% of all female opiate addicts have a full or part time job. More that half of this croup of clients is either unemployed or looking for a job (Figure 15, Figure 16).

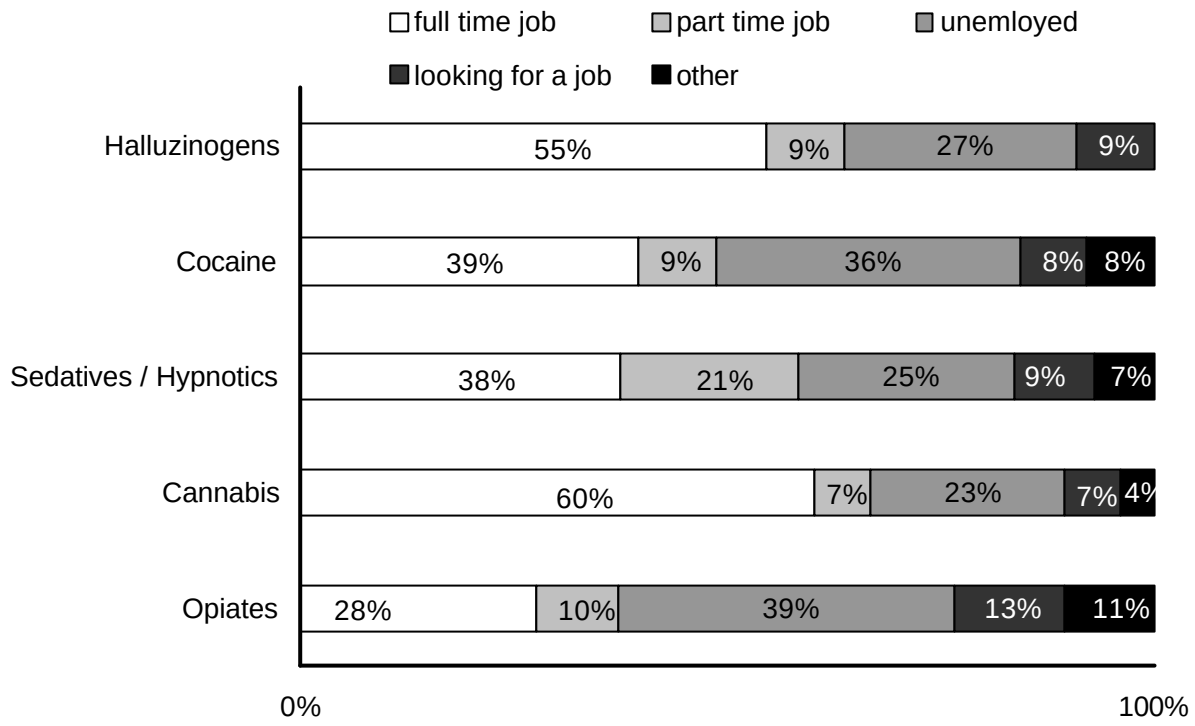
Debts are a problem which is especially common among opiate and cocaine clients. In the group of out-patient treated opiate addicts 62% of men and 57% of women have debts, in the group of cocaine addicts these are 64% of men and 45% of women (Türk & Welsch 2000a) (Figure 17 and 18). Male cocaine users have especially high debts: 10% have debts more than 50,000 DM. The descriptions given here only refer to drug users treated in out-patient counselling or treatment.

Figure 15: Job situation of male clients



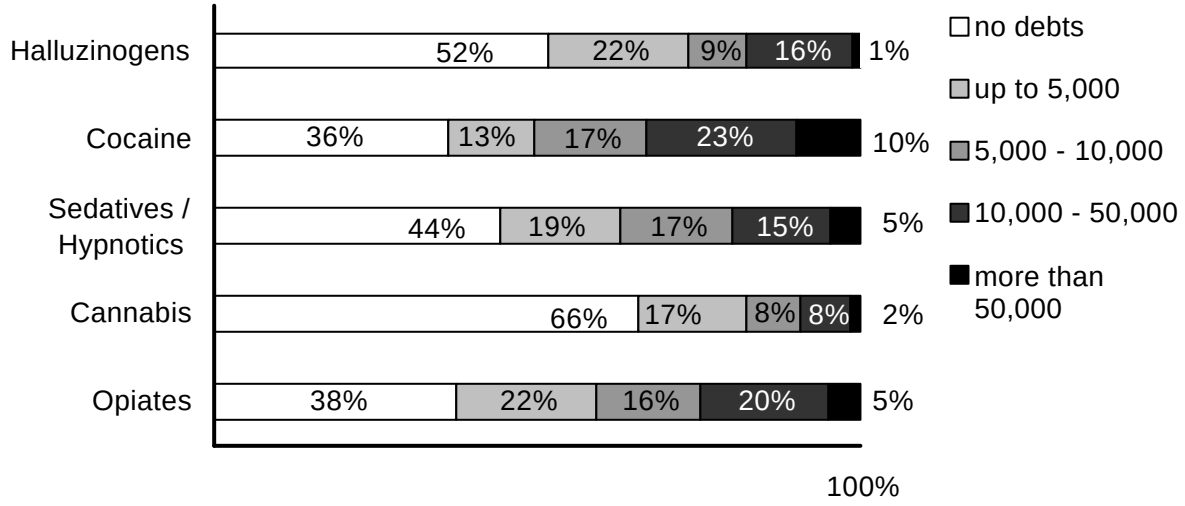
Source: EBIS 1999 (Türk & Welsch 2000a)

Figure 16: Job situation of female clients



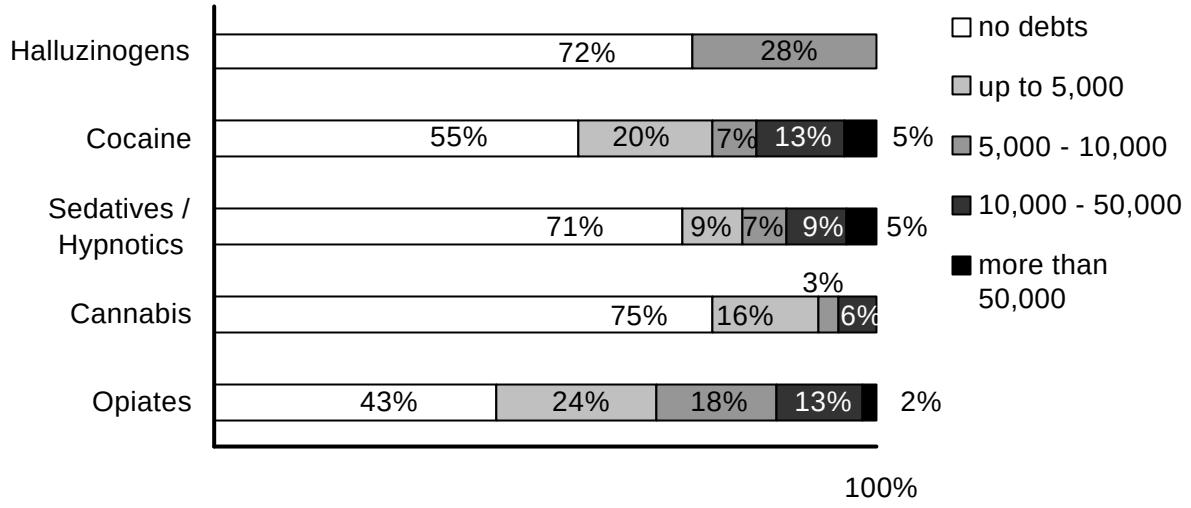
Source: EBIS 1999 (Türk & Welsch 2000a)

Figure 17: Debts of male clients (in DM)



Source: EBIS 1999 (Türk & Welsch 2000a)

Figure 18: Debts of female clients (in DM)



Source: EBIS 1999 (Türk & Welsch 2000a)

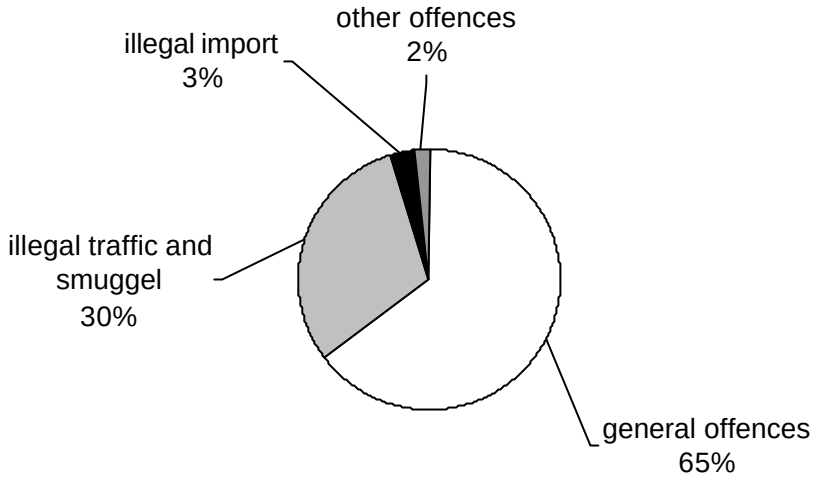
4.2 Drug offences and drug related crime

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 34):

- 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.

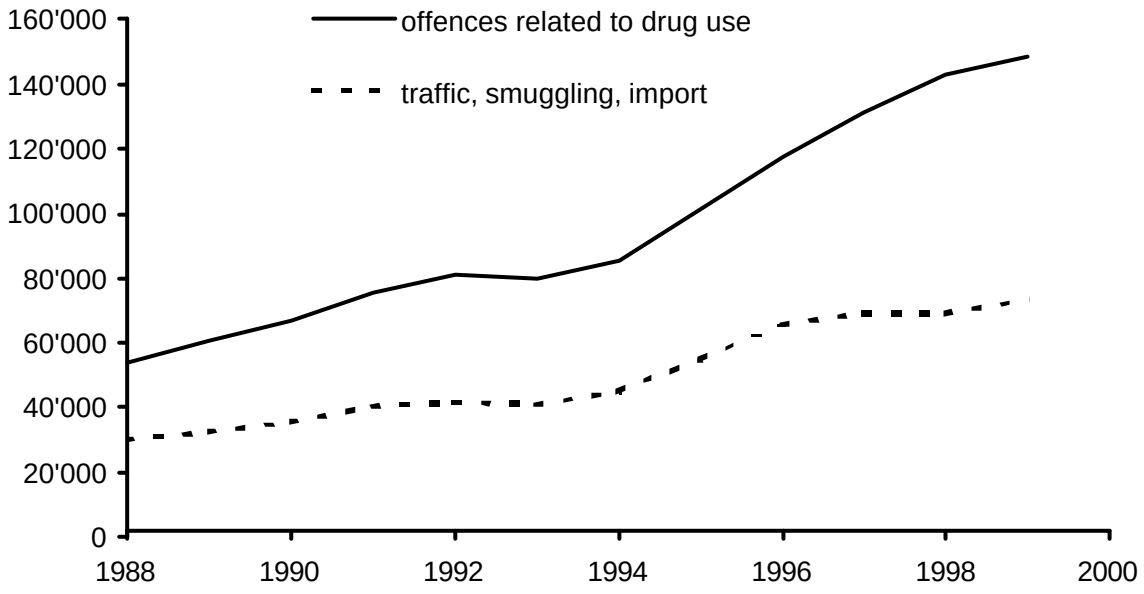
In 1999 226,563 drug-related offences were registered. As figure ***20*** shows, ***148,650*** general offences (mainly offences related to use) are at ***65.6%*** the biggest portion of all offences. In ***66,937*** cases ***(30%)*** offences were related to illegal trafficking and smuggling. Illegal import of narcotics of more than negligible amounts were reported in ***1999*** in ***6,334*** cases ***(3%),*** other offences against the Narcotic Law have been registered in ***4,642*** cases ***(2%).***

Figure 19: Drug-related offences by kind of offence



Source: Annual Report on Drugs 1999 (BKA 2000a)

Figure 20: Offences against Narcotics Law (1988-1999)

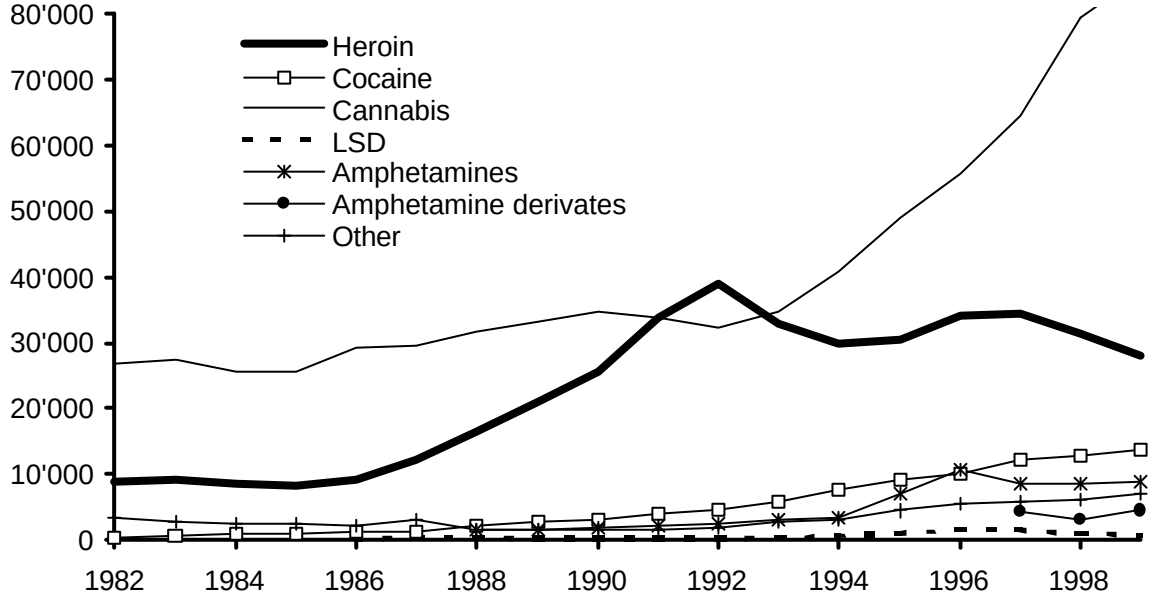


	1988	1991	1994	1995	1997	1998	1999
Offences related to drug use	53,854	75,631	85,234	101,230	131,208	142,740	148,650
Trafficking, Smuggling, Import	30,035	40,286	45,088	54,889	69,093	68,994	73,271

Source: Annual Report on Drugs1999 (BKA 2000a)

Crimes related to “direct supply” include all crimes committed to get in possession of drugs, substitution substances or alternative drugs. ***2,992*** cases have been registered during the reporting year, more than half of them were related to forgery of prescriptions ***(54.6%***). Among use-related offences, cannabis and particularly heroin play a major role ***(Figure 21).*** 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 21 shows, that offences related to cannabis use have been increasing to a considerable extent in the last three years (1999: 85,668; 1998: 79,495; 1997: 64,456). Offences related to cocaine use have clearly been increasing in the previous years, too (1999: 13,810; 1998: 12,835; 1997: 12,167).***

Figure 21: Offences related to drug use (1982-1999)



Source: Annual Report on Drugs 1999 (BKA 2000a)

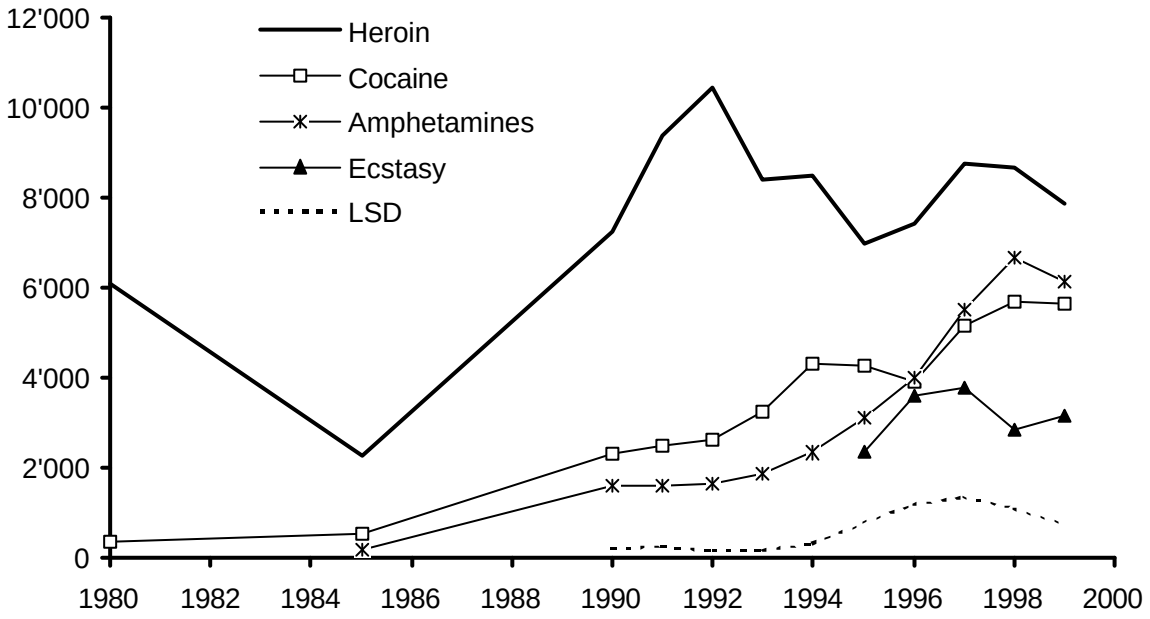
In addition to the total group of offences, the Federal Criminal Police Office also publishes statistics on those persons who were noticed because of drugs for the first time[11]. This figure too has increased markedly since the middle of the eighties. However, developments of single drugs are different at the moment. In ***1999 7,877*** 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 ***(33.1%)***, even if their number slightly decreased compared to last year (***1998: 8,659).*** For amphetamines ***(1999: 6,143; 1998: 6,654***) and cocaine ***(1999:***

[11] 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.

5,662; 1998: 5,691) numbers were slightly decreasing. Since 1990 annual case numbers for ecstasy and LSD have rapidly been increasing. For ecstasy a new increase was obvious in the last year ***(1999: 3,170; 1998: 2,830),*** but the number of persons who have been registered for LSD use for the first time has been decreasing ***(1999: 738; 1998: 1,090).*** A considerable increase of first offenders using hard drugs can be seen in the new Laender were, compared to 1996 the number is ***almost*** three times as high ***(1999: 2,017; 1998: 1,635; 1997: 1,357; 1996: 770).***

Data on verdicts on offences against the Narcotics Act are currently available until ***1998.*** Accordingly ***42,377*** offences related to the Narcotics Act out of a total of ***554,127*** verdicts (excluding offences related to traffic) have been judged in ***1999***. As shown in ***figure 23*** most verdicts related to offences against the Narcotics Act take place among the age group 21-40 years. Respective offences are relatively rare among elder persons.

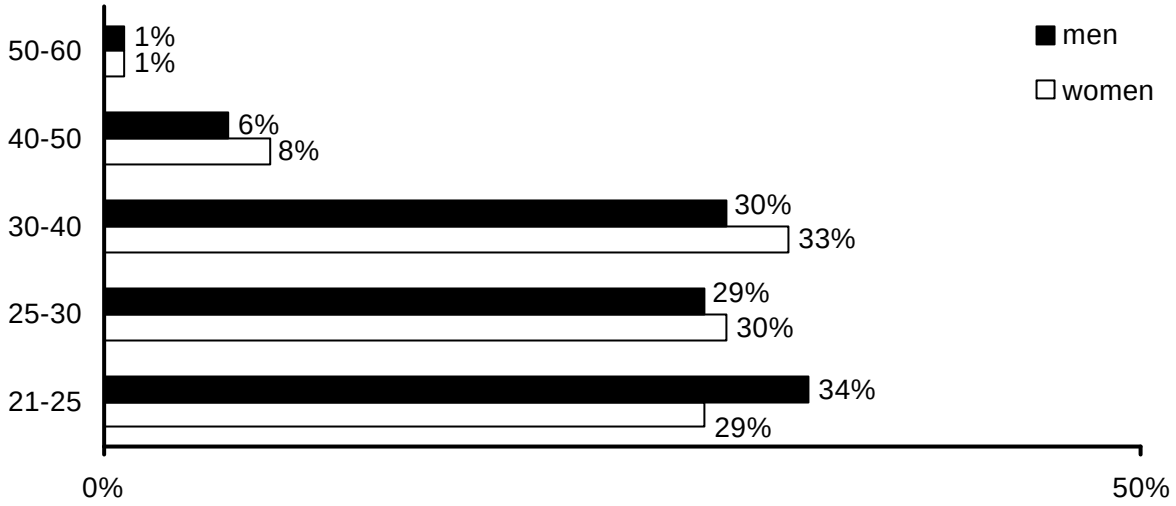
Figure 22: Persons who have come to the attention of the police for the first time on account of drugs



Persons	1980	1985	1990	1993	1994	1995	1996	1997	1998	1999
Heroin	6,091	2,254	7,252	8,384	8,501	6,970	7,421	8,771	8,659	7,877
Cocaine	364	567	2,308	3,238	4,307	4,251	3,930	5,144	5,691	5,662
Amphetamines		194	1,586	1,884	2,333	3,119	4,026	5,535	6,654	6,143
Ecstasy						2,371	3,609	3,799	2,830	3,170
LSD			200	168	321	772	1,191	1,356	1,090	738

Source: National Report on Drugs 1999 (BKA 2000a)

Figure 23: Age distribution of offences against the Narcotic Law among adults



Source: Federal Statistical Office, 1999

5 Drug markets

5.1 Availability and supply

In 1999 as in the years before large quantities of narcotics have been seized at the borders to German neighbour countries. For a big portion of seized substances the country of departure, origin or transit were investigated by police or customs (BKA 2000a). South East Asia (mainly Afghanistan) was the major source of origin for heroin, Turkey was the most important way of access. The border to the Czech Republic is still an important gate of entrance of heroin. Here rather smaller quantities of heroin seem to be stored from Eastern Europe and then transported to Germany. The largest quantity of heroin came from the Netherlands. Cocaine was mostly smuggled from Columbia, Costa Rica and the Netherlands. Germany is in many cases not only the country of destination but also a transit country. In 1999 39% of all sized quantities were not determined to remain in Germany. For synthetic drugs (amphetamines, amphetamines derivates and LSD) as well as for cannabis products the Netherlands were the main country of origin. In many cases seizures were already made in the bordering area between Germany and Netherlands.

5.2 Seizures

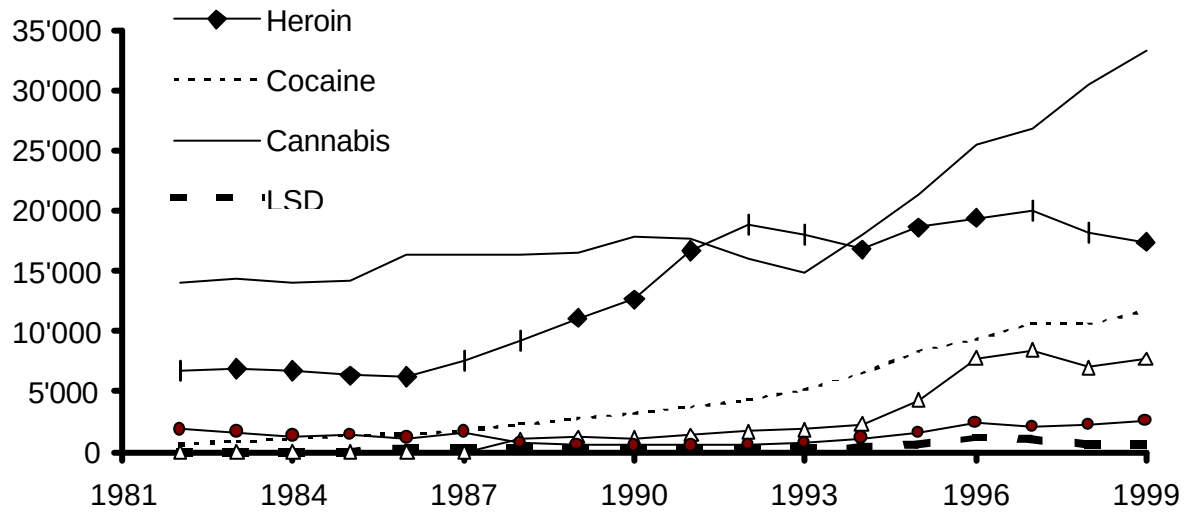
The number and quantity of drugs seized by police and custom authorities are the most important indicators for availability and supply of drugs on the illegal drug market. Seizures do not only reflect the number and quantity of imported and distributed drugs but also priorities and strategies in the field of law enforcement as well as personal and logistic resources of police and custom authorities. The number of seized drugs may vary considerably as a consequence of a few seizures of large quantities. ***In order to better judge random effects the number of seizures should also be taken into account.*** Until the reporting year 1996 numbers of seizures have not separately been reported in the annual report of the German Federal Criminal Police. Due to this the number of offences related to illicit traffic and smuggling or import of considerable amounts of illicit drugs served as a reference figure. Since 1997 the annual report of the German Federal Criminal Police gives information on numbers of seizures which is presented in for figure ***25*** last year's period.

In ***1999*** about ***73,300*** offences involved with illegal traffic and smuggling and import of considerable amounts of illegal drugs have been registered in Germany. Still offences involved with cannabis ***(1999: 33,300; 1998: 30,368)*** represent the majority of all registered cases. **Heroin** ***(1999: 17,421, 1998: 18;192)***, cocaine ***(1999: 11;689, 1998: 10;556)***, amphetamines and derivates **(*1999: 7;770; 1998: 7;008)***, LSD ***(1999: 526; 1998: 632)*** and

other substances **(*1999: 2,560; 1998: 2,238)*** complete the picture of drug related offences ***(Figure 24). From mid of the eighties till 1992 the offences related to heroin have more than tripled, then they were stable for several years and are even decreasing at the moment. Especially in cannabis offences there is a continuously increasing trend since the middle of the 90s, which has been increasing also in the reporting year. The respective numbers for cocaine are six times as high as in the eighties and were also increasing in the reporting year. Offences involved with traffic, smuggling or import of considerable amounts of amphetamines have also increased***. Offences related to LSD have reduced by half compared to 1997.

In 1999 the total amount of hard drugs (heroin, cocaine, amphetamines, ecstasy and LSD) seized was rising considerably. A relatively continuous growth is observed over the years in the quantities seized, particularly in the case of amphetamines ***(Table 29).*** On the other hand, seizures of cannabis and cocaine in the last five years have been subject to extraordinary fluctuations and are therefore difficult to interpret.

Figure 24: Trafficking, smuggling and illegal import (1982-1999)



Source: Annual Report on Drugs 1999 (BKA 2000a)

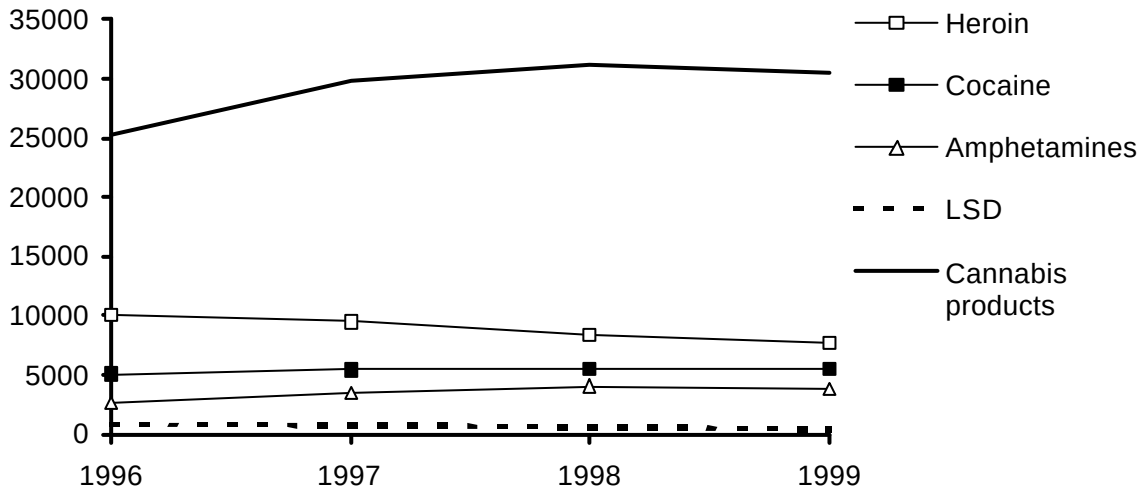
Table 30: Seizures (Quantity) 1991 - 1999

	Heroin (Kg)	Cocaine (Kg)	Cannabis (Kg)	LSD (Trips)	Amphetamines (Kg)	Ecstasy (Tablets)
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	19,909	22,965	360	1,470,507

Source: Annual Report on Drugs 1999 (BKA 2000a)

Amounts of seized LSD decreased considerably during last year***, the amounts of seized ecstasy units have increased dramatically in the last year.*** One will have to wait for upcoming year's developments before trend statements will be drawn. Quantities of seized heroin decreased continuously during the last years which may reflect this substance's decreasing importance on the market. ***In the last year a slight increase was visible again for the first time, but the total number of seizures has not changed much. About 60% of all drug seizures were cannabis products or plants. The number of seizures including cannabis products decreased in the last year (1999: 30,433; 1998: 31,241). Figure 25 also shows a decreasing number of seizures for heroin (1999: 7,748; 1998: 8,387), amphetamines (1999: 3,811; 1998: 4,079) and LSD (1999: 434; 1998: 561). These developments are the same for drug-related offences (Figure 21). There was also a small decrease in the number of cocaine seizures if compared to the year before (1999: 5,491; 1998: 5,532).***

Figure 25: **Number of drug seizures in Germany**



Source: Annual Report on Drugs 1999 (BKA 2000a)

The situation of supply with illegal drugs is also demonstrated by the trend in procurability of drugs. Since 1990, the Representative Survey has asked whether those questioned consider they are able to procure illegal drugs within 24 hours. Particularly large differences arise between those with experience of drugs and those without experience of drugs. Among people without experience of drugs a clear increase in procurability has been evident since 1990. ***In the last representative survey (Kraus & Bauernfeind 1998)*** the figures for West Germany have almost doubled if compared to 1990. This is a critical development as drugs are getting more available to users without any drug experience. In the new Laender drugs are clearly not procurable to the same extent as in the old, although the figures have risen more sharply here in the last few years.

5.3 Price and purity of seized drugs

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 ***1999***. 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 ***1999*** analyses of the purity and content of active substances are based on about ***16,000*** 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.

Cannabis

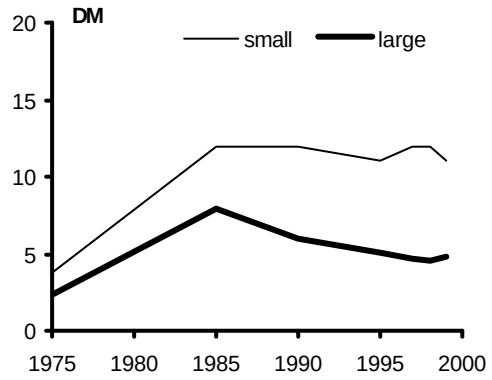
As a result of the increased availability and supply of hashish (cf. above), the price, which in 1984 had risen to its highest level of DM 18 ***(9,2 Euro)*** per gram, has fallen to around ***DM 11 (5,6 Euro)***. For small quantities it is around two and a half times as high as for quantities in kilograms. Systematic investigations of the content of active substances in hashish are done by the BKA systematically since 1993 and has been enlarged since then. ***The comparability between recent results and figures from earlier years is therefore limited. A comparison between the purity of recent samples and those from 1997 and 1998 show***

an increase in mean percentage of THC. 66% of 3,793 samples in 1999 showed a proportion of tetrahydrocannabinol (THC) between 5 to 11%. 15,5% of all samples showed a lower proportion of active substance, 18,5% have had a higher one. Taking into consideration the large number of samples this may indicate a further increase of highly potential cannabis on the market.

Cocaine

In the case of cocaine prices also have clearly fallen since the middle of the eighties. An average of around ***DM 125 (63,9 Euro)*** per gram was paid in ***1999***. The prices for quantities over one kilo, which as a rule are seized from dealers, are around ***73 DM (37,3 Euro). 1999 2,682*** cocaine samples were analysed by the laboratories of the Land criminal offices.
More than 64% of them had between 20% and 70% cocaine base. Nearly one third of the samples contained more than 70% of the pure substance. There could be a correlation between an increase in purity and a change of patterns of drug use.

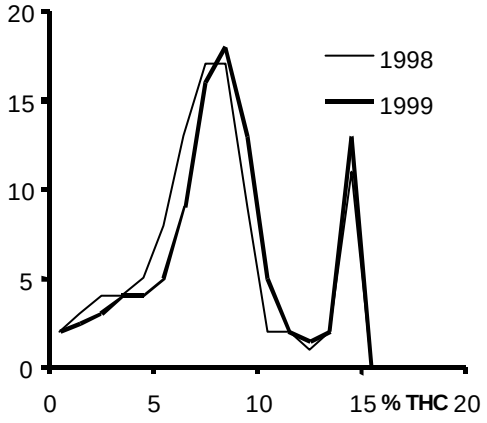
Figure 26: Prices for hashish per gram for small and large amounts



DM	1975	1985	1990	1995	1999
Small	3,75	12,00	12,00	11,00	11,00
Large	2,40	7,95	6,00	5,04	4,8

Source: BKA 2000

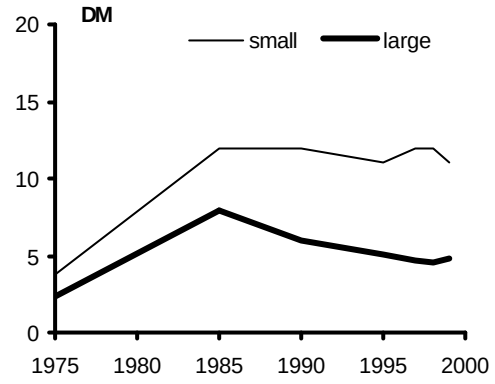
Figure 27:THC content of Cannabis



Sample	>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

Source: Annual Report on Drugs 1999 (BKA 2000a)

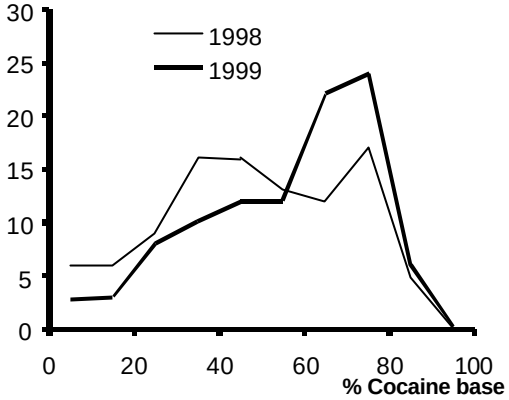
Figure 28: Prices for cocaine per gram for small and large amounts



DM	1975	1985	1990	1995	1999
Small	150	261	200	151	125
Large	--	185	110	78	73

Source: BKA 2000

Figure 29: Cocaine base content of cocaine



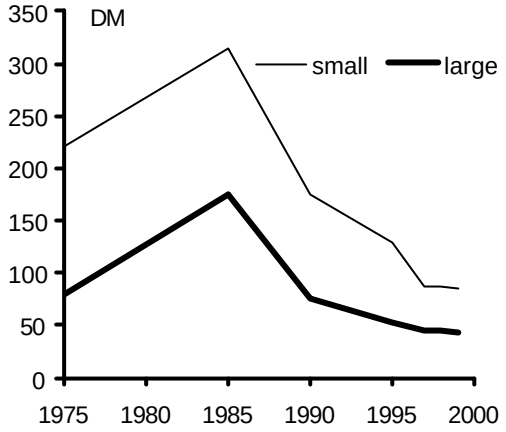
Sample	<20%	20-40%	40-60%	60-80%	>80%
1997	5%	20%	28%	31%	16%
1998	12%	25%	29%	29%	5%
1999	5.8%	18%	**24%**	46%	6.2%

Source: Annual Report on Drugs 1999 (BKA 2000a)

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 DM 150 ***(about 76,7 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 (85,5 DM; 43,7 Euro)*** is faced with a stable or decreasing number of users. The average content of diacetylmorphine reflects the purity of the heroin samples and the active substance content in the drug on the market. In spite of falling prices and evidently greater quantities of heroin on the market, the average content clearly decreased from ***1985 till 1998 but was slightly rising in 1999. 4,172 heroin samples were analysed in the laboratories of the Land criminal police offices. 76% had a diacetylmorphine content of less than 20%. 24% of all samples analysed had a content of 20% to 90%.***

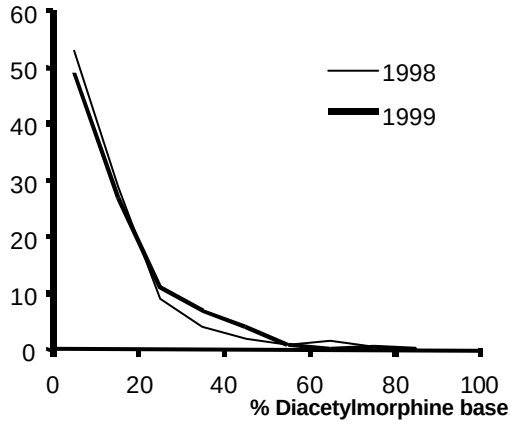
Figure 30: Prices for cocaine per gram for small and large amounts



DM	1975	1985	1990	1995	1999
Small	220	315	175	128	85,5
Large	80	175	75	52	42,7

Source: BKA (2000)

Figure 31: Diacetylmorphine content in heroin samples



Sample	>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%

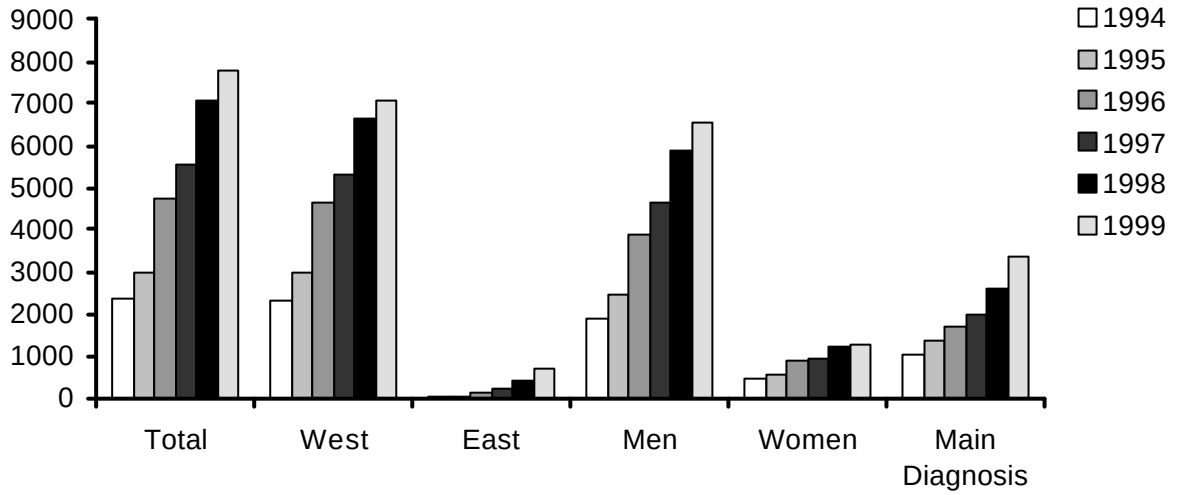
Source: Annual Report on Drugs (BKA 2000a)

6 Trends per drug

6.1 Cannabis

In Germany cannabis is the most frequently consumed illegal drug. According to the latest representative population survey cannabis has been used during the last year by 4.5% of the population in West Germany respectively by 2.3% in East Germany (Kraus & Bauernfeind 1998). Higher prevalence rates can be found among young adults: Among 21-24 year old persons in West Germany the prevalence rate is 14.7% and among 21-25 year old persons in East Germany 13%.

Figure 32: Trends in out-patient counselling and treatment: Cannabis



Single diagnoses	1994	1995	1996	1997	1998	1999	Difference
Total	2,350	3,002	4,749	5,564	7,066	7,806	+10.5%
West	2,339	2,974	4,625	5,342	6,663	7,090	+6.4%
East	11	28	124	222	403	713	+76.9%
Men	1,910	2,456	3,883	4,642	5,861	6,545	+11.7%
Women	440	546	866	922	1,205	1,261	+4.6%
Main diagnosis	1,028	1,368	1,696	1,977	2,623	3,343	+27.4%

Source: EBIS 1999 (Türk & Welsch 2000a)

Amongst drug users treated in out-patient treatment facilities cannabis was the main reason for treatment in 22% (last year: 18%) (Türk & Welsch 2000a). With this cannabis is in position two of all illegal substances. Among drug users treated in inpatient treatment facilities the proportion of persons treated for cannabis is 4,7% (last year: 3.3%) (Türk & Welsch 2000b). ***The "typical" client treated mainly for cannabis is relatively young and treated for the first time. His circumstances of living are quite stable and he is situated in an extended period of education or training that allows some "safe place" to live.*** In Germany most drug related offences are connected with

cannabis ***(1999: 54%).*** Having a closer look at the kind of offence which is mainly involved, it can be observed that in ***1999 about 66%*** of all offences are related to "use" ***(Statistics of the German Federal Criminal Police; Polizeiliche Kriminalstatistik 1999).***

6.2 Synthetic drugs (amphetamines, ecstasy, LSD)

About 2% of all persons aged between 18 and 39 years in West Germany and less than 1% of the respective age group in East Germany have consumed amphetamines at least once in their life (Kraus & Bauernfeind 1998). Respective figures for last year's prevalence are 0.9% and 0.6% and with this nearly divided by half. Compared to 1990 the figures related to actual consumption show an increase. Having a look at lifetime prevalence slight increases can be observed in East Germany whereas the figures in West Germany slightly decreased between 1990 and 1997. ***However, the recent number of seizures of amphetamines and metamphetamines shows a slight decrease in the last year (1999: 3,811; 1998: 4,079; 1997: 3,571). Also the number of persons who have been registered by the police because of amphetamines for the first time decreased in the last year (1999: 6,143; 1998: 6,654; 1997: 5,535). In contrast the quantity seized increased. Further developments have to be observed.***

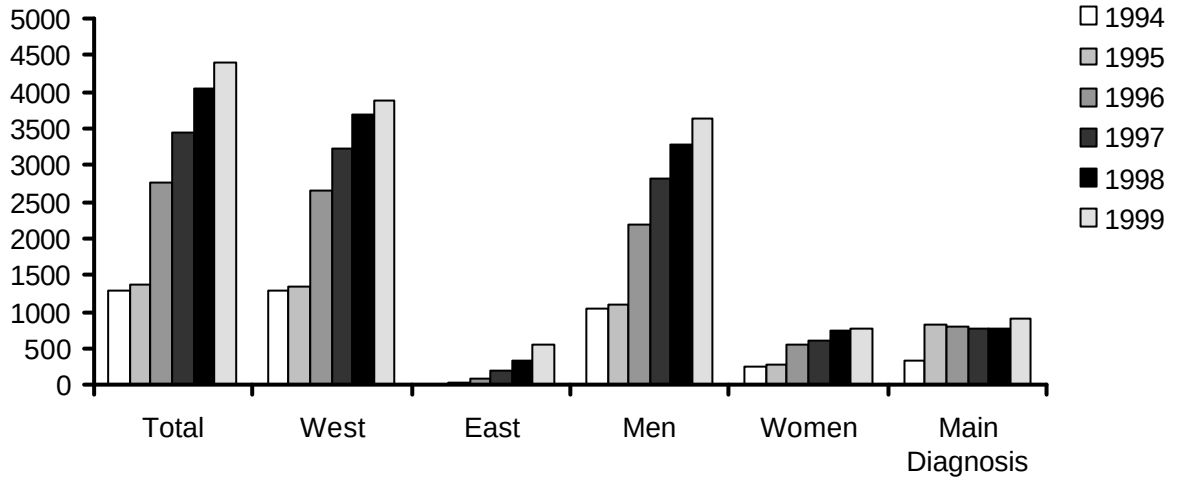
On the German drug market ecstasy plays an important role since the beginning of the nineties. The last representative population survey carried out in 1997 showed that ecstasy- despite the fact that it has not such a long history on the German market compared to other drugs- is consumed by a considerable amount of persons. Young persons use the drug most frequently. Among 18-24 year old persons lifetime prevalence is 6% making ecstasy to the number two of drugs in favour of young users right behind cannabis. This picture is confirmed by the drug affinity study of 1997. According to this study 5% of 12-25 year old youngsters in West Germany and 4% of the respective age group in East Germany report experiences with ecstasy. In West Germany ecstasy is on position two on the list of preferred illegal drugs among youth in 1997. The study shows, that ecstasy use is mainly influenced by friends and not by frequency of visits of techno-events or duration of these visits.

In the field of the police numbers are rapidly increasing for ecstasy after a decrease in the year before. The number of seizures clearly increased last year (1999: 2,883; 1998: 1,986; 1997: 2,368), as well as the number of persons who have come to the attention of the police for the first time because of ecstasy (1999: 3.,710; 1998: 2,830; 1997: 3,799). The number of clients in out-patient counselling or treatment with a primary ecstasy related problem rose about 15,8% in 1999 (Türk & Welsch 1999a).

According to the results of the latest population survey LSD is nearly the only hallucinogen drug that is used in Germany (Kraus & Bauernfeind 1998). Other drugs like e.g. mescaline do not play a significant role. In 1997 the number of persons in West Germany (age group

18-39 years) who made experiences with LSD at least once in their life decreased to the level of 1990 (2.1%). In East Germany lifetime prevalence of LSD use nearly multiplied by eight and actually reached a level of 0.8%. Whereas lifetime prevalence of hallucinogen use in West Germany in 1995 was even higher than the respective figure for ecstasy the overall picture was vice versa in 1997. ***The number of LSD seizures made by police has been decreasing since four years (1999: 434; 1998: 561; 1997: 727; 1996: 822).***

Figure 33: Trends in out-patient counselling and treatment: Ecstasy and related substances



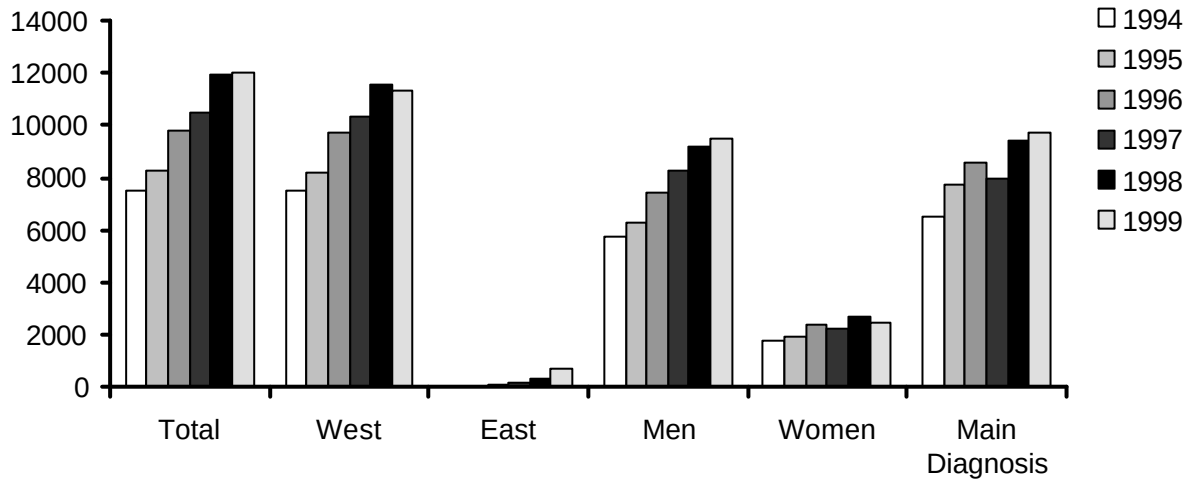
Single diagnoses	1994	1995	1996	1997	1998	1999	Difference
Total	1,300	1,379	2,754	3,430	4,033	4,412	+9.4%
West	1,287	1,349	2,654	3,226	3,700	3,867	+4.5%
East	13	30	100	204	333	557	+67.3%
Men	1,049	1,096	2,186	2,806	3,293	3,626	+10.1%
Women	251	283	568	624	740	786	+6.2%
Main diagnosis	338	830	808	771	792	917	+15.8%

Source: EBIS 1999 (Türk & Welsch 2000a)

6.3 Opiates

About 0.6% of the total population between 18 and 39 years in West Germany and 0.1% of the respective age group in East Germany made experiences with heroin at least once in their life (Kraus & Bauernfeind 1998). Last year's prevalence rates are much lower. Methadone has been used by 0.2% of the West German population at least once in their life and by 0.1% during the last year. 0.7% of all West German inhabitants and 0.2% of the East German population consumed other opiates like codeine or dihydrocodeine at least once in their life. 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.

Figure 34: Trends in out-patient counselling and treatment: Opiates



Single diagnoses	1994	1995	1996	1997	1998	1999	Difference
Total	7,502	8,266	9,827	10,517	11,928	12,001	+0.6%
West	7,469	8,216	9,704	10,339	11,569	11,300	-2.3%
East	33	50	123	178	359	694	+93.3%
Men	5,724	6,288	7,459	8,248	9,223	9,496	+3.0%
Women	1,778	1,978	2,368	2,269	2,705	2,505	-7.4%
Main diagnosis	6,526	7,717	8,558	7,954	9,417	9,742	+3.5%

Source: EBIS 1999 (Türk & Welsch 2000a)

About 9,700 main diagnosis were made for this group in 1999, 3.5% more than the year before. The number of single diagnosis doubled in the new Laender but is still low. Almost half of heroin users treated were injecting the drug (Türk & Welsch 2000a). About 30% of drug-related deaths registered by the police in 1999 were caused by a heroin overdose. In another 11% heroin were the cause of death in association with

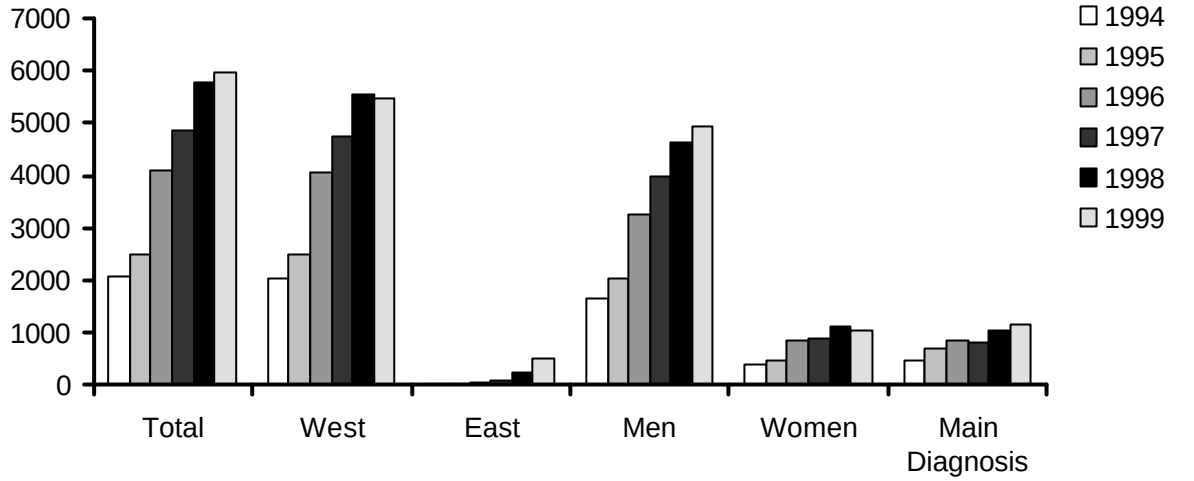
other drugs. The number of heroin seizures registered by the police in Germany decreases (1999: 7,748; 1998: 8,387; 1997: 9,509). With the total number of 7,877 individuals, heroin users still represent the biggest group among hard drug users registered by the police or custom authorities for the first time (33.1%). However their total number decreased slightly compared to the year before (1998: 8,659). Taking into account all sources available they indicate a stable situation of heroin related problems since about 1992. The increase in treated heroin users can partly be explained by the fact that the target clients are better reached especially because of an extension of substitution programmes.

6.4 Cocaine

The percentage of persons who made experiences with cocaine at least once in their life is 2.2% among 18-39 year old persons in West Germany (Kraus & Bauernfeind 1998). Compared to 1990 results these figures increased (lifetime prevalence of 12-24 year old population of 0.8%). In East Germany experiences with cocaine can hardly be found. Compared to ecstasy or hallucinogens for which figures rapidly increased at the beginning of the nineties, a continuous and stable increase in numbers of cocaine users is observed since more than 10 years. ***The misuse of or addiction to cocaine is the third most main diagnosis to be found in out-patient treatment. Here the percentage of cocaine main diagnosis is 7% (Türk & Welsch 2000a), in inpatient treatment it is about the same (Türk & Welsch 2000b). The number of cocaine main diagnoses has more than doubles since 1994. There are six times more single diagnoses than main diagnoses which means that cocaine is mostly used as a secondary drug. It is used in combination with opiates and increasingly in combination with other substances, too.***

In the number of cocaine seizures only minimal differences can be found in 1999 in comparison to the year before. It was slightly decreasing (1999: 5,491; 1998: 5,532; 1997: 5,482; 1996: 5,532), whereas the quantity of seizures has reached its highest level since 1990. The number of persons who have been registered by the police for cocaine use for the first time decreased (1999: 5,491; 1998: 5,691; 1997: 5,144). In total figures on use, treatment and law enforcement indicate a increasing importance of cocaine.

Figure 35: Trends in out-patient counselling and treatment: Cocaine



Single diagnoses	1994	1995	1996	1997	1998	1999	Difference
Total	2,062	2,496	4,105	4,851	5,781	5,982	3.50%
West	2,050	2,478	4,043	4,745	5,545	5,475	-1.30%
East	12	18	62	106	236	503	113.10%
Men	1,665	2,028	3,240	3,960	4,640	4,929	6.20%
Women	397	468	865	891	1,141	1,053	-7.70%
Main diagnosis	481	714	863	830	1,037	1,167	12.50%

Quelle: EBIS 1999 (Türk & Welsch 2000a)

6.5 Pharmaceuticals

Misuse and abuse of pharmaceuticals are difficult to detect by general population surveys. It is possible to ask for frequencies of use but valid statements on daily doses or indications can not be obtained. According to the latest representative survey dated from 1997 nearly twice as much women (19.5%) than men (11.5%) reported to have used pharmaceuticals with psychoactive effects (e.g. analgesics, sleeping drugs, sedatives, stimulants, laxatives or appetite suppressants) at least once per week during the last four weeks (Kraus & Bauernfeind 1998). Among these analgesics are by far the most frequently consumed substances (West: 10.9%, East: 11.5%), followed by sedatives (West: 3%, East: 3.3%) and sleeping drugs (West: 2.4%, East: 3.3%). ***EBIS also records clients in out-patient counselling or treatment primarily because of sedatives and hypnotics. In 1999 about 621 persons received such a main diagnosis (Türk & Welsch 2000a). As single diagnoses pharmaceuticals are mentioned in 4,237 cases - what is a higher frequency. This underlines that abuse of or addiction to pharmaceuticals are increasing but also that those substances are usually used beside other drugs. This fits to the observation that multiple drug use and addiction to more than one substance become more and more frequent.***

6.6 Multiple use (including alcohol)

Considerable proportions of polyvalent patterns of use can especially be found among addicted women and men who use alcohol, opiates, cannabis and mainly cocaine and hallucinogens. Especially figures of opiate users have to be seen as critical regarding to substitution treatment in Germany. ***More than 44% of those female and 51% of the respective male persons additionally use cocaine in a harmful way. Harmful use or addiction to alcohol can also frequently be found among clients with a heroin main diagnosis. 39% of men and 37% of women with an opiate diagnosis have an alcohol diagnosis, too (Türk & Welsch 2000a).***

6.7 Solvents

In Germany volatile inhalants are not used very frequently. The representative population survey of 1997 (Kraus & Bauernfeind 1998) shows, that 0.7% of the West German adult population used volatile inhalants at least once in their life, during the last year only 0.2% did so. Most experiences with volatile inhalants are reported by the group of 21-24 years old persons. Among this group 2.4% used the substances at least once in their life, 1.1% did so during the last 12 months. In out-patient counselling or treatment centres solvents do nearly not exist as main diagnosis as single diagnosis they are prevalent among ***0,3% of all treated men and women (Türk & Welsch 2000a).***

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. Procurability and prevalences 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

Developments 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. These measures point to a broader self concept of the police in Germany.

New developments at Land and municipality level

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. However, compared to the big number of activities and measures, still a big proportion of all the activities is done by the staff of centres for drug treatment and psychosocial counselling. 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

The Federal drug commissioner launched the Drug and Addiction Report 1999 in March 2000. Addiction prevention is underlined in this text as leading topic of the drug policy. The new convened Commission for Drugs and Addiction has been asked to develop a new prevention concept for the Ministry for Health, which at the moment follows a strategy of education, primary and secondary prevention. The differentiation between legal and illegal substances is getting less and less relevant in the field of prevention, the potential harm of tobacco and alcohol becomes part of information and prevention campaigns.

Franzkowiak and Sabo (1999) analysed more than 100 publications from the journal "Prävention" (Prevention) from 1978 to 1997 in relation to the development of lead concepts and focus in the field of "drugs". The study mentions the following trends:

1. ***Recent lead concepts are a as much as possible drug free lifestyle or the use of substances without causing health related harm***
2. ***As alternative to drug use "life skills" are focussed upon, i.e. strengthening direct responsibility, social competence and ability for conflicts. In this respect more and more concepts have been developed for specific target groups:***

- ***Gender specific addiction prevention***
- ***Work with adolescents and young adults in social problem situations***
- ***education and developmental support for migrants, evacuates***
- ***and others, which are sensible to cultural background***

The strategies of "risk escort" and "risk competence" are thought to reach youths and young adults with drug experiences. Besides offering help they should transmit safety rules for risk minimisation. The strategy of risk competence includes several components:

- ***critical awareness of drug consequences and addiction risks on the basis of information***
- ***the development of personal rules for use, which should help to minimise personal risk and harmful consequences as far as possible***
- ***soberness on the spot for selected settings, situations and developmental stages (e.g. pregnancy, at work)***
- ***"Ritualisierte Formen" of non harmful use of psychotropic and addictive substances ("rules for intoxication")***
- ***freedom and strength of decision for long term option of use between abstinence and controlled use***

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 (ICD9) describes it. At Federal level a broad system of addiction care for treatment and support 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 because of the again increasing number of drug related deaths and the bad health conditions of many drug addicts (e.g. through infectious diseases like hepatitis or tuberculosis as well as psychiatric co-morbidity). The aim of harm minimisation is also reflected in the revision of the Narcotic Law (BtMG-ÄndG) which came info force 1st of April 2000. The law provides a clear legal situation for so called "drug consumption rooms" and extends the possibilities for the government to regulate the prescription of substitution substances. These prescription regulations are worked out at the moment. This law also is the basis for the installation of a central reporting system for patients under substitution, which is thought to fight multiple prescriptions though different doctors as well as the increased availability of methadone on the black market.

Co-operation, co-ordination and networking at the moment are very prominent in the development of demand redaction. Through a better division of work, e.g. between youth help and drug help double work should be avoided and efficacy in total increased. Whereas until some years ago drug help tried to develop own services for example in the field of work, medical care etc. at the moment increasingly support from the normal help system is searched for, as one can see.

Approaches and new developments at federal level

Within demand reduction at Federal level at the moment those concepts are prominent, which are striving to better reach drug users, who are (at the moment) not willing to participate in a drug-free or methadone substitution treatment. The focus of health policy is especially on a model project of heroin supported treatment, which is accompanied by scientific evaluation. It includes heroin substitution for long term, heavily addicted opiate users. It will be studied, if and how it is possible to stabilise and to motivate these clients for further treatment. The project start is scheduled for beginning of 2001.

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 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.

Bayern

Specific concepts to motivate "therapy resistant" drug addicts for treatment at the moment are developed in a research project supported by the Land of Bavaria. In a first step the question on factors is raised, why a drug addict is not accepting treatment and if they would come into therapeutic contact through new motivating concepts of motivation.

In the Augsburg region a model project is conducted at the moment with accompanying scientific evaluation. It studies, if central parameters of quality of therapeutic services can be improved - including a reduction of drug related deaths - by better co-operation between all organisations involved (e.g. facilities for addiction care, practitioners, police, justice, emergency care). At the same time an analysis is done on all drug related deaths in Bavaria. The collection of background information on the time period before the drug related death should give some indication of possible causes which would offer a starting point for new measures within addiction care.

Berlin

During the last years the network of low threshold services has been considerably extended. By positioning buses at the meeting places of the drug scene, syringe exchange schemes, medical help and hepatitis test and vaccination on the spot have been done. Within the project "drug emergency prophylactics" social work has be

done which follows the client up and addicts have been referred to counselling and further services at a focal hospital, where especially high numbers of drug addicts were entering admitted. Another pilot project, which is continued on Land budgets is the study on "Prevention of drug related emergencies and deaths through strengthening self help". In this project staff from prisons and drug treatment facilities as well as drug addicts are trained in first aid measures for drug related emergencies. Drug addicts specially qualified are handed over the antidote naloxone, which they can use in case of emergencies. Syringe exchange in prisons is studied in a model project as part of a global concept including amongst others accompanying measures of medical help and social work, external aids and drug counselling and help to stop drug use. An expertise on situation and problems of the open drug scenes in Berlin will be available already this year.

Mecklenburg-Vorpommern

In Rostock the model project "Sprechstunde on designer drugs" has been started at the end of 1998. Counselling, medical and psychological examination and treatment as well as social-pedagogic help is offered to youth drug users, who are still in an experimental phase. This is done by a multiple disciplinary team in an out-patient setting. The model project has started in autumn 1998, it will continue for three years with the option of an one-year-prolongation. It is funded by the Federal Ministry for Health, the Mecklenburg-Vorpommern Ministry of Social Affairs and the municipality of the Hansestadt Rostock. Accompanying scientific evaluation of the model project is fully covered by the Federal Ministry for Health. The aim is to develop strategies for early treatment, abstinence and solutions at an earlier point of time and to strengthen the youths and children within their situation of life.

Rheinland-Pfalz

The project "prevention and early intervention for children from problem families with addiction problems" has been finished in 1999 resulting in a four part training course "children of addicts - recognise and help". In the model project "addiction prevention within kindergartens" ways to support life competencies have been tested and documented. This should motivate Male and female kindergarten teacher and specialists in addiction to establish addiction prevention. The "Mondorf" group (Saarland, Luxembourg, Lothringen, the German speaking population in Belgium and Rheinland-Pfalz) within the framework of its trans-national work as well as the Upper Rhine Conference have conducted different measures of addiction prevention. For example, a cross border youth project and a seminar on "intercultural health promotion and migration" have been done. End of 1999 help offered to heavily indebted addicted people has been improved. Debts are nor rare amongst the clientele of counselling centres. At five counselling centres for addiction and drugs counselling

for debtors have been set up in accordance with the new law on insolvency. Individual counselling as well as further education and the development of co-operation structures for special staff is offered.

Saarland

"Therapy - now" is offered to drug addicts willing to drop out since 1998. They get the chance to do detoxification and after that therapy directly and without bureaucratic hurdles. Similar programmes have been done in the past among others in Northrhine-Westphalia and Bavaria. At the beginning of 2001 a survey on drug use is planned to be done as part of the cross border collaboration of the above mentioned "Mondorf group" work in their area.

Schleswig-Holstein

Since 1994 all over the Land Schleswig-Holstein the project "school of glass" is done for addiction prevention close to schools. A questionnaire is used to make visible specific patterns and motives for use, but also stresses, health impairments and communication disorders for pupils of a school. Measures of health promotion and addiction prevention can be targeted to the specific problem profile and used within lessons. The Landesstelle gegen die Suchtgefahren (Land Office against drug problems) as well as the co-ordination unit for school addiction prevention are holders of the project. Since 1998 "school of glass" is applied also in Brandenburg and Mecklenburg-Vorpommern.

Demand reduction and socio-cultural background

About 8,3% of all clients treated in out-patient centres for counselling and treatment are foreigners. 1,5% come from European neighbour countries, 6,9% from non EU countries like former Yugoslavia, Turkey of former Soviet Union (EBIS 1999). Until now addiction care is mostly unable to offer services to addict foreigners, which sufficiently take into account cultural, social and religious background. Some staff is working in low threshold services, counselling centres and out-patient and in-patient treatment which has the respective lingual competence of ethnic background.

Developments in public opinion

Public opinion on persons with HIV and AIDS in Germany can be described as little stigmatising and excluding this group. This is shown by a representative repeated survey "Aids in public awareness 1999", which has been published by the Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung, BZgA) in

April 2000 (Christiansen & Töppich 2000). While In 1995, before education campaigns started, 36% of the subjects supported the idea to isolate people suffering from Aids, this have been only 4% in 1999. The same study, however, shows, that Aids within the media is perceived to a lesser extent. While in 1993 in West Germany 83% got informed about Aids through TV spots, brochures, advertisements and information events, this was true only for 47% in 1999. There has also been a reduction in interpersonal communication on HIV and Aids. While 1999 50% reported about conversations on these topics, in 1999 it was only 14%. Safety behaviour within the population is still at a high level also for population sub-groups at higher risk of infection like singles below 45 years. 61% in this group, for example, had a condom with them when they were asked.

Special events during the reporting period

"Schools, Internet & Non-smoking" is an internet competition for female and male pupils from 6th grade on, which is conducted until May 2001 at German and British schools. Under the competition motto "give a better image to non smoking" pupils are asked to produce web pages, which show in an original way how non smoking can attract youths. Also elements from activities and projects to support non-smoking within schools can be described. The competition is aiming at creative ways to use computer and internet in connection with health related topics. The project is run by IFT Munich, IFT Nord and TACADE Manchester and supported from EU budgets.

Information dissemination for experts on demand reduction

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 (Deutsche Referenzstelle für die Europäische Beobachtungsstelle für Drogen und Drogensucht, 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.

9 Intervention Areas

In Chapter 9 a variety of approaches and new developments in demand reduction is described structured by the fields of primary and secondary prevention as well as treatment and after-care.

9.1 Primary prevention

9.1.1 Infancy and family

As primary prevention strategies are in the focus of addiction prevention now 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 practitioners. Here it can be referred to an expert report by Kämmerer (1996) induced by the by the BZgA which evaluated existing material on addiction prevention in pre-school age. This paper provides an detailed overview of the field. As a recent example of activities in this area, the joint project of drug prevention units in Hamburg entitled 'Strong Childhood - Strong Life' is introduced here. The project run over two years and became evaluated in 1998. It is aimed mainly at parents and male or female educators in 8 day nurseries. The modules of the project consisted of information events, further vocational training, aids of organisation and intensive care in practical work.

Another innovative concept for addiction prevention in the pre-school-age the Working Group for Health Education in Hesse (HAGE***) started at the end of 1996 and was supported by the BZgA***. This demonstration project was planned to go on for 5 years and consists of three linked project modules (information, encouragement, psychomotoric). While the module information gives well-known information about drug prevention to parents and educators, the so called encouragement training for educators (supervision) and a psychomotoric conceptualised motion programme for the children at the kindergarten are new concepts in addiction prevention. Psychomotoric elements offer the children free, joyful and playful incentives and experiences necessary for maturing. Experiences of body, material and of social character are relevant. In 1999 the evaluation was finished.

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 (Künzel-Böhmer 1993). 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 parents are given information and recommendations on the form of dialogue with adolescents.

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 not confessionally bound organisations engaged in family and adult education was published (BZgA Schriftenreihe Vol. 7: Starke Kinder brauchen starke Eltern, 1999). All of the activities and projects concerning early childhood and prevention in families are supported by the broad mass-media campaign of the BZgA for the prevention of addiction and drugs "Make Children Strong". This campaign serves as a "communication umbrella" under which numerous local initiatives can unfold or to which they can be linked to.

9.1.2 School programmes

In Germany, preventive programmes in schools on the basis of the Laender' s supreme power have to be organised by each Land on its own. This makes a conclusive description and evaluation of preventive activities at schools quite a difficult undertaking for all Germany. The majority of all activities should be found for the treatment of subjects related to drugs, addiction etc. within the classes. 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.

In 1998, a new media-package (educational film and accompanying booklet, teacher' s aid for class, flyer) on the subject of ecstasy was introduced nation wide. Moreover, an intervention programme to detect addiction at an early stage (Step by Step) was offered to teachers on CD-ROM for the first time. The compact disk is an aid to teachers dealing with

conspicuous students and has been developed as a means of orientation for teachers for taking action in early detection of addiction (secondary prevention). On the basis of this model some institutes for teacher further education in the Federal Laender in 1999 started to use the programme “Step by Step“ on a broad scale within this training.

At Laender level working material, training curricula and print media are developed at a large scale. They are aiming directly at teachers to help them deal with children and, teenagers in relation to drugs (e.g. Mecklenburg-Vorpommern, Bremen). In 2000 the BZgA has prepared a market overview on teaching material for addiction prevention in schools.

The implementation of so-called ’projection weeks’ as a special form of organisation of classes offers further chances of experiences. The involvement of non-school units (such as drugs counselling, medical doctors, the police) is facilitated, too.

Till now it is still an exception if a so called prevention programme is conducted, but during the last years different models have been developed. Here programmes to support non-smoking have a longer tradition (e.g. class 2000). New programmes, for example the Lions-Quest-programme for pupils and the modified quest programme ‘growing up’ (Teachers` manual 1997) as well as the ALF programme developed by IFT Munich a making different addictive substances the subject (e.g. alcohol, tobacco etc.) and focus on life skills approach. While the effectively of the programme is well evaluated, a broad application of them is still missing. Other elements of addiction prevention at school are teachers’ classes for qualification and further education, which are offered by continuation institutions for teachers, which belong the Laender. Some of the Laender, (e.g. NRW, NS and others) have developed extensive concepts and manuals for this purpose. Besides working-groups for addiction commissioners and drug counselling teachers also training for counselling and further education are offered (so called school internal advanced training for teachers) 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 offer workshops, seminars and meetings for teachers as well, especially done by experts for addiction prevention. Prevention activities, which come from the pupils themselves, are still big exceptions. Though the concept of “peer-education” has increased in importance also in addiction prevention, events at school are still very rare. ***The European non-smoking-competition campaign “be smart-don't start” will be supported in the term of 2000/2001 for the 4th time by the European Commission in the framework of the action plan “Europe against cancer”. This time the project will be carried out in all schools of about 10 federal Laender. In addition a few regions from four more federal Laender will participate.***

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, whose work comes under the heading of addiction, addiction therapy and prevention. Youth programmes outside schools are oriented towards leisure time, unlike those in schools. Young people are free to participate in the programme. The activities are so varied in their range and ambitions as to defy comparison. They range from simple leisure activities, discussions and cultural events to fully-developed hands-on educational concepts. 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 (AJS-Forum 1999).

In the year 2000 an interactive computer program for the training of opinion formers in youth programmes outside school is developed in the framework of a German, Austrian, Liechtenstein and Swiss co-operation. The fundamental idea is that symptoms, which indicate that a pupil, trainee or employee has got a drug problem, are often not realised. Frequently the reasons are a lack of knowledge on symptoms or the wish to treat the person affected gently. Often much time passes until counselling centres are contacted. In this context the interactive computer program helps to give information on early indications of drug problems among teenagers and refer to specific interventions.

Preventive work for young people is essentially holistic in orientation, with 'learning by doing'; experiences are passed on directly (Hillman 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. ***There are some prevention projects explicitly and exclusively targeting at girls, e.g. the project "Girl play Theatre" in Hesse. In Northrhine-Westphalia there was a conference on "risk behaviour of girls".*** A comprehensive activity, which reaches children and youth by the means of their sport club, is the common initiative of the BZgA and the big sport associations the ***German Athletic Association, the German Football Association DFB, the German Sports Association and the German Gymnastic Association DTB running since 1994***. The campaign aims first of all on qualifying measures for youth trainers of 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 sports clubs. In ***2000 about 2500 new opinion formers working with children and***

teenagers in there associations were contacted in about 100 work-shops in 13 federal Laender. In the framework of the "Make Children Strong " tour sports, games and competition events were used to get in tough with trainers and parents. In about 31 events almost 750,000 visitors could be reached in 2000. Also the "Join-In-Action" of the BZgA, which was carried out with a competition between clubs aims at transporting the message "Make Children Strong" into the clubs. ***To find access to the prevention of addiction via sports was also successful in different federal Laender. An example is the project group LA OLA of the Land Association against the Addictions of Baden.*** There are many links between this initiative and the BZgA project as well as the association 'life live' on the contents side. In this way club sports has increasingly become an relevant action field for the prevention of addictions.

In March 2000 the BZgA was in charge of a conference on "addiction prevention in sports clubs" in Potsdam. More than 210 persons from sports associations, sports clubs, prevention units, politics, teaching and research were participating. Subject of the event were for example "criteria for the quality of drug preventive work and structures in sports clubs" or "drug use and sports club's rituals and culture". A summary of all subjects and results of the conference was published as a brochure by the BZgA.

Many initiatives take notice of ecstasy. They address different target groups and communicate either "safer use" (e.g. Eve and Rave) or "clean messages" e.g. in the Mind Zone project (Kröger, Künzel, Bühringer, Tauscher & Walden 1997). ***For 2001 the BZgA also plans an internet project aiming at teenagers and adolescents due to the fact that members of the techno party scene prefer this modern means of communication.***

Apart from the ecstasy topic in the reporting period there has been an increase of new concepts to address alcohol abuse as a topic to the young target groups. One model for this could be the leisure time project of the Hamburg Office for Addiction Prevention, which was conducted under the heading "mobile but safe" by order of the German Traffic Watch and the BZgA (Büro für Suchtprävention 1998). Experiences from this project were laid down in a work book and an video documentation, which was made available to others for information and imitation.

9.1.4 Community programmes

Interventions in this area can be classified phenomenologically 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. By adapting the model project ***"women (regular) tables” from Switzerland the BZgA supported a district approach to acquire and qualify new honorary opinion formers. The projects copies the concept of the “Tupperware” marketing strategy. Hostesses invite especially trained honorary opinion formers who lead discussions about general questions on education and give on a low threshold information on drug prevention for children in every day's life. A process evaluation of the project is made by the University of Kiel.***

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 nation-wide telephone number.

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. These are regional initiatives which gave up national standards and make individual offers. These are mainly general information on drug use, misuse and addiction, in a few cases these telephone help lines are a part of a counselling and care concept. 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. The Berlin drug emergency service (Drogennotdienst), for example, has presented a set of statistics in 1996 which showed about 8000 calls per year. About half of them were received outside regular working hours of drug counselling centres. Telephone help lines apart from normal counselling services are partially done on honorary basis. In general counsellors at the telephone get a special training in counselling and conversation and are supervised.

9.1.6 Mass media campaigns

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 as well as a travelling exhibition. An evaluation study of the advertising campaign 'Make Children Strong' ***showed at the beginnings of the 90ies*** mainly positive results. For example, the advertising campaign aroused the interest of another 3 million people, approximately, in the topic of addiction and drugs (Denis et al. 1994). In 1998, after a two year intermission, beside new advertising themes also new TV spots were produced and its publication continued in 1999. The campaign “No power to drugs“, which was funded from national budgets was stopped end of 1998***. At a poster advertising activity of the German Sports Association (DSB) and the BZgA the Fachverband für Außenwerbung (FAW) offered advertising area all through the country for free.***

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. Also at the Land level there are still regional focused actions similar to campaigns. For example in Nordrhein-Westfalen since a couple of years a Land campaign is conducted with regionally organised addiction weeks under the slogan "addiction always has a history". 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. Bayern and Thüringen have set new accents in 1997 with mass communications on misuse of alcohol. On the basis of these Laender campaigns in 1999 discussions between the Federal Laender and the Federal Centre for Health Education were started with the aim to build a common umbrella for mass communication in alcohol prevention in Germany. ***In 2000 this lead to some first common activities.***

9.1.7 Internet

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.

In the field of drug-related care, especially in counselling and treatment centres as well as in institutions of prevention electronic media play an important role. About 40% of German citizens have access to this medium at the moment, 30% are really using it (Gruner und Jahr Media- Service: On Screen Band I, Hamburg 2000). It is quite certain that male individuals with a higher level of education are more than proportionally using this medium. 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. There are no systematic and quantitative information on the institutions´ and associations´ access to the internet. As in the last years technical facilities have been improved in most centres and the use of computers has been largely introduced it is estimated that about 30% of all 1,200 addiction and drug counselling centres registered by the DHS are already represented in the internet.

A random examination of some centres which are represented in the internet showed that web-sites mainly serve as means of presentation for their work and services as well as for a tool of information research (e.g. internal search engines, archives, downloads, collection of links). For interactive contact (E-mail, chat) with clients it is used less often. However besides information on addiction and drugs there are also self administered tests which help to evaluate the personal profile of addiction and respective counselling services. There is large variation in the design of web-sites as well as in professional quality and recency of information. Small and creative clubs and self-help groups often have an excellent presentation with high recency of information and an amazing professional level in the layout of their web-site. The web-sites of some associations or federal institutions are clearly less attractive. In the web smaller and larger, public and private, professional and non professional providers are equally available. There is a much better chance for small initiatives - such as self help groups or clubs - for public perception. On the other hand there is more competition for large associations or institutions concerning visibility in public. For the user it becomes more difficult to evaluate quality and seriousness of the information provided. If the big efforts are examined which have been made by commercial enterprises in the last years to establish adequate presence in the web

considerably increasing resources for this kind of media have to be taken into account in the next years for organisations in the field of prevention and therapy.

The German Reference Centre for the European Monitoring Centre for Drugs and Drug Addiction (DBDD) informs its partners by means of a regular distributed newsletter about focal point activities and new developments on national and international level. The new established website (www.dbdd.de) is a platform for information epidemiological data, new developments and the work of the DBDD. Many relevant institutions from the field of politics, research, prevention and treatment are connected by hyperlink.

Concerning content and subjects which are communicated via internet in the framework of drugs and addiction there is an enormous variety which makes it difficult to keep a general overview. The internet reflects all positions of drug policy which are also existing in society. Not at least the large variety of offers available in the web make a systematic collection of links necessary to give more orientation for seaching information sources. An internet guide is still missing which summarises and updates the best sites availabe on a certain topic. Also the question of quality control is important as the user can hardly evaluate the information of a largely growing number if sites.

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. At national level a project has been developed at the BZgA with the aim of getting a direct contacts by the internet to teenagers at the risk of drug use. Besides the presentation of information and prevention activities of youth groups and classes direct counselling should be provided. Local counselling centres (for example in Frankfurt) also try and test personal counselling via internet. Examples of prevention units (Präventionsfachstellen) which are using the internet as a communication platform can be found at www.ginko-ev.de.

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.

First outreach work was an element of youth help before it was also adapted in drug help. In general it is oriented towards the open drug scene and is done by professionals. Approaches of outreach work for example in families or self-help groups are rare. 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.

Recent results of research in this fields are not existing in Germany. From 1987 to 1990 the model project "outreach work for long-term drug addicts" was conducted on behalf of the Federal Ministry for Health. 907 persons in 17 centres were contacted, more than half of them in the framework of the main activity "outreach work". A result of the study was that easier contact to clients could be made by means of outreach work and a better link to care institutions.

Specific training for professionals in outreach work is not available. Only in Nürnberg a training for professionals in "accepting drug work" is provided every two or three years.

9.2.2 Low threshold services

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 often provided is also very important. Low threshold services are exclusively provided by facilities of non profit organisations. In some cities (Berlin, Frankfurt, Hamburg, Munich) regional low threshold services of several organisations are co-operating. Since the Narcotics Act was changed it is possible to set up drug consumption rooms for drug addicts in

which they can use their drugs under hygienic conditions. Certain standards and guidelines of Land authorities have to be followed. On a total there is only little research outcome existing on this matter until now.

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. Based on 1998 numbers there are about 75 facilities providing low threshold services and about 15 facilities offering places to sleep for drug addicts in Germany.

Low threshold services are a part of the tasks done by the network of drug help services and are offered by professionals in the framework of their duties.

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 website*** www.belgonet.de ***has addresses of more than 100 counselling and contact places in over 80 German cities. The offer is often used as shows the drug emergency service L24 in Munich. In 1999 almost 60,000 new syringes were taken: 29,000 were bought and almost 31.000 were changed.***

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). Different types of syringes and needles are examined as well as risks of virus, bacteria and mushrooms in needle and drug sharing, dangers when inserting a needle and emergency situations. 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 Hamburg the first drug consumption room for female drug users was opened.

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,*
- *phase of detoxification and withdrawal,*
- *phase of rehabilitation,*

- ***phase of further treatment and after care.***

This concept plans intensive counselling at a drug counselling or treatment centre at the beginning of the treatment. There medical, mental and social diagnoses and anamneses have to be made. Centred around an agreement between professionals and clients about the help this leads ideally to an individual help plan. All offers of treatment and health care which are available at regional level are taken into consideration to select the best interventions. In this context "case management" is getting more importance. A major goal of the phase of contact is the motivation for 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 therapeutical 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 finished 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, therapeutical communities or specialised units of psychiatric hospitals. There are special inpatient services for women, parents and children, minors or migrants. Individual or group therapeutical 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 therapeutical applications are reduced in order to improve the orientation towards integration, work and society which are outside of treatment.

One of the main standards in drug addiction treatment is the co-operation of different professions from social work/pedagogic, psychology and medicine. Holders of centres or 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. Important treatment offers are also described in the field of substitution (see 9.4.2.).

Addiction treatment is aiming at a drug free life, but in professional discussion a hierarchy of goals developed which allows different steps on this way. At least in the contact phase it is necessary for clients to control their drug use in order to be able to participate actively. Withdrawal treatment is only offered drug free but drug relapses are increasingly used to work out individual problems and not lead to discharge.

In Germany drug help reaches a high percentage of addicts and has a focus on substitution. There are more than 300 specialised drug treatment and counselling centres, more than 1,600 slots for detoxification and about 4,900 for withdrawal treatment (Länderkurzbericht 1999). Further counselling centres are available for drug related and other problems. About 1,000 out-patient rehabilitations are granted each year but about 20% of them are not started.

Services to get out of drug use and therapy are offered by an associated system of services, most of the institutions are non-profit holders. There is a further level of networking at the Federal Laender. It contains the connection of public health institutions with local doctors.

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.

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. Since the beginning of 1998 drug addicts in Germany exceptionally can be treated with codeine and dihydrocodeine as a substitute in specific medical cases. T***he Third Amendment of the Narcotic Law (3. BtMG-ÄndG) passed on 28th of February helps now to regulate substitution more detailed by means of decrees. It also includes a register for substituted clients. The aim is to combat multiple prescriptions by several doctors as well as an increasing availability of methadone on the black market. The so-called "central substitution register" will be established at the Federal Institute for Drugs and Medical Devices (BfArM). A decree - which is still missing - has to regulate all details, i.e. which substances have to be registered, how often do they have to be reported and how data should to be processed.***

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 (AUB regulations, latest changes in June 1999). The regulation is based on a differentiated determination of indication which allows to settle accounts with the health insurance only for certain indications. 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 especially in the cities (e.g. Berlin, Frankfurt, Hanover, Köln) substitution ambulatories and other specialised facilities are existing. They are embedded in the regional therapeutic service. Within the ambulatories medical doctors, psychologists and social workers are working closely together implementing a substitution concept. Compared to substitution offered within a doctor's office some structural and therapeutic advances are given, especially in relation to psychosocial aspects of treatment.

There is a general agreement between experts, that substitution has to be linked to psychosocial care and treatment. This is seen as an integrative part of this specific treatment offer. Also AUB regulations and the regulations of the BtMVV require accompanying psychosocial care. The costs of psychosocial care are not accepted as minimum social security benefit because substitution treatment is not seen as a causal therapy of drug addiction. Therefore substitution treatment in reality also takes place without psychosocial support of clients. 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 in Germany cannot be derived directly as adequate documentation systems are missing. The Central Institute of Panel Doctors (ZI) in 1998 has reported about 20,900 patients treated with methadone (census) paid by public pension insurances. ***The results of a new study will be available from the beginning of 2001 onwards.*** Total estimates on the basis of levomethadone, methadone and dihydrocodeine delivered through public pharmacies are more than twice as high (Bühringer & Künzel 1997).

9.4 After-care and re-integration

9.4.1 Organisation and access

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.

9.4.2 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's 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.

9.4.3 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.

9.4.4 Housing

Accompanied housing is the major intervention of social re-integration. It is a superordinate 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

The prosecution statistics of the Federal Statistical Office (Statistisches Bundesamt, StBA) shows that about 11% of all offences 21 to 30 year old men were prosecuted for in 1998 were offences against the Narcotic Law (Federal Statistical Office). In prisons drug-related problems are according to existing estimates even more frequent. As part of a multi centre field study in seven European countries the percentage of i.v. drug users was estimated 40% in a Cologne prison (Weilandt & Rotily 1998). Küfner, Beloch, Scharfenberg & Türk (2000) evaluated counselling offered by externals to prison inmates with addiction or at risk of addiction. In this study the heads of 33 bavarian prisons estimated, ***that from all prisoners with addiction problems one third shows drug problems while tow thirds have an alcohol problem. Often there are problems of withdrawal among inmates addicted to drugs as well as multiple addiction or a coexisting mental illness. The risk to get infectious diseases such as HIV, Hepatitis B or C or tuberculosis is increasing when sterile syringes are not available and therefore drug and needles are shared.*** Drug trafficking within the prisons has become a very critical problems by now for all concerned and is far more brutal. In general personal resources in prisons are limited. Therefore special counselling through outside organisations has since become a common form of drug services in the penal institutions. The appropriate workers are based at various drug treatment centres in the relevant regions, and the aim of their work is generally the building up bridges to the outside therapeutic services in accordance with section 35ff Narcotics Act. During the period of imprisonment they offer psychosocial support. The follow-up services after outtake are extremely important, particularly in view of the fact that some drug addicts do not make their first contact with the support system until they go to prison. Since the beginning of the 1990s methadone substitution has become established in the prisons. This was initially recognised as a procedure for those already on substitution before entering prison, and has since partly been extended to drug addicts who have not taken substitutes earlier***. From 1996 to 1998 a model project was carried out in Lower Saxony prisons.*** Prevention oriented information and training was given to drug addicted inmates, additionally they had the possibility to exchange syringes***. A final report of the model project is already available (Meyenberg, Stöver, Jacob & Pospeschill 1999).***

In 1998 a European conference to "prisons and drugs" was taking place. Drug free treatment, substitution, needle-exchange programs and peer support in prisons were part of the professional discussion. The necessity of training and events providing information on drugs and drug-related health problems for prison staff and inmates was considered especially important. At the University of Oldenburg a manual with modules for such a training is worked out: It should inform on treatment and services for drug addicted prisoners of drug help, on infectious diseases as well as on risk minimising interventions.

9.6 Specific targets and settings

9.6.1 Self-help groups

Within the field of drug help in Germany there is a variety of self help groups. As only a small number of them have united to national associations or are belonging to Narcotics Anonymous no information can be given about the number of groups and participants. “Release” groups which started as self-help groups today are mainly working professionally. Big holders of self-help are still “Synanon” (Berlin and Schmerzwitz), “Elrond” (Bremen and Osnabrück), “Suchthilfe Fleckenbühl” (Cölbe) and “Almedro” (Berlin). Within AIDS help the self-help groups have united into „JES“ (Junkies, Ex-Users, Persons under substitution). Often self-help groups are also built up with professional guidance through drug help facilities. Recently there is an increasing interest of health policy in self-help which is also fostered by financial limitations of the public budgets.

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 (such as the Kajal project from Hamburg). Recently, special services have also come into being for drug-addicted female prostitutes, in the low-threshold field and close to the drugs scene. 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. Many of these specialised centres mentioned are also actively engaged beside 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. ***So-called "prostitute projects" exist for example in Berlin (Hydra e.V.) and in Bochum (Madonna e.V.). The homepage of the self-help project HWG in Frankfurt educates prostitutes in cocaine and crack use and gives information on health risks and safer use.***

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. With such a background, it is necessary to construct a special support system for these children and their parents.

Nationally, there are only very few special services in out-patient care. 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 childrens´ 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

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).

Despite the fact that the group of migrants is very heterogeneous, for many foreigners immigration is associated with similar problems of integration: Farewell from family members and friends in the country of origin, language difficulties, unemployment, crowded living conditions, social isolation, partly wrong expectations concerning the new life in Germany. Especially young foreigners often have additional problems in school or education and suffer from a lack of perspectives and idols. Increasing consumption of alcohol, drugs or legal medicines may be an attempt, to cope with severe problems of migration. A survey carried out by the umbrella organisation of chartities of the Land of Baden-Württemberg among their associations came to the result, that services specialised in migrats estimated approximately 15 percent of their clients to be addicts. This is five times as much as the average of the general population (Landesstelle gegen die Suchtgefahren Baden-Württemberg 1997).

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.

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. The project is co-ordinated by the University of Middlesex, the European city-network "European Cities on Drug Policy" (ECDP) is the German responsible. In a first pilot phase a qualitative analysis and evaluation of the work of specialised drug services in Germany, Belgium and Italy have been conducted. 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. So far the impression emerges that information is very rare in most of the EU Member States.

10 Quality assurance

10.1 Quality assurance procedures

By a revised version of the Code of Social Law V quality assurance became a legal basis of therapeutic and preventive work in the whole field of medicine. The demand for realising health benefits at minimal costs lead to several requirements and developments also in the field of drug prevention and treatment. Some of them are specific for this area, others concern this as well as other areas of work dealing with psychic problems.

In the field of treatment

Among treatment centres especially inpatient treatment centres are comprehensively integrated into programmes of quality assurance which have been initialised by pension and health insurances. Because these bodies responsible fund the majority of treatments they define the standards in fact. 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. Recently similar models are also discussed in the field of prevention, currently a reader dealing with quality assurance in health promotion and prevention is under preparation on behalf of the Federal Centre for Health Education (FCHE; BZgA). Clustering of clinics which are comparable in clients and aims should also enable benchmarking. During the last years many clinics underwent certification procedures concerning quality assurance (ISO 9000f, EFQM etc.).

Services to become abstinent from drugs and therapy are comprehensively documented by respective clinics. At federal level several different monitoring systems based on "core items sets“ as defined by the German Council on Addiction Problems ensure comparable statistics. However, it is still difficult to pool these data because there is no obligation for documentation. Due to this the national report is nearly exclusively based on one single system (EBIS). All existing monitoring systems restricted themselves to statistical data collection. Documentation of the course of treatment, which describe help offers and allow more detailed analyses and statements, are under development and will only gradually be accepted due to the demanding and more comprehensive system. Also follow-up studies are only carried out unsystematically and not exhaustively. Due to this the data availability is still unsatisfying.

In the field of prevention

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. Moreover there is a variety of concepts, methods and instruments which are used here. For example the Federal Centre for Health Education (FCHE; BZgA) bases its planing, realisation and evaluation of efficacy and effectively of its work on results of representative surveys among the general population, scientific projects dealing with special topics and evaluation studies. To support exchange of information and experience between science and practice the FCHE organises national and international conferences. Over and above that it holds a brochure, in which studies, expertises and results of expert conferences are published. Basis of the way the Federal Centre for Health Education (FCHE) sees quality assurance is the concept of continuous improvement of work processes and results and by this of efficacy and effectivity of drug 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"). Also on Laender level several measures exist in this context (publications about

quality management, quality circles, etc.). However, big differences with regard to available resources can be found.

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. Beside a youth survey which is conducted regularly ("Drug Affinity Study") especially the "Representative Survey on the Use of psychoactive Substances of adults in Germany" carried out by the Institute for Therapy Research (IFT) on behalf of the Federal Ministry for Health is a central source of information. But also studies focusing on local level as in the Land Bayern (Wittchen et al. 1998) or in Nordrhein-Westfalia (Hurrelmann et al. 1998) are important information resources. 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 (FCHE), e.g. dealing with topics like "Geschlechtsbezogene Suchtprävention“ ("Gender-related drug prevention“), "Prävention durch Angst? Stand der Furchtappellforschung“ ("Prevention by fear? State of the art of fear-oriented research“) (Volume 2 and 4, 1998) or "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). Results of this planning phase is a concept, that lays down, how which aims measures should be reached in which target group by making use of which instruments or. 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"; "Printmedia about illegal drugs“) and it can be tested, if these instruments can be taken over. Central and new media should be evaluated in pretest 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 (FCHE) 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 (FCHE) 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“).

10.2 Evaluation

In the field of treatment

In the framework of routine quality assurance treatment is continuously observed by funding agencies. Beside these smaller or larger evaluation studies dealing with certain methods or groups of persons are conducted. Regularly this takes place in the framework of pilot projects. Regular follow-up studies can only be found in single clinics, in the out-patient setting such studies are very rare. Programmes and systems for treatment documentation partly include respective modules, partly these modules are under development.

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, which can be expected to provide data on the effects of the various methods of intervention. There are also some empirically-based intermediate findings on the efficacy of individual nursery school programmes (see project HAGE). There is also some work on assessing the area of information-based preventive measures. ***Aspects of the campaign "Kinder stark machen“ ("Make Children Strong“) have already been evaluated at different times, resulting in a more positive state of knowledge in this area.***

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 EMCDDA. Additionally several expert meetings and workshops on evaluation and quality control and quality management took place during the reporting period. At the end of 1997 in the Laender a ongoing process was started to develop concepts and instruments for evaluation

purposes, which are expected medium-term to guide practical work and to offer detailed information for policy makers.

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 and diagnoses are registered. Additional regional systems based on the computer programme HORIZONT are used e.g. in Schleswig-Holstein and Nordrhein-Westfalen. The common basis is defined in the "German Core Item Set“ (Deutscher Kerndatensatz). In the area of prevention several 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. By means of an initiative the “Badischer Landesverband gegen die Suchtgefahren (BVL)” for example developed a prevention documentation system for its members, which should also be able to control the quality of activities. Similar efforts were made in other Federal Laender as well (Nordrhein-Westfalen, Rheinland-Pfalz etc.). ***For purposes of information and experience exchange a national working-group has been established in 2000. 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 ensurance 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 (FCHE).***

The already mentioned secondary analysis of specific criteria of effective drug prevention by Künzel-Böhmer et al. (1993) resp. Denis (1994) which became directive for many drug preventive activities in Germany and served as basis for the Federal Centre for Health Education (FCHE) campaign "Make Children Strong" ("Kinder stark machen“) may serve as an example for making use of evaluation results when planning, initialising and conducting measures for drug demand reduction. An important results was, that especially long-term oriented programmes running for several years are much more effective than single short-time activities. The programme should centre around development of behaviour skills and the promotion of attitudes against drug misuse instead of pure information exchange. There are also integrated programmes, which are independent from age and consist of substance-specific as well as substance-unspecific parts. Prevention measures should begin as early as possible in the life of children and youngsters. The main emphasis should be put on strengthening and promotion of life skills. Following these results an expert

conference wastaking place dealing with further conceptual development of the Federal Centre for Health Education (FCHE) drug prevention campaigns.

In general, the situation of research into preventive intervention has improved. However, despite promising developments on the part of many responsible bodies it has to be acknowledged that ***further support is needed. As already mentioned, the Federal Centre for Health Education (FCHE) considers evaluation primarily to be an instrument for quality assurance aiming at improvement of efficacy and effectivity of drug prevention.***

10.3 Research

A recent overview on the most import focuses of research including planned budget is not available from the main organisations which support research at the national level. The research project "Addiction" of the Federal Ministry for Education and Research (BMBF) is finished at the end of the year 1999. It will be continued in 2001 targeting towards topics of the improvement of services.

Currently among others the following research projects take place: A multi centre study dealing with appetising effects of cannabis extracts among anorexia/cachexia in an advanced tumour stadium is under preparation 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 resp. placebo. Because cannabinoides 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. The science project is funded by the German Research Association (Deutsche Forschungsgesellschaft).

A large project on heroin prescription is expected to start in 2001. It is funded by the federal government and will be carried out in several cities of Germany. Currently the second phase of surveying the project is finished.

The mentioned studies are only a small selection of running projects, which seem to be of special interest in this area.

10.4 Training for professionals

In the field of treatment

Depending on the respective occupational group different offers of further training are made for medical and non-medical therapists of drug addicts after their basic education is finished. In the area of medical education some specific drug related topics have recently been included in the regular curriculum. Beside this several offers for further training are made by professional associations of different occupational groups. Some of these offers are requirements for carrying out substitution measures. Since its 10th amendment the narcotic law contains clear statements concerning required qualifications of professionals working in substitution treatment.

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. The definition of quality as it is related to this standard ("Quality is what fits the requirements“) is universal and not restricted to certain areas. In the university field several trainings exist (psychology, social sciences, economy) containing lessons dealing with "quality assurance“.

The Federal Centre for Health Education (FCHE) 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 (FCHE) 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 qualification of responsibles 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 (FCHE), 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“.

11 Conclusions: future trends

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 KEY ISSUES

12 Drug Strategies in European Union Member States

12.1 National policies and strategies

In 1998 governmental responsibilities passed from a christian-liberal to a socialdemocratic-green coalition. In this framework the office of the Federal Government's Drug Commissioner was moved to the Ministry for Health which was in line with the new government's concept to give more weight to prevention, psycho-social and medical care for drug addicts compared to law enforcement. this can also be seen in the actions taken in the area of addiction and drugs by the Federal government.

The 1999 report on drugs and addictions, which was published by the Drug Commissioner of the Federal Government is focussing on several aspects

1. ***Prevention***

Preventive measures are focussed on the use of illegal psychotropic substances, but should increasingly cover misuse of alcohol and tobacco in future. "Health promotion" and "strengthening of life skills" are in the focus of activities targeted primarily towards children, adolescents and young adults.

2. ***Further development of services, especially for target groups not reached until now***

A differentiated system of addiction care should offer each addict individualised help on the basis of his psychological, physical and social situation. Access should be as easy as possible, the services for the drug addict should cover the whole range from help for dropout to low threshold offers aiming at harm reduction and help to survive. Gaps are seen especially in the field of low threshold activities, where for example heroin addicts are not reached sufficiently by the service provided including substitution.

3. ***Quality insurance***

The Federal government aims to strengthen addiction care oriented towards efficiency and quality. This should secure high quality services in all areas of help and support despite the increasing financial pressure.

In December 1999 a new Commission on Drugs and Addiction was convened by the Ministry for Health. The group is composed from 14 experts from psychology, medicine, social science and law, a representative from the persons concerned and a journalist. A central task for this group is to collaborate on the development of a new national drug action plan. The national strategy, which at the moment is merely visible in the focus of work and single projects will become according to the plan more formalised in near future.

12.2 Application of national strategies and policies

The application of the described political aims and strategies can be seen in funding as well as in the focus of work in legal and other aspects of drug problems.

ad 1: Prevention

The Commission for Drugs and Addiction, composed by the new Federal Government of exerts from different areas of research and practice was asked as one of its first tasks to help developing an innovative concept for prevention. The group in this way is expected to deliver an important input for the implementation of the political aims in the coming years.

ad 2: Further development of help provided

In Germany there is already a rather differentiated offer of services for drug addicts and drug users. The increase in substitution treatment in the 90s has considerably enlarged low threshold services offered. In the meanwhile also a legal framework for the installation of rooms for drug use has been installed and legal problems around syringe exchange have been solved.

A special focus of work for the coming years will be those heroin addicts which are not yet reached by substitution treatment offers. The planned study on heroin prescription is on one hand planned as a medicament trial which is the precondition to licence heroin as a medicament. On the other side a number of preconditions have been formulated to evaluate the effect of this service offer on the health, psychological and social situation of the subjects as well as its effects on the drug scene in the participating cities.

ad 3: Quality insurance

The government considers past procedures and the concepts for help as successful in principle. However, in some instances critical developments became visible. Reacting to that, for example the intensity of control as well as the expert support in substitution treatment has been increased. On one side more specific qualification has been supported for medical doctors doing substitution treatment. On the other side in future double prescription of substances will be avoided through the installation of a substitution register. A considerable grey area of codeine substitution was targeted by a change in the regulations for the prescription of these substances which in future allows this type of substitution only for special cases.

12.3 Evaluation of national strategies

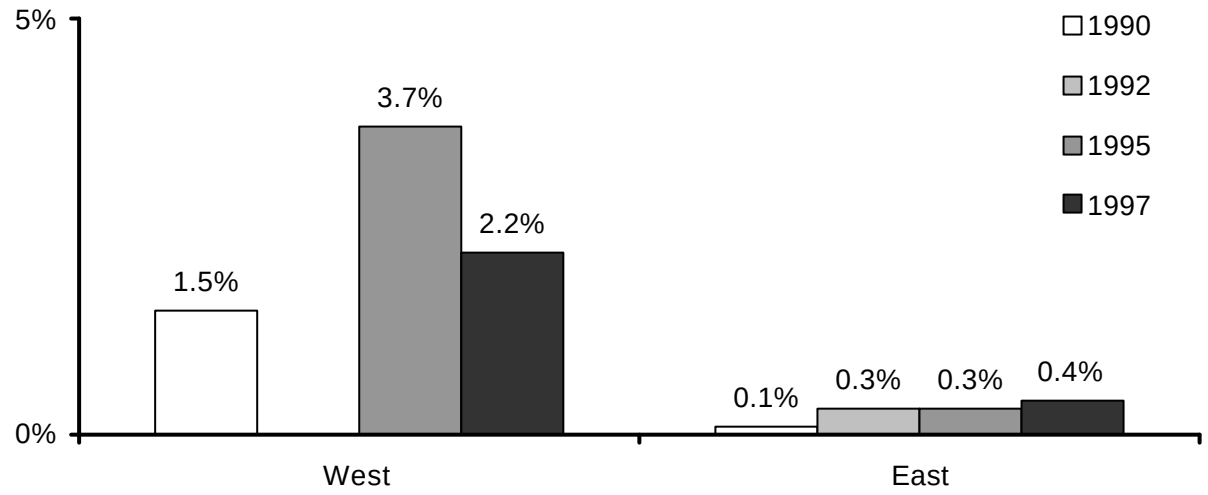
The new strategy is a complex set of changes compared to the former German drug policy. It is a bundle of administrative and legal activities as well as a chance in focus in contents and funding for prevention and treatment. Given this complexity it is very difficult to do an in depth evaluation of national strategies, but evaluation takes place for each single action. The national heroin project is accompanied - as for this type of study standard - by an international group of experts.

13 Cocaine and crack

13.1 Different patterns and user groups

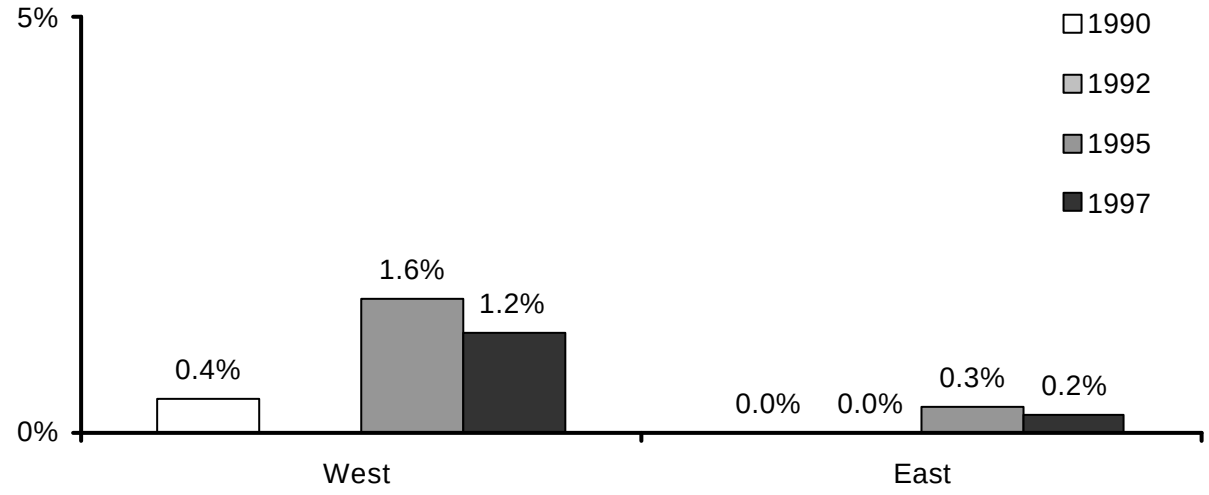
Since more the 10 years the number of cocaine users has been increasing steadily in Germany. In the representative population survey in 1997 in the age-group 18-39 the rate for life-time users is 2.2% for the West (Figure 36), for last years drug use is 1.2% (Figure 37). This means a considerable increase compared to 1990. In the East experiences with cocaine use are more rare. Males are more frequently users of cocaine compared to females.

Figure 36: Cocaine use during lifetime (age-group 18-39 years)



Source: Representative Survey 1997 (Kraus & Bauernfeind 1998)

Figure 37*:* Cocaine use during the last year (age-group 18-39 years)



Sources: Representative Survey 1997 (Kraus & Bauernfeind 1998)

The most recent national figures on cocaine experiences available are from the year 1997. On the basis of these figures it can be estimated that around 650,000 persons in the old and 17,000 persons in the new Laender have made some experiences with cocaine during their lifetime. For the last 12 months the respective figures are 325,000 and 8,000. A number of facts let assume that in the meanwhile the situation in East has become more similar to the old Laender (Table 31). Given the method of data collection it has to be assumed that real figures are well above that numbers, as it is difficult to reach critical groups through surveys. are reached only. It also has to be assumed that not all experiences are reported.

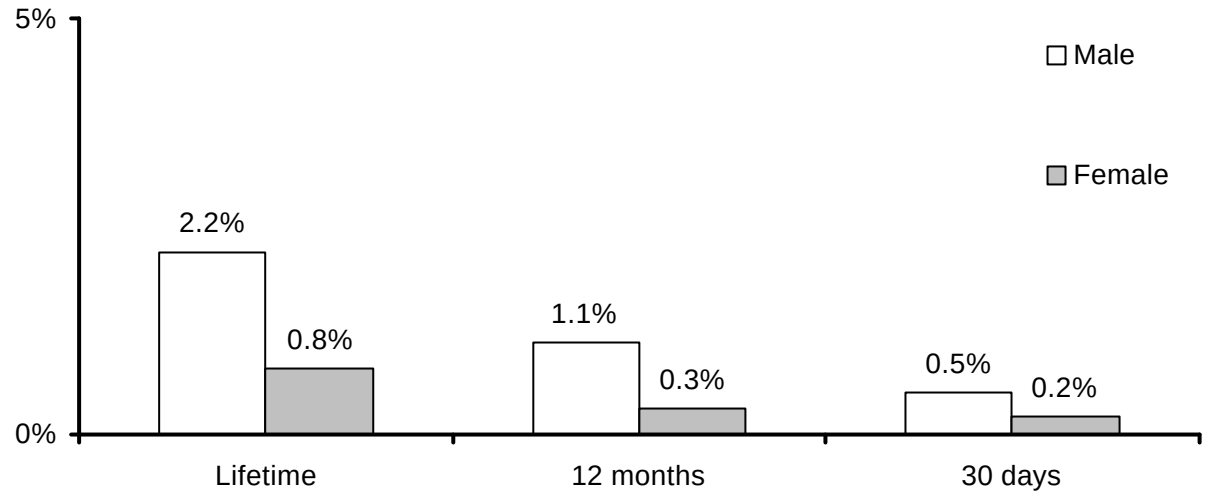
Table 31: **Overview on cocaine experiences - West and East Germany**

WEST	Age-group	Percentage		Absolute numbers	
Source		Life time prevalence	12-months prevalence	Life time prevalence	12-months-prevalence
DAS ’97	12-17	1.0%	1.0%	≈ 43,000	≈ 43,000
BUND ’97 (male)	18-59	2.2%	1.1%	≈ 451,000	≈ 226,000
BUND ’97 (female)	18-59	0.8%	0.3%	≈ 158,000	≈ 59,000
BUND ’97	18-39	2.2%	1.2%	≈ 490,000	≈ 267,000
BUND ’97	18-59	1.5%	0.7%	≈ 604,000	≈ 282,000
DAS ’97 BUND ’97	12-59	1.5%	0.7%	≈ 647,000	≈ 325,000
East	Age-group	Percentage		Absolute numbers	
Source		Life time prevalence	12-months prevalence	Life time prevalence	12-months-prevalence
DAS ’97	12-17	0.0%	0.0%	0	0
BUND ’97 (male)	18-59	0.2%	0.0%	≈ 9,000	≈ 0
BUND ’97 (female)	18-59	0.2%	0.2%	≈ 8,000	≈ 8,000
BUND ’97	18-39	0.4%	0.2%	≈ 18,000	≈ 9,000
BUND ’97	18-59	0.2%	0.1%	≈ 17,000	≈ 8,000
DAS ’97 BUND ’97	12-59	0.2%	0.1%	≈ 17,000	≈ 8,000

Source: Drug Affinity Study 1997 (Christiansen & Töppich 1998); Representative Survey 1997 (Kraus & Bauernfeind 1998)

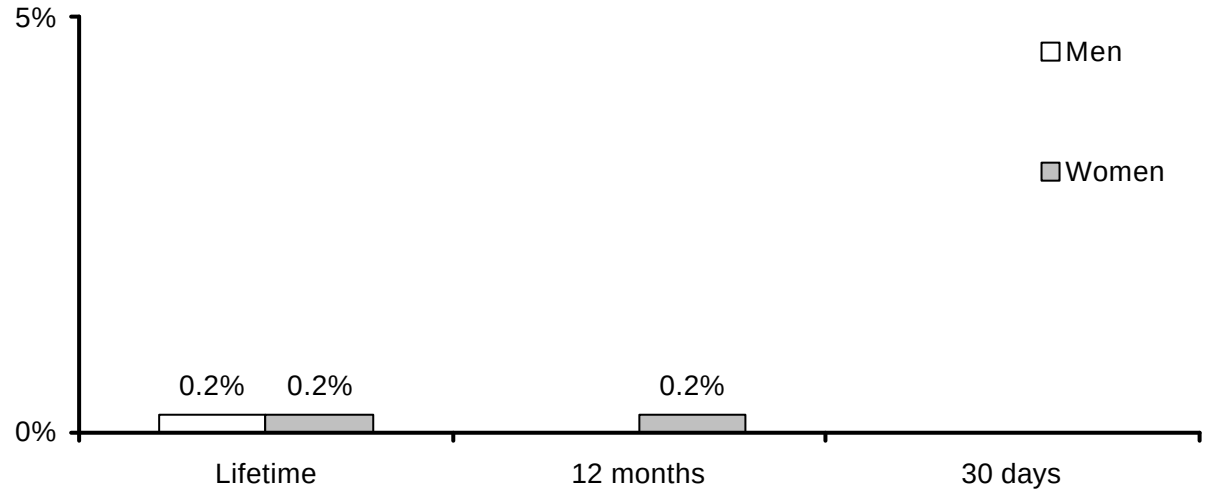
The comparison makes clear, that only about half of the persons with cocaine experiences are recent users (Figure 38 and 39)

Figure 38: Experiences with cocaine in the age-group 18-59 years (West)



Source: Representative Survey 1997 (Kraus & Bauernfeind 1998)

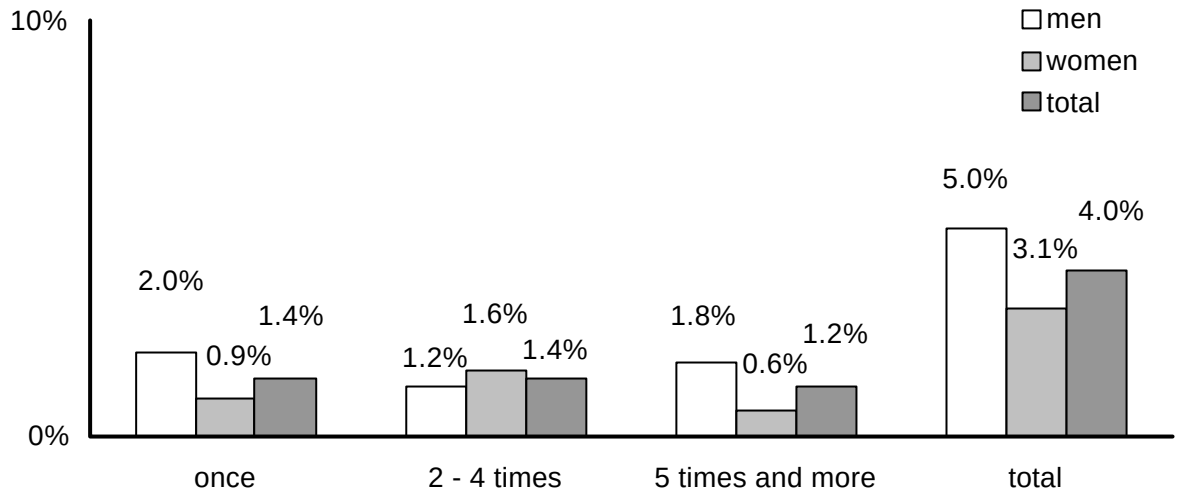
Figure 39: Experiences with cocaine in the age-group 18-59 years (East)



Source: Representative Survey 1997 (Kraus & Bauernfeind 1998)

A study from the year 1998 (Perkonigg, Lieb & Wittchen 1998) reports life time prevalence for a metropolitan areas (Munich). The figures ware considerable above the results of the Repräsentativerhebung, which is partly reflecting regional characteristics, partly differences in the age structure of the sample. The question on the frequency of use shows, that more than half of the males and females with experiences with cocaine have taken this less than 5 times.

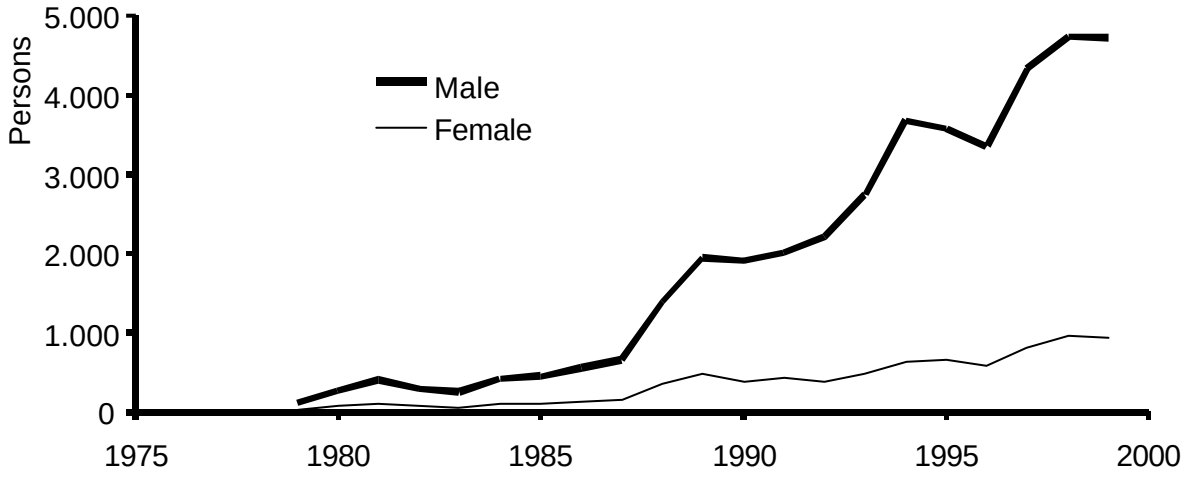
Figure 40: Lifetime prevalence for cocaine use in a metropolitan area (age-group 14-24 years)



Source: EDSP (Perkonigg, Lieb & Wittchen 1998)

Parallel to the development of case numbers within the population surveys also the number of persons with first offences against drug laws increased continuously for cocaine from 1985 until 1998. From 1998 to 1999 the numbers remained nearly unchanged. Also here the increase concerns males in the first place (Figure 41).

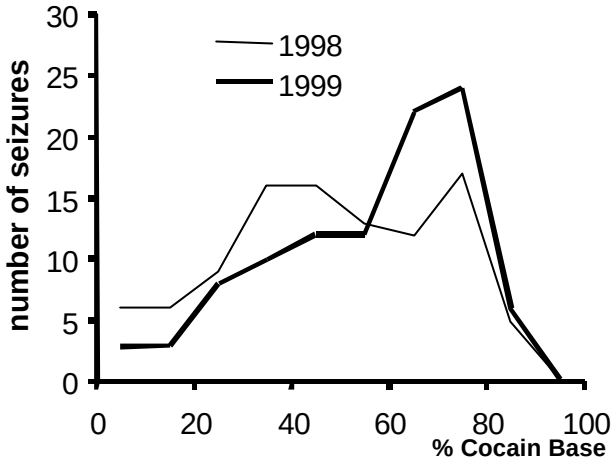
Figure 41: Drug-related offences: Cocaine users first notified by the police



Source: Annual Report on Drugs (BKA 2000a)

The changes in purity for cocaine seizures taken between 1998 and 1999 show that today more substance is on the market which allows non i.v. use given the amount of active substance. Future will show, if especially smoking of cocaine will become more widespread in Germany through this factor during the coming years (Figure 42).

Figure 42: Distribution of purity for cocaine



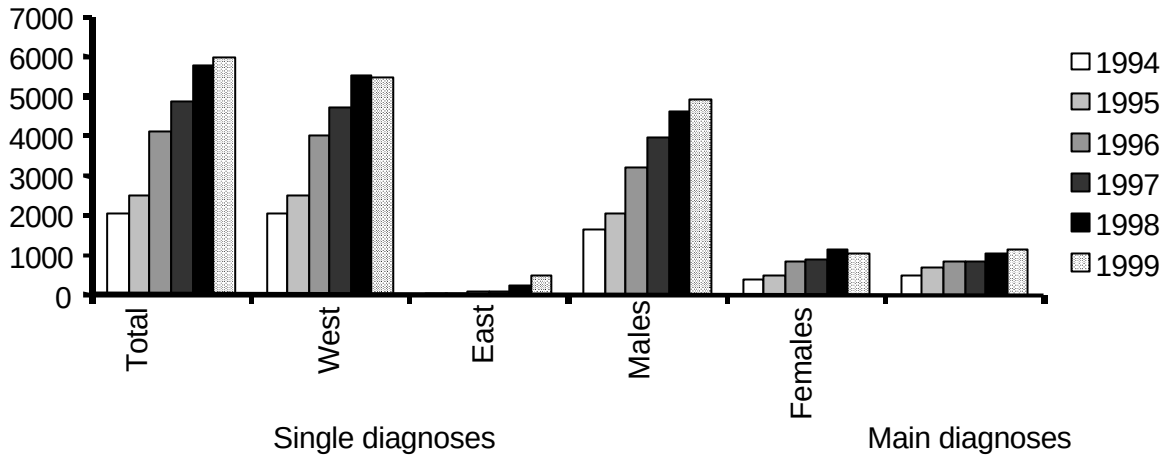
Source: Annual report on Drugs (BKA 2000a)

13.2 Problems and needs for services

The number of treatment cases in out-patient drug care on the basis of ICD10 diagnoses are available since 1980. Harmful or dependent use of cocaine in 1999 has been the third main diagnosis by frequency with a percentage of 7% (Türk & Welsch 2000a).

There are about 6 times as much single diagnoses than main diagnoses, which means that most clients use cocaine as a secondary drug. It is frequently used with opiates, increasingly also with other substances. In the framework of an increasing adjustment of the new Laender in relation to the old ones a massive increase in cases can be seen there. The caseload has about doubled there annually during the last years. The number of main diagnoses about cocaine has more than doubled since 1994. In these cases cocaine is the primary cause of treatment. This increase concerns mostly males (Figure 43).

Figure 43: Developments in cocaine treatment (1994-1999)



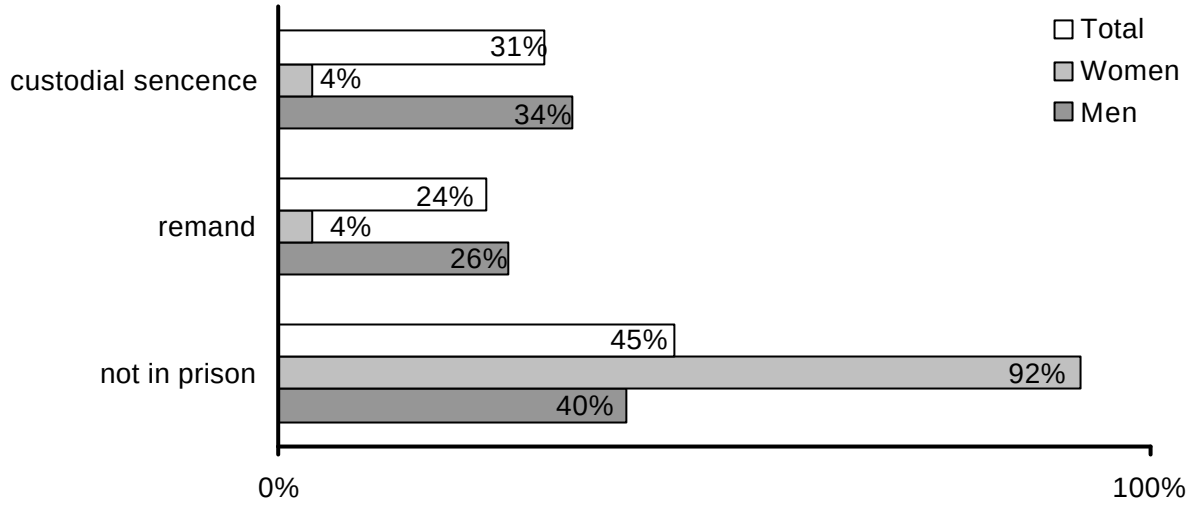
Single diagnoses	1994	1995	1996	1997	1998	1999	changes 1999 vs. 1998
Total	2,062	2,496	4,105	4,851	5,781	5,982	3.50%
West	2,050	2,478	4,043	4,745	5,545	5,475	-1.30%
East	12	18	62	106	236	503	113.10%
Males	1,665	2,028	3,240	3,960	4,640	4,929	6.20%
Females	397	468	865	891	1,141	1,053	-7.70%
Main diagnoses	481	714	863	830	1,037	1,167	12.50%

Source: EBIS 1999 (Türk & Welsch 2000a)

In 1999 about 12% of all prison inmates in out-patient treatment monitored by EBIS were cocaine addicts (N = 7,641). After opiates and alcohol (47% resp. 38%) cocaine comes on place three in frequency within the prisons. On the other side, cocaine problems are especially addressed by prison inmates. Half of the male, but only 8% of the female clients with primary cocaine problems are in prison at the beginning of their treatment.

The number of cases with a crack related diagnosis in Germany is still low, but has increased during a couple of years considerably. In out-patient care is has about doubled from 1996 to 1998 (Table 32). This group of persons can be judged as especially problematic on the basis of low school education, high unemployment and bad income situation.

Figure 44: Cocaine clients of out-patient treatment centres in prison



Source: EBIS 1999 (Türk & Welsch 2000a)

Table 32: Single diagnoses of crack for persons in out-patient treatment

Crack diagnoses	1996	1997	1998	1999
Total	205	316	410	415
Male	171	258	341	356
Female	34	58	69	59

Source: EBIS 1998 (Simon & Palazzetti 1999); EBIS 1999 (Türk & Welsch 2000a)

13.3 Intervention projects

During the last years in several places in Germany special services for clients with a primary cocaine related problem have been developed. As one example Kokon in Berlin can be mentioned. Other projects are targeting very special groups like female prostitutes with cocaine problems aiming at information and harm minimisation. Special offers of out-patient treatment try to preserve the social setting of the cocaine dependent which usually is a stable one. Different from in-patient treatment this does interrupt neither employment nor social or family relationships. A considerable proportion of treatment of cocaine problems is assumed to take place in the field of private medical doctors and therapists - given the social and economic situation of the clients. On this matter no additional information is available.

14 Infectious diseases

14.1 Prevalence and incidence of HCV, HBV and HIV among drug users

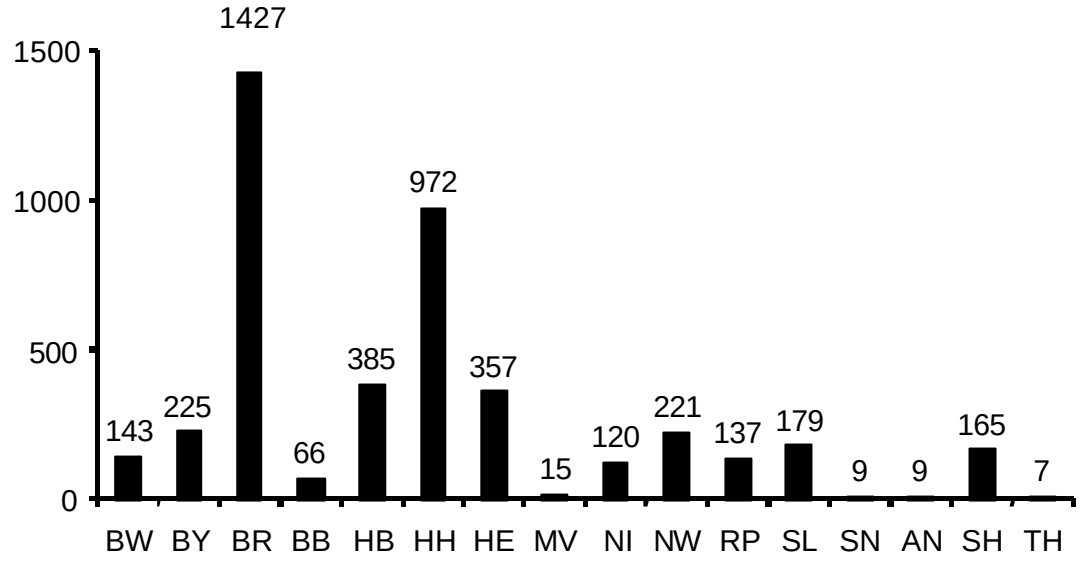
In the following text several indicators should give an indication of the prevalence of infectious diseases amongst the group of drug users: results from laboratory test, out-patient care, studies on drug users in prisons and autopsies of drug related deaths through forensic institutes.

The AIDS-centre of the Robert Koch Institute in Berlin (Federal Centre for Infectious Diseases) is publishing data on i.v. (opiate) users on confirmed HIV antibody tests in regular periods. On the basis of the regulation on laboratories all labs in the Federal Republic of Germany are obliged since 1987 to notify these tests anonymously to the AIDS-centre at the Robert Koch Institute. These notifications include information on age, sex, place of living and way of infection transmission. In addition in the AIDS case register epidemiological data on diagnosed cases of AIDS are collected in an anonymised form on the basis of voluntary information from treating practitioners. A regular update of the epidemiological data can be downloaded via internet (http://www.rki.de/INFEKT/AIDS_STD/AZ.HTM).

The information system of the Robert Koch Institute shows, that the number of confirmed HIV anti body test has declined each year since 1993 starting with 2,417 to 1,688 in 1999. 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 and Hamburg are highest (Table 45). I.v. drug users come as second risk group for HIV infection and AIDS after homosexual males. The proportion of drug users with intravenous modes of application amongst first diagnoses has been rather stable between 12.1% (1994) and 9.9% (1996). In 1999 10.9% of all HIV first diagnoses (i.e. 184 out of 1,688 cases) showed intravenous drug use as infection risk.

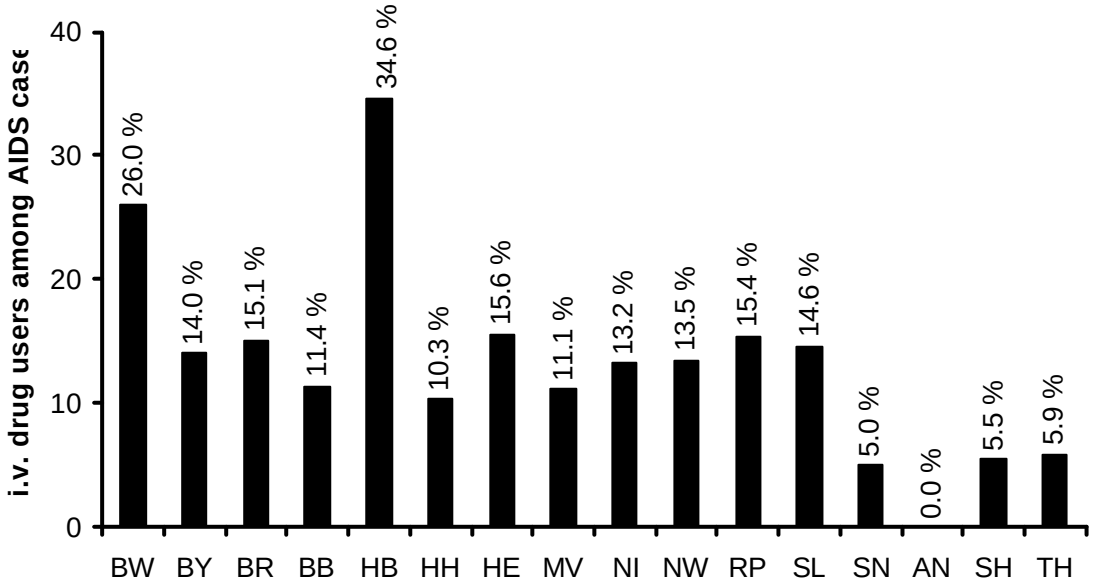
On the basis of the report from the AIDS centre of the Robert Koch Institute (http://hiv.rki.de) the proportion of drug addicts amongst new notified Aids cases in 1999 was about 12% in Germany. In Hamburg and Baden-Württemberg its percentage of 34.6% and 26% was nationally at its highest.

Figure 45*:* Aids-Cases in the Federal Laender (per 1 Mio. population), 1999



Source: Robert Koch Institute 2000

Figure 46*:* Proportion of intravenous drug addicts (IVDA) amongst AIDS cases, 1999

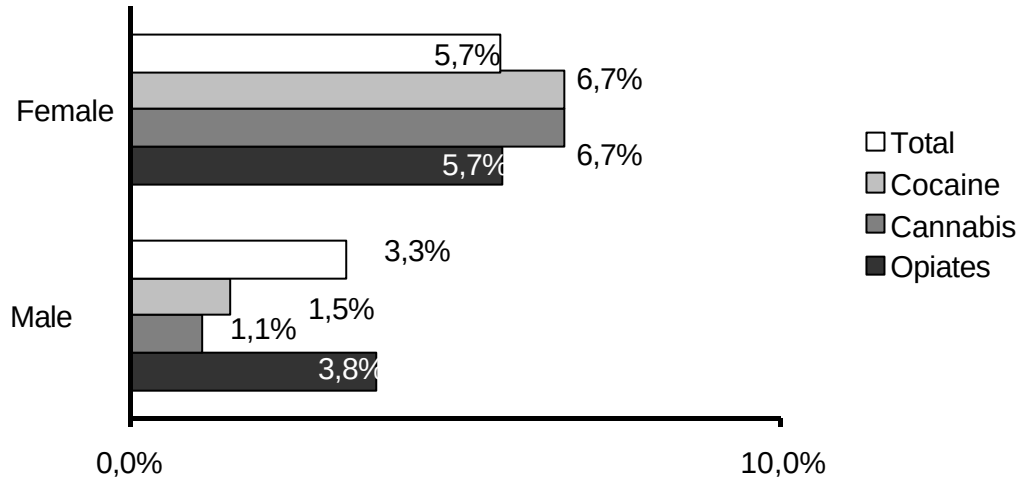


Source: Robert Koch Institute 2000

BW	Baden-Württemberg	HE	Hessen	SN	Sachsen
BY	Bayern	MV	Mecklenburg-Vorpommern	AN	Sachsen-Anhalt
BR	Berlin	NI	Niedersachsen	SH	Schleswig-Holstein
BB	Brandenburg	NW	Nordrhein-Westfalen	TH	Thüringen
HB	Bremen	RP	Rheinland-Pfalz		
HH	Hamburg	SL	Saarland		

Data on HIV amongst drug addicts in out-patient centres for counselling and treatment are available through EBIS (Türk & Welsch 2000a). In 1999 448 facilities all over Germany have collected information on HIV-status and tests for a total of 5,805 clients. Around 55% of these clients until then had never undergone a HIV test, in 39.1% of the cases the result was negative, 2.1% positive. 3.1% of the clients were tested with unknown result. Figure 47 shows the percentage of HIV positive clients for different main diagnoses. 5.7% of all females and 3.3% of all males, which are in out-patient counselling and treatment because of illegal drugs and where a test result is known, are HIV positive. The percentage for females is highest for main diagnoses related to cocaine or cannabis (6.7%), for males for opiates (3.8%).

Figure 47: HIV-infection among clients in out-patient care



Source: Türk & Welsch (2000a)

Since 2000 in EBIS also collects data on hepatitis B and C, results will be available in 2001. As in EBIS data on infectious diseases are based on voluntary information from the clients and not on test results it is very likely that the real prevalence of the disease is underestimated (underreporting).

In some Federal Laender within the prisons an AIDS test is done on a routine basis as part of the medical examination at intake if the prisoner agrees. In other Laender the test is only done on the inmate's request. Tests for hepatitis are rather rare, but take place on regional level. So in Hamburg test rates in prisons 80-90%. For statistical purposes these data are not available, however.

During the last years several studies have been conducted on HIV/AIDS and hepatitis in prisons. So in 1998 the results of a multi centre European study have been

published (Weilandt & Rotily 1998). In this study, which took place in France, Germany, Italy, Portugal, Spain, Sweden and Belgium, HIV and HCV prevalence were assessed by saliva testing. The prevalence for HIV amongst i.v. drug using inmates in German prisons was 1.4% (N = 143), for non i.v. drug users 0.4% (N = 284). The prevalence of hepatitis C for i.v. drug users was 14.4%, but only 0.4% for non i.v. drug users. The prevalence in German prisons were, however, considerably lower than in other European prisons, were HIV prevalence reached 28% and HCV prevalence 64% for i.v. drug users)

Data on infectious diseases amongst drug users also come from autopsies made by the forensic institutes. In some regions, for example in Hamburg, Frankfurt and Munich HIV tests are done as routine part of the autopsy, hepatitis b tests only in Hamburg. The autopsy rate varies between Laender from 18% to 100% (BKA 2000) and was 62% on the average in 1999. As the Federal Criminal Office (BKA) reports, in 1999 from 1,812 drug related dead 56 had a HIV infection (BKA 2000a)

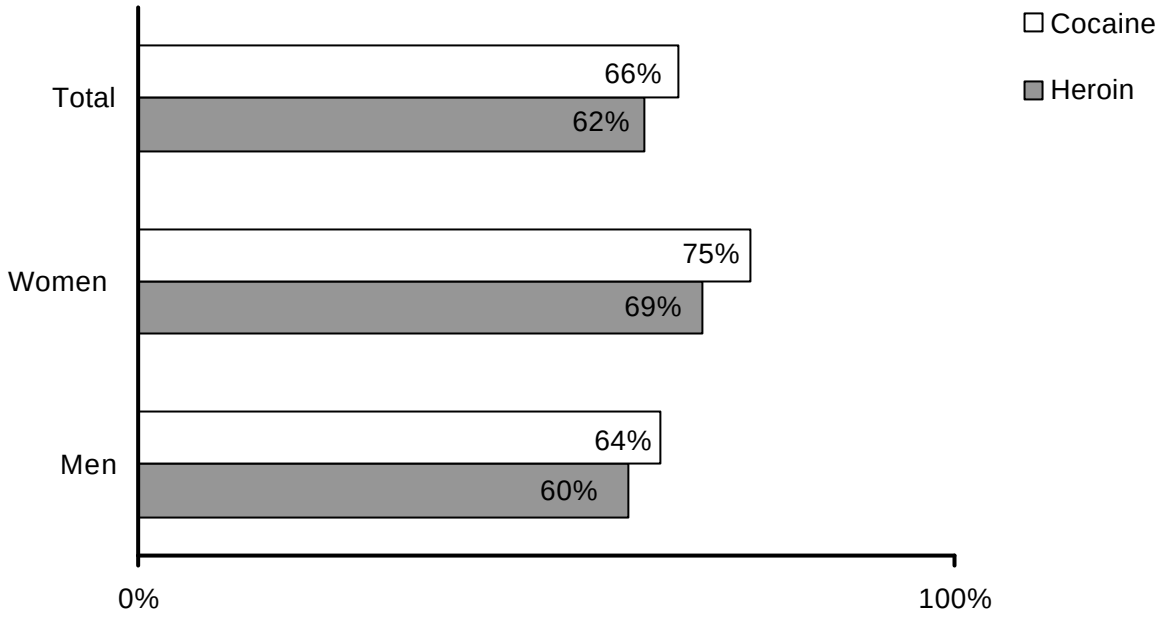
Also treatment statistics from pension insurance (VDR) as well as the general hospital statistics are collecting information on infectious diseases, but they cannot distinguish between drug users and non users.

14.2 Determinants and consequences

Hepatitis B, C and HIV are infectious diseases, which often emerge at drug users as a consequence of intravenous application of substances. The common use of needles and syringes ("needle sharing") or the sharing of drugs by use of a syringe ("drug sharing") involve a considerable risk to transmit viruses and bacteria via blood remaining at the needle. Also unhygienic conditions during injection, e.g. through spoiled spoons, used filters or flat water are sources of pathogenic agents - tattoos and piercing are frequently applied in some groups of the drug addicts. Here unclean, non sterile tools also can be a risk for the transmission of infections.

Different sources report on risky patterns of drug use. In EBIS, for example, common use of injecting materials is asked for. Figure 48 shows, that 75% of female cocaine addicts and 69% of the female heroin addicts in out-patient care share needles and syringes with others. "Needle sharing" is amongst them is more widespread than amongst male clients, where 64% of cocaine and 60% of heroine addicts share injection instruments. As this information is only available for about one quarter of all drug addicted clients, interpretation is limited in quality (Türk & Welsch 2000a).

Figure 48: "Needle sharing" among clients in out-patient care



Source: EBIS (Türk & Welsch 2000a)

In the multi centre study on European prisons (see above) inmates with and without i.v. use were asked about behaviour relevant for infections, e.g. tattooing and piercing (Weilandt & Rotily 1998). Results show, that tattooing and piercing is done frequently within the prisons. In Germany 38% of the subjects with and 16% without i.v. drug use said, that they let apply a new tattoo during their time in prison. 13% of inmates with i.v. drug use and 4% without got a piercing and have been not very aware of risks around infections diseases also in this case.

14.3 New developments and uptake of prevention / harm reduction

In order to prevent infectious diseases at drug addicts, preventive measures are taken by different actors. In nearly all bigger cities in Germany low threshold facilities and AIDS help exist, which distribute syringes and also condoms, inform about infection risks and measures of "safer use". Hepatitis B and C vaccinations are done by General Practitioners and they are cost free for drug addicts. During the last years there have been efforts to improve prevention of infectious diseases for special client groups. In some German prisons pilot projects were conducted (e.g. in Lower Saxony, Hamburg, Berlin and Lübeck). They aimed at an improvement of infection prophylactics by distribution of sterile one-way syringes to drug addicts as well as training offers to inmates and prison staff (e.g. Meyenberg et al. 1999)

AIDS tests can be done by General Practitioners, counselling centres of the German Aids help and health authorities. If somatic symptoms are given, which make an HIV infection likely, the test is cost-free for the client and is paid by the health insurance. In all other cases, the client has to pay for the test. Before and after each test counselling takes place, independent from the result. Out-patient HIV therapy is done by specialised hospitals and General Practitioners financed by the health insurance. To increase compliance and retention rate of drug addicted HIV infected clients there are special programmes, which for example have reduced the number of medicament intakes to twice per day (e.g. University of Frankfurt a.M.).

In April 2000 an international workshop took place at the Robert Koch Institute in Berlin to discuss recent developments and new strategies and measures in the fight against AIDS. Topics were amongst others the collection of reliable data on the spread of HIV and its consequences, preventive measures, quality of services and medical treatment. The workshop was organised by the UN AIDS collaboration centre and financially supported by the Federal Ministry for Health. Participants were representatives from 22 countries as well as from international organisations (UNAIDS, WHO UNICEF).

ANNEX I
DRUG MONITORING SYSTEMS AND SOURCES OF INFORMATION

Table 33: National studies on drug use

Subject: **Consumption surveys**	**Central Questions:** **Prevalence, incidence, patterns of use, consequences of drug use, attitudes, groups of low / high risk**	**Coverage:** **(National / Regional)**
Representative survey (IFT)	Prevalence, patterns of use and attitudes in the general population (18-59 years)	National
Drug Affinity Study (Federal Centre for Health Education FCHE))	Prevalence, patterns of use and attitudes among young people (12-25 years)	National
Mikrozensus (Federal Statistical Office; StBA)	Use and abuse of tobacco in the general population (16 up to more than 64 years)	National
National health survey (Gesundheitssurvey) (Robert-Koch-Institut)	Attitudes to alcohol, tobacco and soft drugs and their use in the general population (18 to 79 years)	National

Table 34: National sources of information in the field of clinical epidemiology and health care

Subject: **Clinical epidemiology / health care**	**Central questions:** **Prevalence of problematic drug use, social, medical and psychological diagnoses, treatment statistics (treatment demands, outcome)**	**Coverage:** **(National / Regional)**
EBIS (IFT)	Monitoring systems for out-patient treatment centres	National / Regional
SEDOS (IFT)	Monitoring systems for in-patient treatment centres	National
DESTAS	Specific monitoring system for treatment centres, held by a specific treatment organisation	National
BADO-Hamburg	Regional registration system for treatment centres	Regional
General hospital statistics (Federal Statistical Office; StBA)	Inquiry about all ICD-9 diagnoses in hospitals, prevention and rehabilitation centres	National
Treatment statistics of pension insurance schemes (Federation of German Pension Insurance Institutions, VDR)	Type and number of rehabilitations for adults financed by pension insurance	National

Table 35: National sources of information in the field of diseases as a result of drug use

Subject: **Secondary diseases in drug users**	**Central questions:** • **HIV and AIDS related to intravenous drug use** • **Diseases as a result of drug use**	**Coverage:** **(National / Regional)**
AIDS case register (Robert-Koch-Institut)	Number of notified AIDS cases related to intravenous drug use	National / Regional
HIV notifications (Robert-Koch-Institut)	Number of notified HIV infections related to intravenous drug use	National / Regional
Treatment statistics from pension insurance schemes (Federation of German Pension Insurance Institutions, VDR)	Diseases as a result of drug use coded following ICD-9	National / Regional
General hospital statistics (Federal Statistical Office)	ICD-9 diagnoses of secondary diseases for drug users in hospitals and institution for social care and rehabilitation	National

Table 36: Drug-related sources of information of the Federal Criminal Police Office

Subject: **Police data**	**Central questions:** • **First offenders** • **Drug users** • **Seizures** • **illicit traffic** • **Smuggling** • **Characteristics of drugs appearing on the drug market (price, purity)**	**Coverage:** **(National / Regional)**
Drugs case file (Falldatei Rauschgift FDR)	Drug related deaths, drug users who are registered for the first time, offender in the field of illicit traffic, smuggling and possession	National / Regional
Police' s crime statistics (Polizeiliche Kriminalstatistik PKS)	Seizures, illicit traffic and smuggling, price and purity	National / Regional

Table 37: National judicial sources of information in the field of drug use and drug users

Subject:	**Central questions:**	**Coverage:**
Judicial statistics	• **Data on the penal system** • **Convictions related to drugs** • **Accidents related to drug influence** • **Withdrawal of driving licenses**	**National / Regional**
Penal statistics (Federal Statistical Office, StBA)	Demographic and criminological characteristics of prisoners	National
Prosecution statistics (Federal Statistical Office, StBA)	Convictions related to drugs	National
Statistics on withdrawal of driving licenses (Federal Traffic Office, Kraftfahrt Bundesamt)	Withdrawal of driving licenses stratified by detailed reasons and Laender	National / Regional

Table 38: Sources of information in the field of primary prevention

Subject:	**Central questions:**	**Coverage:**
Primary prevention	• **Groups at risk** • **patterns of use, attitudes to drugs and drug use** • **Organisation and guidance** • **kind and number of activities carried out** •	**National / Regional**
Representative survey (IFT)	Groups at risk, patterns of use, attitudes to drugs and drug use in general population	National / Regional
Drug Affinity Study (Federal Centre for Health Education FCHE)	Groups at risk, patterns of use, attitudes to drugs and drug use among youth	National
Questioning of Laender prevention commissioners (Federal Centre for Health Education, FCHE)	Overview on guidance and organisation of prevention Activities, information about outstanding activities and campaigns, distribution of financial sources, staff, structural information	National / Regional
EBIS (IFT)	Type of activities, target groups, number of persons reached, duration	National / Regional
Infopool-Prävention (Federal Criminal Police Office, BKA)	Documentation of protagonists, models and projects of crime and drug prevention	National / Regional

Table 39: Sources of information in the field of counselling and treatment of drug users

Subject:	Central questions:	Reports:
Treatment of drug addicts and harm reduction activities	• **Treatment of problematic drug use** • **Activities aiming at reintegration into working life and rehabilitation** • **Activities aiming at reduction of risk behaviour** • **Register of treatment institutions** • **Register of therapy and treatment concepts**	**National/ Regional**
EBIS / SEDOS (IFT)	Characteristics of treatment institutions and clients, documentation of course of treatment and treatment outcome	National / Regional
EBIS-(B)asishilfen / DWA (EBIS version for institutions caring for homeless people and persons who committed criminal offences)	Characteristics of treatment institutions and clients in the area of institutions caring for homeless people and persons who committed criminal offences	National / Regional
Treatment statistics of pension insurance schemes (Federation of German Pension Insurance Institutions, VDR)	Activities aiming at reintegration into working life and rehabilitation, social stability and relapse prevention	National
Statistics of treatment institutions (German Council on Addiction Problems, DHS)	Register of treatment institutions and treatment concepts	National

Table 40: Sources of information in the field of harm reduction activities (reduction of risk behaviour and follow-up diseases of drug use)

Subject: **Data on reduction of risk behaviour and follow-up diseases of drug use**	**Central questions:** • **Substitution** • **Avoidance of diseases as a result of drug use**	**Coverage:** **National / Regional**
Regulations and control of the prescription of L-Polamidon (BtMVV / AUB)	Concept of prescription and results	National / Regional
Number of methadone based substitution treatments (panel doctors)	Substitution treatments	National / Regional
Statistics on prescription of methadone (Federal Institute for Drugs and Medical Devices BfArM)	Allocation of Levomethadon- and methadone to public pharmacies (100% coverage)	National
EBIS (IFT)	Substitution treatments	National / Regional
Statistics on low threshold activities (e.g. syringe exchange to reduce risk behaviour)	Statistics on Laender level (partly)	Regional

Table 41: Sources of information in the field of drug policy and drug legislation

Subject: ***Programmes in the field of policy / judicial data***	**Central questions:** **Legal measures, programmes of political authorities related to drugs**	**Coverage:** **(National / Regional)**
Federal law gazette (Bundesgesetzblatt)	Announcement of new laws or changes of laws (e.g. German Narcotics Act)	National
Programmes of the Federal and Laender governments to fight against drug related problems	Wording of programmes, data on organisation and evaluation of specific programmes and campaigns	National / Regional

Table 42: Documentation centres

Subject: **Drug-related documentation centres**	**Central questions:** **Scientific literature and databases**	**Coverage:** **(National / Regional)**
German Institute for Medical Documentation and Information (Deutsches Institut für medizinische Information und Dokumentation; DIMDI)	Bibliographical information on scientific literature national and international databases	National
Institute for Public Health in North-Rhine Westphalia LOEDG (previously IDIS)	Smaller (specialised) documentation centres, reports and publications on the subject of legal and illegal drugs	National
Archive and Documentation Centre for Drugs Literature (ARCHIDO) of the Institute for Drug Research at the University of Bremen	Smaller (specialised) documentation centres, such as the which allows computer-assisted searches of the literature, reports and publications on the subject of legal and illegal drugs	National
Centre for Psychological Documentation and Information (ZIPID)	Smaller (specialised) documentation centres, such as the which allows computer-assisted searches of the literature	National

ANNEX II TABLES

Consumption of illegal drugs (Tables 43 - 59)

Table 43: Lifetime-, 12-months- and 30-days-prevalence; West-Germany

		Geschlecht		Altersgruppen					
	Gesamt	Männer	Frauen	18-20	21-24	25-29	30-39	40-49	50-59
Lebenszeit	6380	3209	3171	573	521	539	1712	1419	1616
Cannabis	13.4 (855)	16.2	10.6	20.6	27.8	20.7	17.3	9.3	3.3
Amphetamine	1.8 (113)	2.5	1.0	3.4	2.0	2.8	2.1	2.2	0.1
Ecstasy	1.7 (110)	2.2	1.2	4.6	6.6	3.8	1.6	0.2	--
LSD, Mescalin o. ä.	1.6 (99)	2.2	0.9	1.6	1.9	3.2	1.9	2.0	0.1
Heroin	0.4 (27)	0.6	0.2	0.3	0.8	0.9	0.6	0.5	--
Methadon	0.2 (10)	0.2	0.1	--	--	0.3	0.2	0.3	--
Andere Opiate	0.7 (45)	0.9	0.5	0.6	0.6	0.8	1.1	0.8	0.2
Kokain	1.5 (96)	2.2	0.8	1.5	2.7	2.7	2.1	1.6	0.0
Crack	0.1 (9)	0.2	0.1	0.4	0.2	0.2	0.2	0.1	--
Andere Drogen als Cannabis	4.5 (284)	5.9	3.0	8.2	10.3	6.8	5.2	3.6	0.4
Illegale Drogen[1]	14.2 (906)	17.1	11.3	23.2	31.0	21.1	18.1	9.6	3.3
Schnüffelstoffe	0.7 (45)	0.9	0.5	1.6	2.4	0.9	0.5	0.5	0.1

12-Monate	Gesamt	Männer	Frauen	18-20	21-24	25-29	30-39	40-49	50-59
Cannabis	4.5 (285)	5.9	3.0	11.9	14.7	7.9	4.4	1.3	0.3
Amphetamine	0.5 (30)	0.9	0.1	2.5	1.3	1.0	0.2	--	--
Ecstasy	0.9 (58)	1.2	0.6	3.2	3.2	1.7	0.7	0.1	--
LSD, Mescalin o. ä.	0.4 (23)	0.6	0.1	1.6	0.9	0.5	0.2	0.3	--
Heroin	0.2 (11)	0.3	0.0	0.3	--	0.8	0.3	--	--
Methadon	0.1 (5)	0.2	0.0	--	--	0.3	0.2	--	--
Andere Opiate	0.2 (13)	0.4	--	0.4	0.4	0.8	0.2	0.1	--
Kokain	0.7 (44)	1.1	0.3	1.4	2.4	1.6	0.6	0.3	--
Crack	0.1 (3)	0.1	--	--	0.1	--	0.1	0.1	--
Andere Drogen als Cannabis	1.7 (106)	2.5	0.8	6.3	5.6	2.3	1.2	0.6	--
Illegale Drogen[1]	4.9 (310)	6.4	3.3	13.8	16.3	8.1	4.7	1.3	0.3
Schnüffelstoffe	0.2 (12)	0.3	0.1	0.7	1.1	--	0.1	--	--

30-Tage	Gesamt	Männer	Frauen	18-20	21-24	25-29	30-39	40-49	50-59
Cannabis	3.0 (192)	4.0	2.0	8.4	10.2	5.3	2.6	0.9	0.3
Amphetamine	0.2 (12)	0.4	0.0	0.7	0.5	0.6	0.2	--	--
Ecstasy	0.3 (19)	0.4	0.2	1.3	1.2	0.4	0.2	--	--
LSD, Mescalin o. ä.	0.0 (3)	0.1	0.0	0.3	--	0.0	0.0	0.0	--
Heroin	0.1 (6)	0.2	--	--	--	0.8	0.1	--	--
Methadon	0.0 (3)	0.1	0.0	--	--	0.3	0.1	--	--
Andere Opiate	0.1 (7)	0.2	--	--	--	0.8	0.2	--	--
Kokain	0.3 (21)	0.5	0.2	0.4	0.6	1.0	0.4	0.2	--
Crack	0.0 (1)	0.0	--	--	--	--	0.0	--	--
Andere Drogen als Cannabis	0.8 (53)	1.2	0.4	2.4	2.3	1.9	0.8	0.3	--
Illegale Drogen[1]	3.3 (212)	4.5	2.2	9.2	12.0	5.7	2.9	0.9	0.3
Schnüffelstoffe	0.1 (3)	0.1	--	--	0.5	--	0.0	--	--

[1] Mindestens eine illegale Droge

Source: Representative Survey 1997 (Kraus & Bauernfeind 1998)

Table 44: **Lifetime-, 12-months- and 30-days-prevalence; East-Germany**

			Geschlecht		Altersgruppen					
	Gesamt		Männer	Frauen	18-20	21-24	25-29	30-39	40-49	50-59
Lebenszeit	1620		810	810	175	118	112	439	357	419
Cannabis	4.2	(68)	4.7	3.6	11.3	12.9	16.4	2.8	0.4	0.2
Amphetamine	0.5	(9)	1.0	0.1	2.2	1.0	0.8	0.5	0.1	--
Ecstasy	0.7	(11)	1.0	0.3	2.3	2.6	2.4	0.2	--	--
LSD, Mescalin o. ä.	0.4	(7)	0.8	--	2.5	--	1.4	0.2	--	--
Heroin	0.0	(0)	--	0.1	--	0.4	--	--	--	--
Methadon	--	--	--	--	--	--	--	--	--	--
Andere Opiate	0.2	(4)	0.4	--	1.9	--	0.2	--	--	--
Kokain	0.2	(4)	0.2	0.2	--	1.7	0.7	0.2	0.1	--
Crack	0.1	(2)	0.2	--	1.1	--	--	--	--	--
Andere Drogen als Cannabis	1.3	(22)	2.0	0.7	4.8	5.8	3.1	0.5	0.2	--
Illegale Drogen[1]	4.8	(78)	5.6	4.0	13.4	15.8	17.2	3.0	0.6	0.2
Schnüffelstoffe	0.0	(0)	0.0	0.0	--	--	0.1	--	0.0	--

12-Monate	Gesamt		Männer	Frauen	18-20	21-24	25-29	30-39	40-49	50-59
Cannabis	2.3	(38)	3.2	1.5	7.9	5.4	13.0	0.8	--	--
Amphetamine	0.3	(5)	0.6	--	2.2	--	--	0.2	--	--
Ecstasy	0.4	(6)	0.5	0.2	2.3	--	1.4	0.2	--	--
LSD, Mescalin o. ä.	0.4	(6)	0.7	--	2.5	--	0.7	0.2	--	--
Heroin	0.0	(0)	--	0.0	--	0.1	--	--	--	--
Methadon	--	--	--	--	--	--	--	--	--	--
Andere Opiate	0.2	(3)	0.4	--	1.9	--	--	--	--	--
Kokain	0.1	(2)	--	0.2	--	1.7	--	--	--	--
Crack	0.1	(2)	0.2	--	1.1	--	--	--	--	--
Andere Drogen als Cannabis	0.8	(14)	1.2	0.5	4.8	1.8	2.1	0.2	--	--
Illegale Drogen[1]	2.7	(43)	3.6	1.7	10.0	5.4	14.0	0.8	--	--
Schnüffelstoffe	--	--	--	--	--	--	--	--	--	--

30-Tage	Gesamt		Männer	Frauen	18-20	21-24	25-29	30-39	40-49	50-59
Cannabis	1.7	(28)	2.8	0.6	6.6	3.5	10.7	--	--	--
Amphetamine	0.2	(3)	0.4	--	1.9	--	--	--	--	--
Ecstasy	0.1	(2)	0.3	--	1.2	--	--	--	--	--
LSD, Mescalin o. ä.	--	--	--	--	--	--	--	--	--	--
Heroin	--	--	--	--	--	--	--	--	--	--
Methadon	--	--	--	--	--	--	--	--	--	--
Andere Opiate	--	--	--	--	--	--	--	--	--	--
Kokain	--	--	--	--	--	--	--	--	--	--
Crack	0.1	(2)	0.2	--	1.1	--	--	--	--	--
Andere Drogen als Cannabis	0.3	(5)	0.7	--	3.1	--	--	--	--	--
Illegale Drogen[1]	1.8	(30)	3.0	0.6	7.8	3.5	10.7	--	--	--
Schnüffelstoffe	--	--	--	--	--	--	--	--	--	--

[1] Mindestens eine illegale Droge

Source: Representative Survey 1997 (Kraus & Bauernfeind 1998)

Table 45: **Lifetime- and 12-months-frequence; West-Germany**

	Gesamt		Frequenz							
Lebenszeit	N	k. A.	1x	2-5x	6-9x	10-19x	20-59x	60-99x	100-199x	>=200x
Cannabis	855	--	23.7	27.2	7.7	10.2	10.3	4.8	4.9	11.2
Amphetamine	113	0.7	19.9	23.3	23.5	16.7	6.9	1.3	1.1	6.6
Ecstasy	110	0.8	20.2	39.4	9.4	8.4	8.7	5.4	6.6	1.1
LSD	99	--	38.9	18.4	15.0	16.1	8.2	2.0	--	1.3
Heroin	27	7.8	13.7	6.1	10.2	11.0	4.5	2.2	44.5	7.8
Methadon	10	8.4	--	--	8.8	--	37.5	--	8.6	36.7
Andere Opiate	45	--	34.0	29.9	13.1	5.4	2.8	5.5	--	9.2
Kokain	96	8.3	17.9	23.2	12.5	15.6	12.8	1.3	2.7	5.7
Crack	9	--	53.0	6.5	--	6.3	18.1	--	--	16.1
Schnüffelstoffe	45	1.8	23.4	41.9	7.2	10.6	7.8	--	7.3	--
12-Monate	N	k. A.	1x	2-5x	6-9x	10-19x	20-59x	60-99x	100-199x	>=200x
Cannabis	258	0.7	17.1	23.0	7.4	15.1	14.0	5.5	8.0	9.2
Amphetamine	30	--	13.8	39.2	28.4	1.9	14.2	--	--	2.4
Ecstasy	58	2.2	24.1	42.5	9.9	6.5	10.7	3.5	--	0.6
LSD	23	2.9	30.8	61.0	2.8	2.5	--	--	--	--
Heroin	11	33.9	--	6.2	--	--	8.0	--	--	51.9
Methadon	5	--	--	15.7	--	15.1	15.3	--	--	53.9
Andere Opiate	13	--	40.9	3.9	6.0	--	18.8	4.4	--	26.1
Kokain	44	17.5	4.3	31.4	14.3	13.3	6.3	3.9	7.1	1.9
Crack	3	--	9.5	25.8	--	40.1	--	24.5	--	--
Schnüffelstoffe	12	--	51.5	14.6	6.9	--	27.1	--	--	--

Source: Representative Survey 1997 (Kraus & Bauernfeind 1998)

Table 46: Lifetime- and 12-months-frequence; East-Germany

	Gesamt		Frequenz							
Lebenszeit	N	k. A.	1x	2-5x	6-9x	10-19x	20-59x	60-99x	100-199x	>=200x
Cannabis	68	0.5	17.3	35.9	25.2	4.8	4.7	6.0	4.0	1.6
Amphetamine	9	--	18.1	--	15.9	47.2	18.8	--	--	--
Ecstasy	11	--	65.7	9.2	7.3	--	--	17.8	--	--
LSD	7	--	19.8	49.3	22.6	8.4	--	--	--	--
Heroin	0	--	100.0	--	--	--	--	--	--	--
Methadon	--	--	--	--	--	--	--	--	--	--
Andere Opiate	4	--	7.4	--	92.6	--	--	--	--	--
Kokain	4	--	52.2	47.8	--	--	--	--	--	--
Crack	2	--	--	--	--	--	100.0	--	--	--
Schnüffelstoffe	0	--	--	50.7	49.3	--	--	--	--	--

12-Monate	N	k. A.	1x	2-5x	6-9x	10-19x	20-59x	60-99x	100-199x	>=200x
Cannabis	38	--	26.1	46.1	2.0	5.8	2.6	17.4	--	--
Amphetamine	5	--	71.3	16.5	--	12.1	--	--	--	--
Ecstasy	6	--	46.1	24.2	29.7	--	--	--	--	--
LSD	6	--	64.6	25.8	--	9.6	--	--	--	--
Heroin	0	--	100.0	--	--	--	--	--	--	--
Methadon	--	--	--	--	--	--	--	--	--	--
Andere Opiate	3	--	--	100.0	--	--	--	--	--	--
Kokain	2	--	100.0	--	--	--	--	--	--	--
Crack	2	--	--	100.0	--	--	--	--	--	--
Schnüffelstoffe	--	--	--	--	--	--	--	--	--	--

Source: Representative Survey 1997 (Kraus & Bauernfeind 1998)

Table 47: **30-days-frequence; West- and East-Germany**

	Gesamt		Konsumtage				
Westdeutschland	N	k. A.	1	2-5	6-9	10-19	20-30
Cannabis	192	1.7	23.5	37.2	3.7	16.0	17.9
Amphetamine	12	--	35.7	27.0	26.6	4.7	6.0
Ecstasy	19	15.2	28.1	35.8	19.0	--	1.9
LSD	3	--	5.6	63.3	--	5.7	25.4
Heroin	6	--	--	13.7	--	39.1	47.2
Methadon	3	--	--	--	--	--	100.0
Andere Opiate	7	10.8	--	--	--	41.9	47.3
Kokain	21	--	32.6	45.1	--	7.4	14.9
Crack	1	--	--	--	--	100.0	--
Schnüffelstoffe	3	--	--	100.0	--	--	--
Ostdeutschland	N	k. A.	1	2-5	6-9	10-19	20-30
Cannabis	28	1.8	29.6	23.7	--	25.6	19.2
Amphetamine	3	100.0	--	--	--	--	--
Ecstasy	2	--	7.4	--	92.6	--	--
LSD	--	--	--	--	--	--	--
Heroin	--	--	--	--	--	--	--
Methadon	--	--	--	--	--	--	--
Andere Opiate	--	--	--	--	--	--	--
Kokain	--	--	--	--	--	--	--
Crack	2	--	--	--	100.0	--	--
Schnüffelstoffe	--	--	--	--	--	--	--

Source: Representative Survey 1997 (Kraus & Bauernfeind 1998)

Out-patient treatment, Germany
Table 48: Main diagnosis

	Betreuungsgrund	Alter in Jahren										Gesamt	
		-14	15 - 17	18 - 19	20 - 24	25 - 29	30 - 39	40 - 49	50 - 59	60 -	Mittelwert	Abs.	%
MÄNNER	**eigene Symptomatik**	0.5%	2.0%	3.4%	10.6%	10.8%	30.3%	27.2%	11.8%	3.3%	*36.8*	55119	95.1%
	davon HD Alkohol	0.3%	0.4%	0.8%	3.8%	6.4%	32.0%	35.6%	16.2%	4.5%	*40.8*	36687	63.3%
	davon HD Opiate	0.4%	2.0%	6.0%	27.5%	25.2%	30.7%	7.4%	0.7%	0.1%	*28.2*	7748	13.4%
	davon HD Cannabis	1.4%	19.8%	22.8%	31.2%	11.5%	10.1%	2.4%	0.5%	0.2%	*22.3*	2859	4.9%
	davon HD Sedativa/Hypnotika		0.5%	1.4%	8.3%	13.0%	31.5%	26.4%	13.4%	5.6%	*39.1*	216	0.4%
	davon HD Kokain	0.1%	1.7%	4.4%	23.3%	25.4%	36.4%	7.4%	1.2%	0.1%	*29.1*	1016	1.8%
	davon HD Halluzinogene	0.6%	8.2%	21.5%	46.2%	14.6%	6.3%	2.5%			*21.1*	158	0.3%
	davon HD Eßstörungen	2.1%	9.7%	5.5%	8.3%	10.3%	26.2%	24.1%	9.0%	4.8%	*34.7*	145	0.3%
	davon HD path. Spielverhalten	0.7%	0.5%	1.9%	12.2%	21.5%	41.4%	14.8%	5.2%	1.7%	*33.3*	1078	1.9%
	davon ohne Hauptdiagnose	1.7%	2.5%	5.2%	16.2%	14.6%	28.2%	21.2%	8.2%	2.2%	*33.8*	4389	7.6%
	Familienangehörige	4.1%	2.5%	1.5%	4.1%	3.8%	18.2%	33.8%	19.9%	12.2%	*43.0*	1083	1.9%
	Sonstige Gründe	2.7%	4.1%	3.3%	10.2%	9.4%	27.8%	26.1%	12.3%	4.1%	*36.7*	1753	3.0%
	Alle Abs.	377	1190	1952	6058	6178	17404	15833	6933	2030	*36.9*	57955	100%
	%	0.7%	2.1%	3.4%	10.5%	10.7%	30.0%	27.3%	12.0%	3.5%		100%	
FRAUEN	**eigene Symptomatik**	1.0%	3.9%	4.0%	8.2%	7.4%	28.0%	27.9%	14.5%	5.1%	*38.4*	16769	74.4%
	davon HD Alkohol	0.4%	0.5%	0.5%	1.5%	3.7%	28.7%	37.2%	20.3%	7.2%	*43.7*	10311	45.7%
	davon HD Opiate	0.6%	6.1%	9.1%	24.7%	19.4%	32.3%	6.5%	1.2%	0.2%	*27.8*	1988	8.8%
	davon HD Cannabis	5.0%	31.5%	20.4%	21.7%	7.3%	10.6%	2.7%	0.2%	0.6%	*21.4*	480	2.1%
	davon HD Sedativa/Hypnotika	0.7%	1.7%	1.5%	4.9%	5.4%	27.4%	34.8%	16.5%	6.9%	*41.5*	405	1.8%
	davon HD Kokain	0.7%	6.7%	12.7%	26.0%	16.0%	30.0%	7.3%	0.7%		*26.8*	150	0.7%
	davon HD Halluzinogene	9.1%	15.2%	27.3%	33.3%	12.1%	3.0%				*20.1*	33	0.1%
	davon HD Eßstörungen	3.6%	13.9%	11.9%	21.6%	13.0%	21.9%	10.1%	3.1%	0.7%	*27.1*	1358	6.0%
	davon HD path. Spielverhalten	1.9%	1.9%	1.9%	10.2%	5.6%	40.7%	25.0%	10.2%	2.8%	*37.4*	108	0.5%
	davon ohne Hauptdiagnose	1.8%	5.3%	5.6%	11.8%	11.1%	30.2%	20.6%	10.4%	3.2%	*34.9*	1599	7.1%
	Familienangehörige	1.4%	1.1%	1.4%	3.4%	4.8%	25.6%	36.6%	17.4%	8.4%	*42.6*	4569	20.3%
	Sonstige Gründe	3.7%	7.0%	5.8%	9.0%	8.0%	28.7%	22.6%	11.2%	4.2%	*35.4*	1200	5.3%
	Abs.	280	794	805	1636	1548	6216	6616	3360	1283	*39.1*	22538	100%
	%	1.2%	3.5%	3.6%	7.3%	6.9%	27.6%	29.4%	14.9%	5.7%		100%	
Gesamt	**Abs.**	657	1984	2757	7694	7726	23620	22449	10293	3313	*37.4*	80493	100%
	%	0.8%	2.5%	3.4%	9.6%	9.6%	29.3%	27.9%	12.8%	4.1%		100%	

Source: EBIS 1999 (Türk & Welsch 2000a)

(to be continued)

	Betreuungsgrund	Alter in Jahren										Gesamt	
		-14	15-17	18-19	20-24	25-29	30-39	40-49	50-59	60 -	Mittelwert	Unbekannt	Total
	eigene Symptomatik	286	1091	1878	5835	5972	16720	15010	6501	1826	36,8	101	55220
	davon HD Alkohol	108	145	307	1393	2346	11733	13048	5938	1669	40.8	83	36770
	davon HD Opiate	32	158	462	2132	1950	2379	575	52	8	28,2	6	7754
	davon HD Cannabis	41	566	652	892	330	288	70	15	5	22.3	2	2861
M	davon HD Sedativa/Hypnotika	0	1	3	18	28	68	57	29	12	39,1	0	216
Ä	davon HD Kokain	1	17	45	237	258	370	75	12	1	29.1	0	1016
N	davon HD Halluzinogene	1	13	34	73	23	10	4	0	0	21,1	1	159
N	davon HD Eßstörungen	3	14	8	12	15	38	35	13	7	34.7	0	145
E	davon HD path. Spielverhalten	8	5	21	132	232	446	160	56	18	33,3	5	1083
R	davon ohne Hauptdiagnose	75	108	230	709	642	1239	930	360	96	33,8	3	4392
	Familienangehörige	44	27	16	44	41	197	366	216	132	43	2	1085
	Sonstige Gründe	47	72	58	179	165	487	457	216	72	36.7	1	1754
M	Unbekannt	30	55	66	130	142	463	448	182	65	37.1	6	1587
M	Total	407	1245	2018	6188	6320	17867	16281	7115	2095	36,9	110	59646
	eigene Symptomatik	173	662	670	1374	1234	4701	4672	2432	851	38,4	15	16784
	davon HD Alkohol	39	49	55	157	378	2956	3837	2093	747	43.7	12	10323
	davon HD Opiate	12	122	180	491	385	642	129	23	4	27,8	0	1988
	davon HD Cannabis	24	151	98	104	35	51	13	1	3	21,4	2	482
F	davon HD Sedativa/Hypnotika	3	7	6	20	22	111	141	67	28	41.5	0	405
R	davon HD Kokain	1	10	19	39	24	45	11	1	0	26,8	1	151
A	davon HD Halluzinogene	3	5	9	11	4	1	0	0	0	20.1	0	33
U	davon HD Eßstörungen	49	189	162	294	177	298	137	42	10	27,1	0	1358
E	davon HD path. Spielverhalten	2	2	2	11	6	44	27	11	3	37.4	0	108
N	davon ohne Hauptdiagnose	28	85	90	188	178	483	330	166	51	34,9	0	1599
	Familienangehörige	63	48	66	154	218	1171	1673	794	382	42.6	5	4574
	Sonstige Gründe	44	84	69	108	96	344	271	134	50	35.4	1	1201
F	Unbekannt	34	34	24	32	37	152	194	92	42	38.1	1	642
F	Total	314	828	829	1668	1585	6368	6810	3452	1325	39.1	22	23201
G	Unbekannt	64	89	90	162	179	615	642	274	107	37.4	7	2229
G	Total	721	2073	2847	7856	7905	24235	23091	10567	3420	37,4	132	82847

Source: EBIS 1999 (Türk & Welsch 2000a)

Table 49: Single diagnosis and age (men)

Einzeldiagnose *		Alter in Jahren										Gesamt	
		-14	15 - 17	18 - 19	20 - 24	25 - 29	30 - 39	40 - 49	50 - 59	60 -	Mittelwert	Abs.	%
F10	Alkohol	0,3%	0,7%	1,5%	5,9%	8,2%	32,1%	32,6%	14,5%	4,1%	*39,5*	42743	77,5%
F11	Heroin	0,4%	2,2%	6,0%	26,5%	24,7%	31,4%	8,1%	0,7%	0,1%	*28,4*	10055	18,2%
	Methadon	0,4%	0,5%	3,6%	21,5%	25,4%	38,0%	10,2%	0,5%		*29,9*	2785	5,1%
	Codein-Präparate	0,3%	0,6%	3,6%	19,9%	25,9%	37,7%	11,2%	0,6%	0,1%	*30,2*	2156	3,9%
	Sonstige opiathaltige Mittel	0,4%	0,6%	3,9%	21,1%	20,1%	36,3%	16,6%	0,4%	0,4%	*31,1*	487	0,9%
F12	Haschisch	0,7%	6,9%	10,8%	27,2%	20,3%	26,6%	6,8%	0,5%	0,1%	*26,7*	11885	21,6%
	Marihuana	0,5%	7,2%	11,7%	27,0%	20,9%	24,8%	7,2%	0,5%	0,1%	*26,7*	3905	7,1%
F13	Beruhigungsmittel	0,3%	0,8%	3,4%	16,2%	21,2%	37,9%	14,7%	4,2%	1,2%	*32,3*	3569	6,5%
	Schlafmittel	0,3%	0,7%	4,0%	17,1%	23,2%	37,0%	13,9%	3,0%	0,7%	*31,7*	1749	3,2%
F14	Kokain	0,3%	2,4%	6,9%	25,3%	24,0%	32,7%	7,7%	0,6%	0,1%	*28,2*	7035	12,8%
	Crack	0,6%	2,0%	8,1%	22,5%	28,4%	32,3%	5,9%	0,3%		*27,9*	356	0,6%
	Sonstige Kokain		3,0%	12,2%	30,3%	21,1%	28,3%	5,3%			*26,9*	304	0,6%
F15	Andere Stimulantien	0,3%	5,1%	12,7%	32,9%	21,1%	22,5%	4,8%	0,5%	0,1%	*26,0*	2702	4,9%
F16	LSD	0,2%	5,2%	12,0%	32,7%	19,8%	22,4%	6,9%	0,7%	0,2%	*26,2*	3259	5,9%
	Mescalin	0,3%	2,3%	10,1%	27,2%	17,1%	29,5%	12,1%	1,3%		*28,6*	298	0,5%
	Sonstige Halluzinogene	0,3%	7,1%	15,2%	33,7%	19,3%	19,3%	4,5%	0,5%	0,1%	*24,5*	1023	1,9%
F17	Tabak	0,3%	1,7%	3,7%	11,9%	12,7%	33,3%	25,7%	9,0%	1,7%	*35,7*	13726	24,9%
F18	Flüchtige Lösungsmittel	1,2%	2,9%	9,9%	15,2%	21,1%	33,3%	9,9%	5,3%	1,2%	*30,4*	171	0,3%
F19	And. psychotrope Substanzen	0,4%	8,1%	14,9%	38,1%	20,5%	14,2%	3,3%	0,6%		*24,3*	1240	2,2%
F50	Eßstörungen	0,9%	3,5%	4,2%	11,6%	13,3%	30,2%	24,6%	8,3%	3,5%	*35,5*	577	1,0%
F55	Antidepressiva		1,1%	1,8%	12,5%	16,6%	29,5%	25,1%	12,5%	0,7%	*36,4*	271	0,5%
	Laxantia				10,7%	14,3%	64,3%	7,1%		3,6%	*34,2*	28	0,1%
	Analgetika		3,4%	2,9%	8,0%	10,3%	31,0%	31,0%	12,1%	1,1%	*37,1*	174	0,3%
	Antazida			7,7%		30,8%	46,2%	15,4%			*32,2*	13	0,0%
	Vitamine				12,5%	17,5%	40,0%	15,0%	12,5%	2,5%	*36,3*	40	0,1%
	Steroide / Hormone		5,3%	5,3%	5,3%	21,1%	31,6%	26,3%	5,3%		*34,3*	19	0,0%
	best. Pflanzen / Naturheilmittel		10,3%	5,9%	19,1%	13,2%	29,4%	13,2%	8,8%		*31,5*	68	0,1%
	andere / n.n. bezeichnete		2,9%	1,5%	10,3%	14,7%	27,9%	32,4%	8,8%	1,5%	*37,0*	68	0,1%
F63	Automatenspiel	0,5%	0,6%	1,8%	11,7%	22,5%	41,7%	15,4%	4,5%	1,2%	*33,2*	1433	2,6%
	Glücksspiel	0,5%		1,5%	7,4%	21,1%	41,9%	18,9%	7,1%	1,7%	*35,0*	408	0,7%
Gesamt	**Abs.**	286	1091	1878	5835	5972	16720	15010	6501	1826	*36,8*	55119	100%
	%	0,5%	2,0%	3,4%	10,6%	10,8%	30,3%	27,2%	11,8%	3,3%		100%	

Einzeldiagnose		Alter in Jahren										Gesamt	
		-14	15 - 17	18 - 19	20 - 24	25 - 29	30 - 39	40 - 49	50 - 59	60 -	Mittelwert	Unbekannt	Total
F10	Alkohol	130	308	646	2530	3509	13728	13935	6210	1747	39,5	94	42837
F11	Heroin	37	220	601	2667	2483	3156	816	66	9	28,4	8	10063
	Methadon	10	13	101	598	707	1058	285	13	0	29,9	1	2786
	Codein-Präparate	7	14	78	429	559	812	241	14	2	30,2	2	2158
	Sonstige opiathaltige Mittel	2	3	19	103	98	177	81	2	2	31,1	0	487
F12	Haschisch	80	818	1284	3237	2418	3164	810	63	11	26,7	10	11895
	Marihuana	19	282	457	1056	818	968	283	19	3	26,7	3	3908
F13	Beruhigungsmittel	12	30	122	577	756	1353	525	151	43	32,3	7	3576
	Schlafmittel	6	12	70	299	406	647	243	53	13	31,7	0	1749
F14	Kokain	20	171	484	1780	1690	2302	539	43	6	28,2	8	7043
	Crack	2	7	29	80	101	115	21	1	0	27,9	0	356
	Sonstige Kokain	0	9	37	92	64	86	16	0	0	26,9	1	305
F15	Andere Stimulantien	9	138	342	890	569	607	130	13	4	26,0	2	2704
F16	LSD	8	168	390	1066	644	729	225	23	6	26,2	7	3266
	Mescalin	1	7	30	81	51	88	36	4	0	28,6	1	299
	Sonstige Halluzinogene	3	73	156	345	197	197	46	5	1	24,5	2	1025
F17	Tabak	45	232	508	1628	1743	4567	3534	1237	232	35,7	10	13736
F18	Flüchtige Lösungsmittel	2	5	17	26	36	57	17	9	2	30,4	0	171
F19	And. psychotrope Substanzen	5	100	185	472	254	176	41	7	0	24,3	2	1242
F50	Eßstörungen	5	20	24	67	77	174	142	48	20	35,5	0	577
F55	Antidepressiva	0	3	5	34	45	80	68	34	2	36,4	0	271
	Laxantia	0	0	0	3	4	18	2	0	1	34,2	0	28
	Analgetika	0	6	5	14	18	54	54	21	2	37,1	0	174
	Antazida	0	0	1	0	4	6	2	0	0	32,2	0	13
	Vitamine	0	0	0	5	7	16	6	5	1	36,3	0	40
	Steroide / Hormone	0	1	1	1	4	6	5	1	0	34,3	0	19
	best. Pflanzen / Naturheilmittel	0	7	4	13	9	20	9	6	0	31,5	0	68
	andere / n.n. bezeichnete	0	2	1	7	10	19	22	6	1	37,0	0	68
F63	Automatenspiel	7	9	26	168	323	597	221	65	17	33,2	5	1438
	Glücksspiel	2	0	6	30	86	171	77	29	7	35,0	1	409
Gesamt	Unbekannt												
	Total	286	1091	1878	5835	5972	16720	15010	6501	1826	36,8	101	55220

Source: EBIS 1999 (Türk & Welsch 2000a)

Table 50: Single diagnosis and age (women)

Einzeldiagnose *		Alter in Jahren										Gesamt	
		-14	15 - 17	18 - 19	20 - 24	25 - 29	30 - 39	40 - 49	50 - 59	60 -	Mittelwert	Abs.	%
F10	Alkohol	0,4%	1,0%	1,1%	3,4%	5,0%	29,6%	34,4%	18,5%	6,5%	*42,3*	12057	71,9%
F11	Heroin	0,6%	6,5%	9,3%	24,5%	19,3%	32,2%	6,7%	0,8%	0,2%	*27,7*	2538	15,1%
	Methadon	0,4%	1,1%	4,3%	23,4%	22,8%	39,5%	7,6%	0,8%	0,1%	*29,3*	958	5,7%
	Codein-Präparate	0,2%	2,4%	5,9%	22,0%	22,3%	34,6%	10,6%	1,6%	0,3%	*29,7*	613	3,7%
	Sonstige opiathaltige Mittel		4,0%	4,7%	20,8%	16,8%	30,9%	17,4%	2,7%	2,7%	*32,1*	149	0,9%
F12	Haschisch	2,1%	13,0%	12,6%	24,8%	15,6%	24,9%	6,3%	0,5%	0,2%	*25,8*	2414	14,4%
	Marihuana	2,8%	14,8%	12,7%	25,0%	14,7%	23,6%	5,4%	1,0%		*25,2*	777	4,6%
F13	Beruhigungsmittel	0,6%	2,2%	4,2%	11,8%	12,7%	31,3%	21,9%	10,9%	4,4%	*36,2*	1759	10,5%
	Schlafmittel	0,5%	3,3%	4,8%	14,0%	13,3%	31,3%	19,3%	9,7%	3,8%	*35,1*	731	4,4%
F14	Kokain	0,5%	7,5%	10,5%	23,2%	19,2%	32,8%	5,8%	0,5%	0,1%	*27,3*	1524	9,1%
	Crack	3,4%	10,2%	25,4%	32,2%	8,5%	20,3%				*23,1*	59	0,4%
	Sonstige Kokain		10,4%	14,9%	34,3%	10,4%	26,9%	3,0%			*25,0*	67	0,4%
F15	Andere Stimulantien	1,6%	12,9%	15,7%	27,6%	13,3%	22,1%	5,2%	0,8%	0,8%	*25,4*	630	3,8%
F16	LSD	1,3%	12,5%	16,9%	27,6%	13,8%	19,7%	6,7%	0,9%	0,5%	*25,4*	638	3,8%
	Mescalin		9,1%	15,2%	30,3%	12,1%	27,3%	6,1%			*26,2*	33	0,2%
	Sonstige Halluzinogene	2,1%	18,1%	19,4%	32,1%	11,4%	13,1%	3,8%			*22,9*	237	1,4%
F17	Tabak	0,9%	3,8%	4,2%	10,5%	10,2%	33,0%	25,4%	9,7%	2,3%	*35,8*	3177	18,9%
F18	Flüchtige Lösungsmittel		11,8%	5,9%	15,7%	21,6%	17,6%	25,5%	2,0%		*30,5*	51	0,3%
F19	And. psychotrope Substanzen	2,5%	19,9%	18,4%	27,8%	13,0%	14,4%	2,5%	0,7%	0,7%	*23,2*	277	1,7%
F50	Eßstörungen	2,7%	10,9%	9,6%	19,6%	11,8%	26,3%	13,2%	4,9%	1,0%	*29,3*	2040	12,2%
F55	Antidepressiva	0,4%	2,2%	0,7%	6,7%	8,6%	31,2%	30,9%	15,6%	3,7%	*39,5*	269	1,6%
	Laxantia		7,7%	8,7%	18,3%	10,6%	33,7%	15,4%	4,8%	1,0%	*31,0*	104	0,6%
	Analgetika	0,6%	2,2%	1,1%	6,7%	9,0%	36,0%	22,5%	14,6%	7,3%	*39,7*	178	1,1%
	Antazida				25,0%	25,0%		25,0%	25,0%		*38,0*	4	0,0%
	Vitamine	4,8%			9,5%		33,3%	28,6%	23,8%		*38,9*	21	0,1%
	Steroide / Hormone		8,3%	4,2%	20,8%		33,3%	16,7%	12,5%	4,2%	*35,5*	24	0,1%
	best. Pflanzen / Naturheilmittel	1,5%	3,1%		7,7%	10,8%	27,7%	27,7%	20,0%	1,5%	*38,2*	65	0,4%
	andere / n.n. bezeichnete	1,7%	1,7%	3,3%	18,3%	11,7%	16,7%	33,3%	11,7%	1,7%	*35,8*	60	0,4%
F63	Automatenspiel	1,6%	2,4%	3,2%	10,4%	8,0%	36,8%	22,4%	12,8%	2,4%	*37,0*	125	0,7%
	Glücksspiel				7,9%	7,9%	55,3%	18,4%	7,9%	2,6%	*36,9*	38	0,2%
Gesamt	**Abs.**	173	662	670	1374	1234	4701	4672	2432	851	*38,4*	16769	100%
	%	1,0%	3,9%	4,0%	8,2%	7,4%	28,0%	27,9%	14,5%	5,1%		100%	

Source: EBIS 1999 (Türk & Welsch 2000a)

Einzeldiagnose		Alter in Jahren										Gesamt	
		-14	15 - 17	18 - 19	20 - 24	25 - 29	30 - 39	40 - 49	50 - 59	60 -	Mittelwert	Unbekannt	Total
F10	Alkohol	53	122	138	409	606	3563	4153	2229	784	42,3	12	12069
F11	Heroin	15	165	236	621	490	816	170	21	4	27.7	0	2538
	Methadon	4	11	41	224	218	378	73	8	1	29,3	0	958
	Codein-Präparate	1	15	36	135	137	212	65	10	2	29,7	0	613
	Sonstige opiathaltige Mittel	0	6	7	31	25	46	26	4	4	32,1	0	149
F12	Haschisch	50	313	305	599	376	601	153	11	6	25,8	3	2417
	Marihuana	22	115	99	194	114	183	42	8	0	25,2	3	780
F13	Beruhigungsmittel	10	39	73	207	224	551	386	191	78	36,2	0	1759
	Schlafmittel	4	24	35	102	97	229	141	71	28	35,1	0	731
F14	Kokain	7	114	160	353	292	500	88	8	2	27,3	1	1525
	Crack	2	6	15	19	5	12	0	0	0	23,1	0	59
	Sonstige Kokain	0	7	10	23	7	18	2	0	0	25,0	0	67
F15	Andere Stimulantien	10	81	99	174	84	139	33	5	5	25,4	0	630
F16	LSD	8	80	108	176	88	126	43	6	3	25.4	0	638
	Mescalin	0	3	5	10	4	9	2	0	0	26.2	0	33
	Sonstige Halluzinogene	5	43	46	76	27	31	9	0	0	22.9	0	237
F17	Tabak	28	120	133	335	324	1049	807	308	73	35,8	3	3180
F18	Flüchtige Lösungsmittel	0	6	3	8	11	9	13	1	0	30,5	2	53
F19	And. psychotrope Substanzen	7	55	51	77	36	40	7	2	2	23,2	0	277
F50	Eßstörungen	56	223	196	399	241	536	270	99	20	29,3	0	2040
F55	Antidepressiva	1	6	2	18	23	84	83	42	10	39,5	0	269
	Laxantia	0	8	9	19	11	35	16	5	1	31,0	0	104
	Analgetika	1	4	2	12	16	64	40	26	13	39,7	0	178
	Antazida	0	0	0	1	1	0	1	1	0	38,0	0	4
	Vitamine	1	0	0	2	0	7	6	5	0	38,9	0	21
	Steroide / Hormone	0	2	1	5	0	8	4	3	1	35.5	0	24
	best. Pflanzen / Naturheilmittel	1	2	0	5	7	18	18	13	1	38.2	0	65
	andere / n.n. bezeichnete	1	1	2	11	7	10	20	7	1	35.8	0	60
F63	Automatenspiel	2	3	4	13	10	46	28	16	3	37,0	0	125
	Glücksspiel	0	0	0	3	3	21	7	3	1	36,9	0	38
Gesamt	Unbekannt												
	Total	173	662	670	1374	1234	4701	4672	2432	851	38,4	15	16784

Source: EBIS 1999 (Türk & Welsch 2000a)

Inpatient treatment, Germany
Table 51: Main diagnosis and gender

Hauptdiagnose	Geschlecht		Gesamt	
	Männer	Frauen	Abs.	%
Alkohol	70,6%	71,6%	11711	70,9%
Heroin	13,2%	12,5%	2153	13,0%
Methadon	1,2%	0,6%	174	1,1%
Codein-Präparate	0,2%	0,2%	28	0,2%
Sonstige opiathaltige Mittel	0,2%	0,2%	29	0,2%
Haschisch/ Marihuana	1,0%	0,4%	139	0,8%
Schlafmittel	0,1%	0,4%	29	0,2%
Beruhigungsmittel	0,3%	1,8%	110	0,7%
Kokain	1,2%	0,6%	175	1,1%
Crack	0,0%	0,0%	6	0,0%
Sonstige	0,0%	0,0%	5	0,0%
Andere Stimulantien	0,4%	0,2%	51	0,3%
LSD	0,1%	0,1%	10	0,1%
Mescalin	0,0%		2	0,0%
Sonstige Designer Drugs	0,1%	0,1%	10	0,1%
Tabak			0	0,0%
Flüchtige Lösungsmittel			0	0,0%
Andere psychoaktive Substanzen	0,3%	0,2%	42	0,3%
Substanzen ohne Abhängigkeitspotential	0,0%	0,1%	4	0,0%
Eßstörungen	0,0%	1,1%	44	0,3%
Automatenspiel	0,1%		8	0,0%
Glücksspiel	0,0%	0,0%	4	0,0%
Sonstige/ unbekannt	11,2%	9,8%	1793	10,8%
Gesamt Abs.	12623	3904	16527	100%
%	76,4%	23,6%	100%	

Source: SEDOS 1999 (Türk & Welsch 2000b)

Table 52: Main diagnosis and age

Haupt-diagnose	Alter										Gesamt	
	- 14	15 - 17	18 -19	20 - 24	25 - 29	30 - 39	40 - 49	50 - 59	ab 60	*Mittel*	Abs.	%
Alkohol	0,2%	0,1%	0,3%	2,0%	4,2%	32,1%	38,2%	18,3%	4,4%	*42,6*	11711	70,9%
Heroin	0,1%	1,3%	4,6%	27,0%	26,6%	34,5%	5,7%	0,1%		*28,4*	2153	13,0%
Methadon		1,7%	3,4%	29,3%	31,6%	27,6%	5,7%	0,6%		*28,0*	174	1,1%
Codein-Präparate				28,6%	17,9%	25,0%	25,0%	3,6%		*32,5*	28	0,2%
Sonstige opiathaltige Mittel		3,4%	6,9%	17,2%	17,2%	24,1%	27,6%		3,4%	*33,3*	29	0,2%
Haschisch/ Marihuana		7,9%	17,3%	33,1%	24,5%	13,7%	2,9%	0,7%		*24,4*	139	0,8%
Schlafmittel			3,4%	17,2%	10,3%	31,0%	31,0%	6,9%		*35,5*	29	0,2%
Beruhigungsmittel				4,5%	4,5%	29,1%	38,2%	18,2%	5,5%	*42,5*	110	0,7%
Kokain		0,7%	1,1%	14,7%	18,9%	22,5%	3,5%			*28,6*	285	1,7%
Crack			16,7%	16,7%	16,7%	50,0%				*29,2*	6	0,0%
Sonstige					20,0%	80,0%				*32,4*	5	0,0%
Andere Stimulantien	2,0%		5,9%	45,1%	23,5%	15,7%	5,9%	2,0%		*25,9*	51	0,3%
LSD			20,0%	50,0%	20,0%	10,0%				*22,9*	10	0,1%
Mescalin			50,0%					50,0%		*34,5*	2	0,0%
Sonstige Designer Drugs			30,0%	70,0%						*21,3*	10	0,1%
Tabak											0	0,0%
Flüchtige Lösungsmittel											0	0,0%
Andere psychoaktive		2,4%	4,8%	21,4%	26,2%	35,7%	9,5%			*29,2*	42	0,3%
Substanzen ohne Abhängigkeits-potential						25,0%	75,0%			*41,7*	4	0,0%
Eßstörungen			6,8%	15,9%	31,8%	29,5%	15,9%			*29,9*	44	0,3%
Automatenspiel				12,5%	37,5%	50,0%				*28,6*	8	0,0%
Glücksspiel						50,0%	25,0%	25,0%		*42,5*	4	0,0%
Unbekannt	0,3%	0,2%	0,8%	7,6%	8,6%	29,2%	33,9%	16,5%	2,8%	*39,3*	1791	10,8%
Gesamt Abs.	30	65	204	1172	1426	5265	5316	2469	578	*39,8*	16525	100%
%	0,2%	0,4%	1,2%	7,1%	8,6%	31,9%	32,2%	14,9%	3,5%		100%	

Source: SEDOS 1999 (Türk & Welsch 2000b)

Further Tables

Table 53: Seizures of narcotics

	Heroin (kg)	Cocaine (kg)	Cannabis (kg)	LSD (Trips)	Amphetamines (kg)	Ecstasy (Tablets)
1982	202	33	3156	42170	16	
1983	260	106	4583	41848	25	
1984	264	171	5632	40951	14	
1985	208	165	11498	30536	28	
1986	157	186	2675	22237	85	
1987	320	296	2998	19487	62	
1988	537	496	11350	38033	91	
1989	727	1406	12073	10574	67	
1990	847	2474	13641	14332	85	
1991	1595	964	12344	13887	88	
1992	1438	1332	12166	29571	105	
1993	1095	1051	11353	23442	117	77922
1994	1590	767	25693	29627	120	239051
1995	933	1846	14248	71069	138	380858
1996	898	1373	9355	67082	160	692397
1997	722	1721	11495	78430	234	694281
1998	686	1133	21007	32250	310	419329
1999	796	1979	19907	22965	360	1470507

Source: Drugs Case Register 1999 (BKA 2000b)

Table 54: General offences under §29 BtMG („offences related to drug use“)

	Heroin	Cocaine	Cannabis	LSD	Amphetamines	Other
1982	8775	465	26799			3582
1983	9146	617	27410			2878
1984	8659	914	25550			2455
1985	8129	985	25712			2487
1986	9292	1226	29349	299		2145
1987	12164	1396	29568	346		2973
1988	16552	2071	31582	356	1577	1716
1989	20900	2768	33251	289	1625	1651
1990	25536	3100	34811	230	1852	1481
1991	33721	4141	33892	275	2098	1504
1992	38937	4773	32279	267	2653	1963
1993	32789	5854	34752	391	2983	2862
1994	29866	7543	40853	616	3250	3106
1995	30457	9326	49070	980	6951	4446
1996	34146	10151	55600	1657	10744	5470
1997	34473	12167	64456	1528	12687	5897
1998	31433	12835	79495	1035	11899	6043
1999	28157	13810	85668	754	13356	6905

Source: Drugs Case Register 1999 (BKA 2000b)

Table 55: Illegal trafficking and smuggling of narcotics under §29 BtMG (Cases)

	Heroin	Cocaine	Cannabis	LSD	Amphetamines	Other
1982	6682	584	13993			1845
1983	6884	826	14288			1671
1984	6676	1059	13965			1310
1985	6333	1358	14224			1409
1986	5576	1238	15552	250		1124
1987	6802	1461	15447	252		1525
1988	8356	1945	15473	225	1027	697
1989	10167	2344	15726	238	1187	586
1990	11772	2729	16759	170	1120	490
1991	15742	3170	16375	202	1318	462
1992	17820	3758	14507	204	1534	590
1993	16854	4502	13261	231	1668	696
1994	15674	5818	16144	358	2082	1035
1995	17489	7478	19083	601	3960	1412
1996	18580	8447	23021	1093	7198	2200
1997	18927	9869	24221	984	8006	1955
1998	17149	9858	27188	591	6508	2102
1999	16172	10877	29776	480	7267	2365

Source: Drugs Case Register 1999 (BKA 2000a)

Table 56: Illegal import of narcotics under § 30 Abs. 1 Nr. 4 BtMG (Cases)

	Heroin	Cocaine	Cannabis	LSD	Amphetamines	Other
1986	650	179	871	34		59
1987	784	299	932	26		136
1988	866	363	893	30	104	56
1989	931	396	857	17	112	50
1990	871	436	1063	27	73	51
1991	982	542	1348	35	96	44
1992	1022	551	1481	24	141	68
1993	1161	651	1662	26	188	83
1994	1107	685	1788	33	237	127
1995	1110	883	2308	55	355	155
1996	824	840	2522	86	595	209
1997	1029	748	2675	62	420	117
1998	1043	698	3180	41	500	136
1999	1249	812	3529	46	503	195

Source: Drugs Case Register 1999 (BKA 2000b)

Table 57: Summing of crimes (offences in connection with consumption, trafficking, smuggling, illegal import)

	Heroin	Cocaine	Cannabis	LSD	Amphetamines	Other
1982	15457	1049	40792	0	0	5427
1983	16030	1443	41698	0	0	4549
1984	15335	1973	39515	0	0	3765
1985	14462	2343	39936	0	0	3896
1986	15518	2643	45772	583	0	3328
1987	19750	3156	45947	624	0	4634
1988	25774	4379	47948	611	2708	2469
1989	31998	5508	49834	544	2924	2287
1990	38179	6265	52633	427	3045	2022
1991	50445	7853	51615	512	3512	2010
1992	57779	9082	48267	495	4328	2621
1993	50804	11007	49675	648	4839	3641
1994	46647	14046	58785	1007	5569	4268
1995	49056	17687	70461	1636	11266	6013
1996	53550	19802	81143	2836	18537	7879
1997	54429	22784	91352	2574	21113	7969
1998	49627	23391	109863	1667	18907	8281
1999	45578	25499	118973	1280	21126	9465

Source: Drugs Case Register 1999 (BKA 2000b)

Table 58: Drug-related deaths in Germany since 1980

Drug-related deaths	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
	324	348	442	670	991	1491	2125	2099	1738	1624	1565	1712	1501	1674	1812
Men	124	275	356	548	815	1227	1770	1750	1419	1346	1293	1447	1223	1401	1513
Women	78	73	86	122	176	264	329	332	298	264	254	138	250	258	294
< 14 years															
14 -< 18	2		1	2	5	9	9	18	15	15	13	18	9	21	29
18 -< 21	23	15	32	33	51	78	121	108	87	74	97	79	106	93	110
21 -< 25	86	60	86	155	206	317	383	415	292	230	208	241	171	253	247
25 -< 30	119	132	144	196	317	472	645	646	522	486	414	435	341	354	376
> 30 years	94	141	179	265	412	615	941	895	801	805	815	912	846	938	1004

Source: Drugs Case Register 1999 (BKA 2000b)

Table 59: Drug prices in gramm, by small amounts (g) and large amounts (kg)

	Cannabis Gramm	Cannabis Kg	Heroin Gramm	Heroin kg	Cocaine Gramm	Cocaine kg	Amphetamines Gramm	Amphetamines kg
1975	3,75 DM	2,40 DM	220,00 DM	80,00 DM	150,00 DM			
1976	6,00 DM	2,50 DM	210,00 DM	80,00 DM	150,00 DM			
1977	6,00 DM	3,10 DM	450,00 DM	120,00 DM	195,00 DM			
1978	7,50 DM	3,75 DM	225,00 DM	115,00 DM	225,00 DM			
1979	7,50 DM	4,50 DM	165,00 DM	107,50 DM	225,00 DM			
1980	10,00 DM	6,25 DM	225,00 DM	90,00 DM	225,00 DM			
1981	12,00 DM	5,54 DM	195,00 DM	140,00 DM	225,00 DM			
1982	15,00 DM	8,50 DM	315,00 DM	115,00 DM	350,00 DM	135,00 DM		
1983	14,00 DM	10,00 DM	450,00 DM	145,00 DM	275,00 DM	160,00 DM		
1984	18,00 DM	9,25 DM	327,00 DM	190,00 DM	298,00 DM	145,00 DM		
1985	12,00 DM	7,95 DM	315,00 DM	175,00 DM	261,00 DM	185,00 DM		
1986	14,00 DM	9,00 DM	320,00 DM	171,00 DM	295,00 DM	169,00 DM		
1987	14,25 DM	8,20 DM	370,00 DM	143,00 DM	213,00 DM	145,00 DM		
1988	15,00 DM	7,75 DM	250,00 DM	115,00 DM	200,00 DM	100,00 DM		
1989	12,00 DM	7,50 DM	200,00 DM	85,00 DM	200,00 DM	110,00 DM		
1990	12,00 DM	6,00 DM	175,00 DM	75,00 DM	200,00 DM	110,00 DM		
1991	12,00 DM	6,00 DM	125,00 DM	60,00 DM	150,00 DM	95,00 DM		
1992	10,00 DM	5,75 DM	150,00 DM	65,00 DM	155,00 DM	80,00 DM		
1993	11,00 DM	5,65 DM	125,00 DM	60,00 DM	163,00 DM	88,00 DM	55,00 DM	25,30 DM
1994	11,00 DM	5,50 DM	130,00 DM	59,80 DM	156,00 DM	84,30 DM	11,00 DM	20,00 DM
1995	11,00 DM	5,04 DM	128,00 DM	52,33 DM	151,00 DM	77,54 DM	20,00 DM	20,12 DM
1996	11,50 DM	5,01 DM	108,00 DM	49,13 DM	141,00 DM	76,67 DM	27,00 DM	17,88 DM
1997	12,00 DM	4,98 DM	88,00 DM	45,92 DM	131,00 DM	75,80 DM	34,00 DM	15,64 DM
1998	12,00 DM	4,60 DM	88,00 DM	44,00 DM	128,00 DM	73,00 DM	32,00 DM	14,60 DM
1999	11,00 DM	4,84 DM	85,50 DM	42,70 DM	125,00 DM	72,50 DM	28,50 DM	11,30 DM

Source: Federal Criminal Police Office 2000

ANNEX III BROCHURES

Bundeszentrale für gesundheitliche Aufklärung (BZgA) (Hrsg.). (1999) *Evaluation – ein Instrument zur Qualitätssicherung in der Gesundheitsförderung* (Fachheftreihe: „Forschung und Praxis der Gesundheitsförderung“, Band 8); Köln.

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