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for the European Monitoring Centre
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Report to the EMCDDA by the Reitox National Focal Point Germany:

Drug Situation 2001

prepared on behalf of the European Monitoring Centre for Drugs and Drug Addiction EMCDDA
and the German Ministry for Healthand Social Security (BMGS)
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Abbreviations

	German	English
AMG	Arzneimittelgesetz	Pharmaceutical Law
ANOMO	Anonymes Monitoring in den Praxen niedergelassener Ärzte	Anonymous monitoring of a representative sample of doctors in independent practise
AUB Richt-linien	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
BMGS	Bundesministerium für Gesundheit und Soziale Sicherheit	Federal Ministry for Healthand Social Security
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	Survey on the Use of Psychoactive Substances in the German Adult Population
BZgA	Bundeszentrale für gesundheitliche Aufklärung	Federal Centre for Health Education (FCHE)
BLV	Badischer Landesverband gegen die Suchtgefahren	
DAS	Drogenaffinitätsstudie	Drug Affinity Study
DBDD	Deutsche Referenzstelle für die Europäische Beobachtungsstelle für Drogen und Drogensucht	German Reference Centre for the European Monitoring Centre for Drugs and Drug Addiction
DFB	Deutscher Fußball Bund	German Football Association
DND	Drogennotdienst	Drug Emergency Service
DSB	Deutscher Sport Bund	German Sports Association
DTB	Deutscher Turner Bund	German Gymnastic Association
EBDD	Europäische Beobachtungsstelle für Drogen und Drogensucht	European Monitoring Centre for Drugs and Drug Addiction
ECDP		European Cities on Drug Policy
EDDRA		Exchange on Drug Demand Reduction Action
EU	Europäische Union	European Union
FAW	Fachverband für Außenwerbung	
GRV	Gesetzliche Rentenversicherungen	Public Social and Pension Insurance
HAART		Highly Activating Antirectroviral Treatment
HBV	Hepatitis B Virus	Hepatitis B Virus
HCV	Hepatitis C Virus	Hepatitis C Virus
IVU	Intravenös applizierende Drogenkonsumenten	Intravenous drug users
KJHG	Kinder- und Jugendhilfegesetz	Law on children and youth help
LAAM	Levoalphaacetylmethadol	
NGOs	Nicht-staatliche Organisationen	Non-governmental organizations
REITOX	Europäisches Informationsnetzwerk zu Drogen und Sucht	Reseau Europeen d'Information sur les Drogues et Toxicomanies
RKI	Robert Koch Institut	Robert Koch Institute
SGB	Sozialgesetzbuch	Code of Social Law
StBA	Statistisches Bundesamt	Federal Statistical Office
StGB	Strafgesetzbuch	General Criminal Code
THC	Tetrahydrocannabinol	
UN	Vereinte Nationen	United Nations
VDR	Verband Deutscher Rentenversicherungsträger	German Association of Pension Insurances
WHO	Weltgesundheitsorganisation	World Health Organisation
ZI	Zentrales Institut der Kassenärztlichen Versorgungen	Central Institute of Panel Doctors

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

Introduction

With this actual REITOX Report 2002 the DBDD fulfils its function as German Focal Point of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) to describe the situation for Germany comprehensively in an up-to-date version. The National Focal Points of each of the EU member states report in a standardized structure and with the help of more and more standardized methods on the situation of illicit drugs in their countries

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

The report appeared exclusively in an electronical version for the first time in 2001 and is offered for downloading via internet since one year. Since then, the German version of the report has been downloaded around 10.000 times and the English version approximately 2.000 times. With lower costs the medium internet has shown much more effectiveness compared to the printed version, which was distributed only 250 times. The report for the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) offers also basic and background information concerning drugs on national level for experts and for the interested public.

This year also a lot of information was gathered, evaluated, interpreted and presented. The partners, working together in the frame of the DBDD, have again - each in his specialized

area - contributed to this report. The IFT was responsible for the coordination of the work and the publication of the report.

Special thanks to all those persons who supported the preparation of this report by supplying information and instructions. Scientists, colleagues in associations and numerous ministries and other offices offered their co-operation.

We have tried to deliver a global view of the situation in Germany concerning epidemiology, supply and demand reduction measures as well as drug policy. At he same time we must, however, emphasize that due to the multitude activities on municipal, land and federal level only a small share can be described. We made efforts to draw our attention within the range of demands of the EBDD and the national partners mainly to new, forward-looking or especially well-evaluated aspects. In case one or the other important study is not mentioned or a special measure is not described which according to your opinion should be included in the report, please let us know. In a federal country like Germany, it is not always easy to gain a complete overview of the situation. With the support of professionals in the different areas concerned we try further to reduce the “blind spots”.

Roland Simon

Director of the DBDD

Summary

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

Political strategies on Federal and Laender level

Addiction policy in Germany in former years has mainly targeted illegal substances. The aim is - depending on the individual situation - to prevent starting drug use, enable to stop it through intervention as early as possible, offer help to survive or obtaining exit from an addiction with all possible help available.

In the coming years the measures of the addiction policy of the Federal government will touch more than before also legal psychoactive substances. On the basis of the new conceptual outline for an action plan drugs and addiction it is planned to compile an “Action Plan Drugs and Addiction” which will replace the “National Plan to fight against Drugs”, which was put into place in 1990. The main focus will be on an extension of addiction policy towards legal substances and a stronger integration of European developments into national activities.

It has been already forbidden this year to sell tobacco to children and adolescents below 16.

Epidemiological situation

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

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

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

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

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

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

Measures for reduction of demand

Different projects on Federal and Laender level serve for prevention and information purposes. As part of addiction prevention in schools measures to support life skills have been especially effective. Such programmes can be found in nearly all Federal Laender. Internet projects are done by the Federal Centre for Health Education (www.drugcom.de) and on Laender level (i.e. www.drugscout.de in Saxony). In Germany drug policy is always also under responsibility of the Laender. This is true for health aspects as well as for law enforcement. National law (e.g. the narcotic law) is partly interpreted and implemented in different ways. A number of Federal Laender have set up their own plans for addiction prevention.

Germany disposes of a highly developed help system concerning addiction, combining medical, social and psychotherapeutic elements. Specialised outpatient and inpatient institutions offer drug-free care, detoxification, substitution, rehabilitation, harm reduction measures and so on. According to an estimation 50.000 persons with opiate addiction were in substitution treatment in 2000. Exact figures will be available by end of 2002 from an substitution register.

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

A research project for medically supported treatment of opiate addicts started in March 2002. It will have a duration of 3 years and 7 cities are taking part. The main question to be answered is if and under what condition prescription of heroin for an extremely difficult group of opiate addicts can contribute to improve their situation concerning health, social and legal aspects, consumption behaviour. Basis is a comparison of different treatment methods

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

Key topics

Amongst young people cannabis is the most used drug. In the age group of 15-17 years already 22,7% have experiences with this substance, whereas cocaine, heroin and LSD on the other side, do not play a significant role. A great number of preventive measures aim at contacting youths as early as possible. Also between children and youths being treated because of drug problems in outpatient treatment centres, two out of three cases are related to cannabis.

The risk of developing an addiction is especially high within marginalised groups. The increasing number of drug-related deaths amongst young immigrants with a German origin from the former Soviet Union underlines such a risk. During the last year several measures of prevention and help have been developed, which are targeting this and other groups with an increased risk. Problems associated to the lack of integration of this group in the fields of language skills, school and professional education on the one side are risk factors for drug use. When these problems occur, a successful treatment strongly depends on solutions to be found for the client in the above mentioned areas. Adequate job and income are important predictors for a positive therapy result.

Information on the amount of public grants used for handling drug problems is only available for partial areas. A rough estimation of the total expenditures for a part of activities taken in the fields of health support and supply reduction as well as enforcement resulted in 2001 in a sum of more than 600 millions €. Out of that amount From that 239 million were spent for the execution of sentences (trade offences not included) and 277 million € for harm reduction and measures of health care. The total expenditures should be considerably higher than these amounts, as figures for expenditures for substitution treatment, police work and other fields of activities were not available.

Part I NATIONAL STRATEGIES: INSTITUTIONAL AND LEGAL FRAMEWORKS

1 Developments in Drug Policy and Responses

1.1 Political Framework in the drug field

1.1.1 Objectives and priorities of the national drug policy

The office of the Federal Drug Commissioner belongs since 1998 to the Federal Ministry for Health and Social Security (BMGS). Since the 22th January 2001 Mrs Caspers-Merk has been the member of the German Bundestag. She is responsible for addiction policy of the Federal Ministry for Healthand coordinates the drug and addiction policy of the whole Federal Government.

In May 2002 the Federal Drug Commissioner presented the current report on addiction and drugs. The Federal Government concentrates on the development of the existing helping system. Special attention is drawn to legal drugs, in particular tobacco and alcohol. The following statements concerning the drug situation were made in the report:

- Tobacco and alcohol is consumed commonly and people start consuming at an very early age.
- Altogether a slight decrease of the use of psychoactive drugs is stated, however, this does not apply to all partial groups. Young ethnic German, for example, show increasingly risk manners of behaviour and represent an extremely high percentage of drug deaths.
- Additionally there was a remarkable increase of the distribution of cannabis and a high increase of persons with a primary cannabis diagnosis.
- Young people show an increasingly risk behaviour related to taking legal and illegal drugs.
- It is observed that children and adolescents show an highly increasing use of certain pharmaceutics.

The aim of the drug and addiction policy of the Federal Government is:

- to prevent or to put off the start of use
- to realize and to reduce high-risk forms of use at an early stage
- to treat an addiction with all available possibilities, i.e. using drug free detoxification as well as substitution in order to achieve abstinence or at least to reduce the degree of addiction.

- to strengthen the role of prevention in general, e.g. using more effective measures for protecting non—smokers and reducing the use of alcohol.

In June 2002 the “Guidelines for the Plan of Action Drugs and Addiction”, which were submitted by the Federal Drug Commissioner, were approved by the Federal Cabinet. On 17th July these guidelines were discussed with representatives of the Laender, communities, associations, self-helping groups and science. (see 8.1.1.) On this basis a “Plan of Action Drugs and Addiction” is to be developed which is to replace the “National Plan to fight Narcotics” which was passed in 1990. The main aspects are:

- to embody the four basic ideas of drugs and addiction policy (prevention, therapy, surviving help and the reduction of offers)
- the balanced reduction of offers and demands which are also demanded in international agreements
- to involve legal drugs and their risks in the concept
- to integrate the European development in national measures

The guidelines gave rise to a generally positive response from the Laender, associations and other groups in society. In the near future it will be of major importance that the Federal Government and the Laender agree on the determination of various approaches.

In the framework of the programme for health research of the Federal Government four interdisciplinary research associations were initiated which deal with questions concerning specific substances and general substances. Due to the cooperation between research and practice, which is a basic idea of these associations, the research is to be connected with the supplying institutions, the transfer of research results is to be speeded up and long-term structures of interdisciplinary cooperation are to be developed. It is planned that the research associations run for three years and it is possible to extend them for another three years.

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 Bundestag 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 Healthis responsible for drug policies in general, for the international co-operation in the drug field as well as for the implementation of the international conventions on addictive substances, and additionally 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 always implemented by the 16 Federal Laender. The Laender effect the

legislation and the administration of the Federal Government and matters within the European Union by the Bundesrat (Federal Chamber of German Laender). The implementation of drug laws by the Federal Laender includes mainly prosecution and monitoring of the circulation of narcotics as far as not the Federal Centre for Drugs and Medical Devices (BfArM) is responsible. Plans for supply, financial matters and the coordination with the bodies responsible for health and pension insurance are tasks of the Federal Laender. In the interest of a perfect coordination of drug policy nearly all Federal Laender have a Drug or Addiction Commissioner. Their task is basically to bring together and coordinate the measures of different branches (health, social, youth, culture, interior, justice) for example through inter-ministerial work-groups. They are networking between drug help and the general health related and social services.

Municipalities play also 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. Whereas costs associated with (secondary) diseases and detoxification are generally covered by the legal health insurance rehabilitation is paid by the pension insurance. They pay for acute treatment, in-patient and in partly out-patient detoxification and after care.

1.1.3 National strategies and federal structures

Within the federal structure in Germany the Federal Government develops a general strategy and determines the comprehensive targets of drug policy. This is realized by elaborating national plans of action (National Plan to Fight Narcotics 1990, the new Plan of Action Drugs and Addiction) on the one hand and by the narcotic law on the other hand.

Another possibility to realize strategic targets is the execution of model projects. They are often carried out in cooperation and with financial support of the Laender in order to test new methods and organization structures for a certain period. Later on they shall be carried out by the Laender. A current model project of special scientific and political importance is the model project of heroin supported treatment for opiate addicts which started in spring 2002. The costs of this project are financed commonly by the Federal Government, the Laender and the cities (for details see 10.2).

Prevention is especially promoted within most different fields by the Federal Centre for Health Education, an institution subordinated to the Federal Ministry of Health. The two main campaigns of the BZgA are “Make children strong” in the field of primary prevention and www.drugcom.de in order to contact adolescents, who take drugs, by using the internet.

1.1.4 Realization of national targets and strategies

Legislation and the support of model and research projects implement primarily the national targets and strategies on Federal level.

Thus the Federal Government passed fundamentally new regulations concerning substitution supported treatment. These regulations which came partly into force only in July 2002 serve for implementing targets of drug policy in the field of treatment and surviving help.

The regulation concerning users rooms which was added into the narcotic law in 2001 has the same objective (§10a BtMG). Legislation laid down in detail which prerequisites have to be met for setting up and running users rooms. The Laender which run such users rooms have to pass a legal regulation which has to meet the guidelines of the narcotic law. Up to now five Laender have already passed such a regulation. The Federal Government ordered an observation in order to realize whether the users rooms meet the objectives of the legislation (see 8.2.1 and 10.1.4)

Within the European Union as well as in Germany the surveillance of the domestic trade and trade with further countries is regulated by law in order to monitor more effectively precursors used for the production of illegal drugs (Grundstoffüberwachungsgesetz; law for the surveillance of basic substances, passed in 1974, was changed in 2002).

Additionally legal measures were carried out for fighting against the problems related to legal addictive substances:

By changing the traffic law the legal alcohol limit for driving motor vehicles was already reduced from a blood alcohol level of 0.8 to 0.5 per thousands last year. An infringement is punished with a fine of at least 250 Euro, a driving ban for a month and four points in the central data of traffic offences.

On the 1st January 2002 the so- called “apple juice law” came into force which commits every pub owner to offer at least one non-alcoholic drink for a cheaper price than the cheapest alcoholic drink. This measure is to influence the drinking behaviour of adolescents who mostly choose the cheapest drink in pubs and discos due to their financial situation.

The new law for shelter of young people in public permits the selling of tobacco goods to children and adolescents only at the age of 16. Furthermore in the future buying cigarettes is only possible with (EC) chip cards; thus people who are younger than 16 cannot buy cigarettes at cigarette machines. Advertising for alcohol and cigarettes in cinemas is not allowed before six o clock in the evening. Parts of the law will come into force later.

Model programmes and research projects

The aim is to reach the children of addicts more effectively. In the meantime there are several projects which have special offers for the children of addicts. Additionally a study is supported which deals with suggestions concerning the question how supporting institutions for addicts can reach the children of addicts more effectively.

In eleven locations model measures for addiction prevention concerning the surrounding of addicts are supported, in particular for young emigrants.

New approaches concerning the treatment of severely addicted, who were hardly reached by help offers up to now, are to be observed and evaluated in a study dealing with heroin

supported treatment. The study started in March 2002. In the meantime the collecting of patients has already started in the cities who take part. Altogether 1,120 patients can take part in the study.

Further activities

Children's misuse of pharmaceutics is to be observed in one part of the health survey for children done by the Robert-Koch-Institute.

In March 2002 a contract was made between the Federal Ministry for Healthand the tobacco industry. The tobacco industry committed itself to pay 11.8 million € for prevention measures for children and adolescents during the next five years. The money is used for prevention measures of the Federal Centre for Health Education (FCHE). It is out of question that the industry has an influence on the content.

1.2 Legal framework

As reaction to increased drug use in Germany a new Narcotic Law (Betäubungsmittelgesetz BtMG) was passed. The law was based partly on the international conventions on „Narcotic Drugs" (1961) and on „Psychotropic Substances" (1971). In parts in reaction to the continuous worsening of the drug situation the law was amended in 1981 in order to make it more simple. At the same time negative impacts on health and social behaviour should be reduced, whereas punishment for illegal trafficking were stiffened. For the first time special regulations have been edited for drug addicted delinquents. The principle "treatment instead of punishment" makes it possible that punishment can be remitted or reduced in order to promote therapies. In order to convert the UN convention of 1988 on illegal circulation of addictive and psychotropic substances further penal regulations have been added to the BtMG, for instance putting aside chemical substances for illegal production of drugs is regulated and punished by the law for the surveillance of basic substances (Grundstoffüberwachungsgesetz) in 1994. In 1992 substitution based treatment and the issue of injection needles was explicitly permitted. Moreover, public prosecutors are now able to stop punishment for use-related petty cases also without judge's agreement. The principle "Therapy instead of punishment" was further developed by improving the possibilities of crediting periods of therapy to punishment by deferring imprisonment and reducing threshold for entering. In 1992 and 1994 further penalties for heavy delinquencies of illegal drug trafficking were increased.

Narcotics (BtM) are according to the German Narcotic Law (Betäubungsmittelgesetz BtMG) substances included in three schedules which cover all substances mentioned in international conventions on addictive substances.

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

The regulations on the prescription of narcotics (BtMVV) handle the dealing with these substances. A summary of the latest regulations are listed in chart 1. The latest essential change of this regulation concerned the reform of the substitution supported treatment. The most important changes were the followings

- since 1st July 2001 general practitioners are only allowed to prescribe substitute substances if they have a special qualification in the field of addiction therapy. The requirements are stipulated by the Chamber of Doctors in charge.
- A central reporting system for the prescription of substitute substances was introduced bindingly. Every general practitioner who prescribes substitute substances to an opiate addicted patient has to report the details immediately to the Federal Centre for Drugs and Medical Devices.

- Due to the change of the law guidelines for substitution supported treatment, which meet the current knowledge in medical science in this field, have been determined by the Federal Chamber of Doctors.
- Currently it is discussed by the Ministry for Healthand the Federal committee of doctors and health insurances which requirements (e.g. secondary illnesses besides an opiate addiction) have to be met that the treatment is paid by the legal health insurances.
- Since June 2001 the regulations on narcotics concerning the prescription and distribution of narcotics in the treatment of patients addicted to narcotics and alcohol are valid for codeine and dihydrocodeine. The substitution with codeine is now only allowed in exceptional cases which are well-founded. Buprenorphine and levacetylmethadone can now also be used as substitution substances besides methadone, levomethadone, codeine and dihydrocodeine.
- The 16th Amendment of the Narcotic Law included isocodeine and zolpidem in order to make these substances less accessible because of their possible risks.

Table 1: Current changes concerning the Narcotic Law

Law came into effect	Amendments	CHANGES
01.07.2002	15th Amendment of the Narcotic Law	Qualification (addiction therapy) of general practitioner practising substitution is determined Introduction of a central reporting system for the prescription of substitution substances Buprenorphine and levacetylmethadone are added to the list of substitution substances
28.11.2001	16th Amendment of the Narcotic Law	Isocodeine is added to the schedule II of the Narcotic Law zolpidem and gamma-hydroxy-butyric acid are added to schedule III of the Narcotic Law, each in a restricted form depending on the amount of active substance and how the substance is administered

Further important regulations in the control of drugs are especially the Money Laundering Act (Geldwäschegesetz) and the traffic law (Straßenverkehrsgesetz): since 1998 it is an infringement of the law to conduct a motor vehicle under the influence of drugs, and it is punished with a fine and a driving ban.

In many aspects the general laws (general criminal code, StGB, code of criminal procedure StPO) take considerable influence also in the field of drugs.

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. There are more than 50 different Data Protection Commissioners in Germany who are responsible for diverse regions and organisations. Due to the variety of people in charge the interpretation of the data protection law differs in practice.

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). Due to the passing of the 9th Book of the Social Security Code (SGB IX) which came into force on the 1st July 2002 addicts have additional rights and the responsibilities of health insurances and pension insurances are determined more effectively. Moreover treatment institutions are subjected partly to new requirements and the transition between individual forms of treatment (out-patient, partly in-patient, in-patient) is easier. 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 Laws implementation

In its present issue the Narcotic Law offers extensive possibilities to terminate criminal proceedings already by the public prosecutor. How a study about the actuality of law in the different Federal Laender showed (Aulinger 1997), practice of criminal proceedings concerning possession of cannabis for personal use is carried out in a relatively uniform way. It shows that approximately 90% of all these proceedings are dismissed. However, administration concerning drugs with a higher potential of risk differed considerably within the Laender at the time of this study. The practice of prosecution is currently being observed again on the behalf of the Federal Ministry of Health. They observe at the same time how the behaviour of taking drugs is effected by essential penalties.

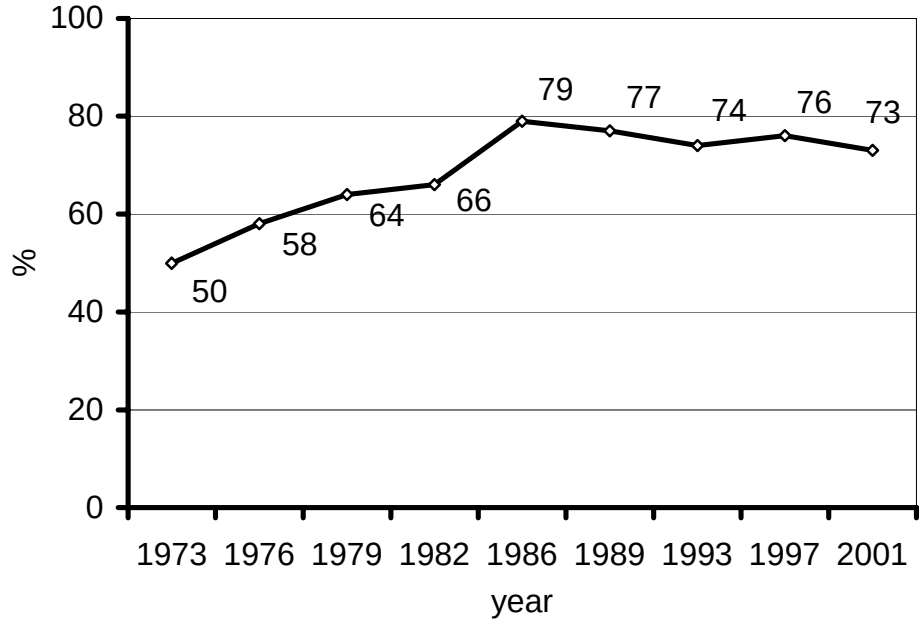
Altogether the regulations which are valid since 1982 and are summarized under the title “Therapy instead of Punishment” proved to be a success. However in several cases therapy was cancelled and replaced by punishment. The Federal Government and the Laender check at the moment whether concrete causes for these numbers of revocation are registered and whether they are to be analysed precisely (Federal Drug Commissioner 2002). Recently the jurisdiction concerning drugs and driving has been modified by a published judgement of the Federal Constitutional Court (1 BvR 2062/96). According to this judgement it can no longer be assumed that the possession of cannabis alone can be sufficient for judging a person as not being able to drive a car. Driving under the influence of cannabis or appropriate suspicious circumstances are still judged in the same way and can be punished (driving ban, fine, etc.).

1.4 Developments in public attitudes and debates

Information about attitudes and opinions concerning consumption of drugs and drugs are obtained by representative surveys in regular terms. In the Drug Affinity Study (DAS), raised

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

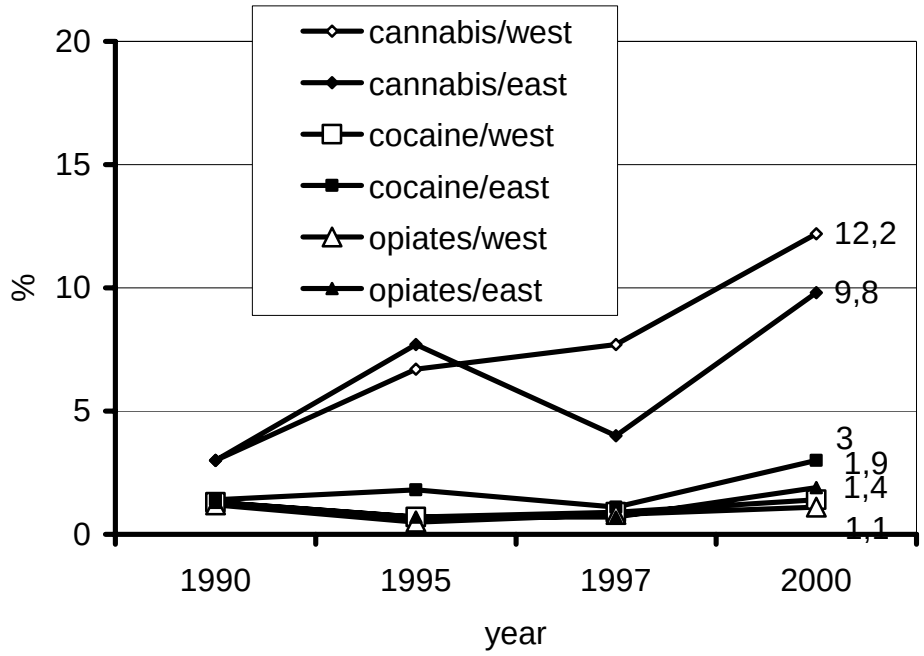
Figure 1: Rejection of illegal drugs (1973 -2001)



Source: Drug Affinity Study 2000 (BZgA 2001b)

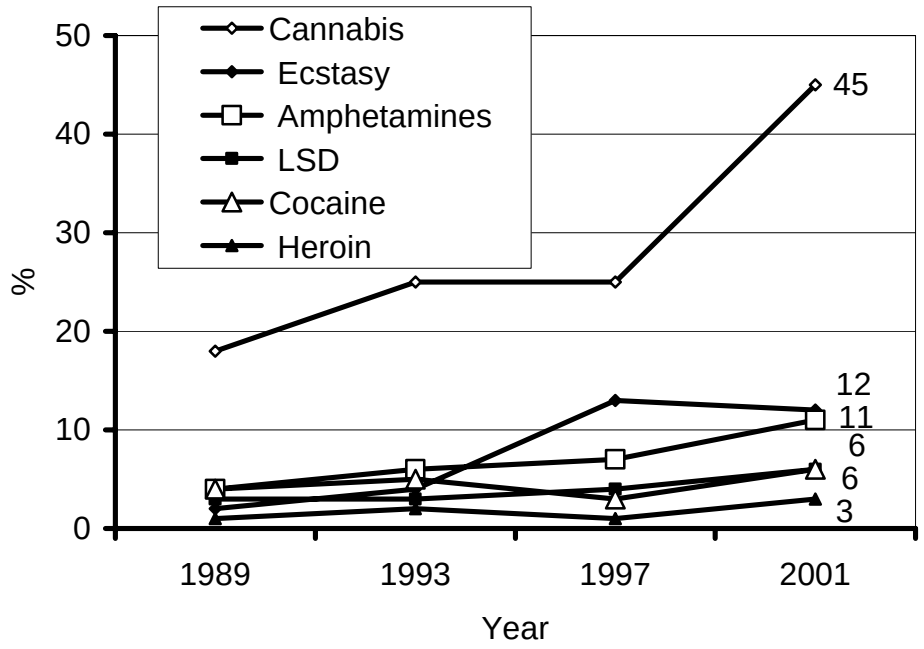
At the same time the preparation to consume drugs in the same age group increased considerably at least for cannabis. Almost each second person without drug experience up till now is of the opinion that „one could try Cannabis“. However consumption of cocaine and heroine for testing purposes is still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

Figure 2: Willingness to use illegal drugs in the age group 12-25 years



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

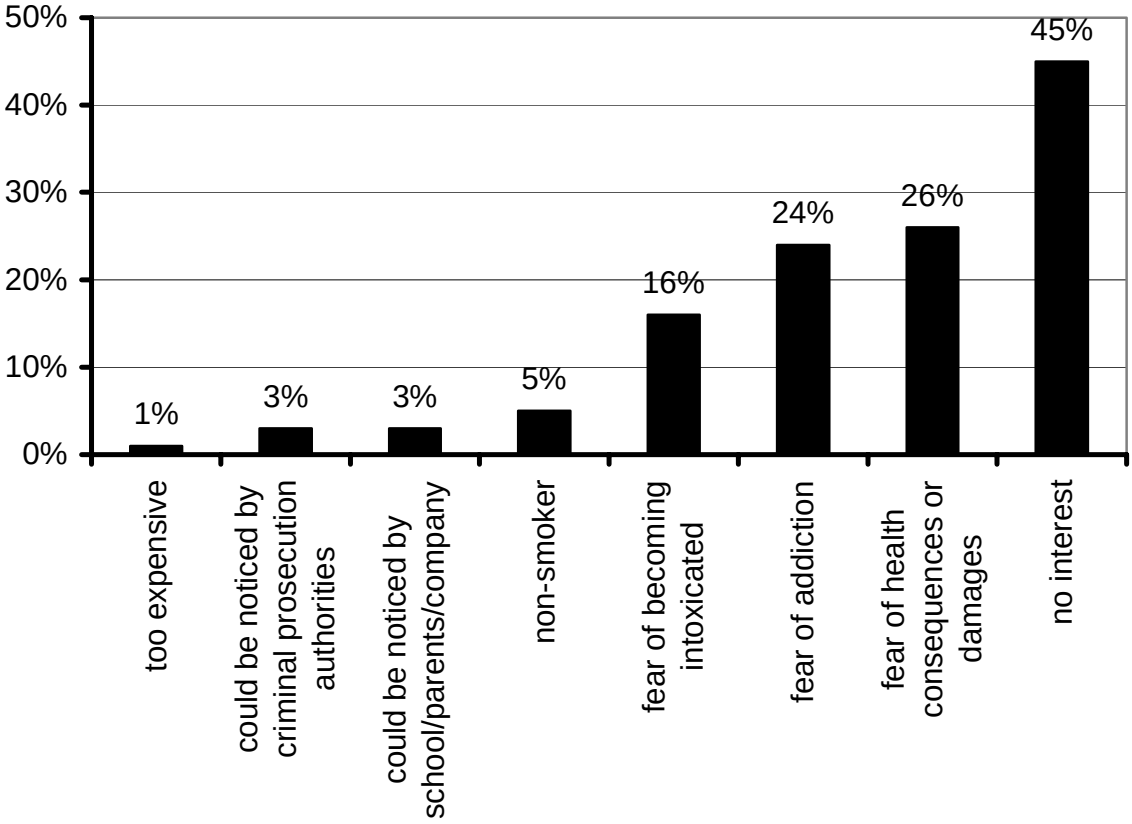
Figure 3: Readiness to use drugs when offered in the age-group 18-39 years



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

Reasons for rejecting the first drug offer are on one hand concentrated on the risks and fear of injuries to health (26%) and addiction (24%). However, the most important motive is by far lack of interest being the reason for refusal in almost half of the cases. The threat of social sanctions or criminal prosecution are due to the estimation of the persons concerned only of little importance (figure 4).

Figure 4: Reasons for rejection of the first drug offer



Source: Drug Affinity Study 2001 (BZgA 2001b)

The estimation of various psychoactive substances as „drug“ and as „very dangerous“ shows the different valuation of legal and illegal substances but also the differences for instance between cannabis and heroin. Heroin, cocaine, ecstasy and cannabis are estimated by 90% as „drugs“, nicotine by 68% and alcohol by 61% (FOKUS 2001). More than 80% value heroine, cocaine, LSD and ecstasy as very dangerous, marijuana and hashish are classified this way by only half of the interviewed persons and nicotine as well as alcohol by only one fourth. Whereas dangerousness of heroin and cocaine was valued still more critically between the surveys of 1998 and 2000, the development of cannabis went slightly into the opposite direction: from 54% to 50% (Table 2).

Table 2: Knowledge about drugs and perceived risk

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

Source: FOKUS 2001

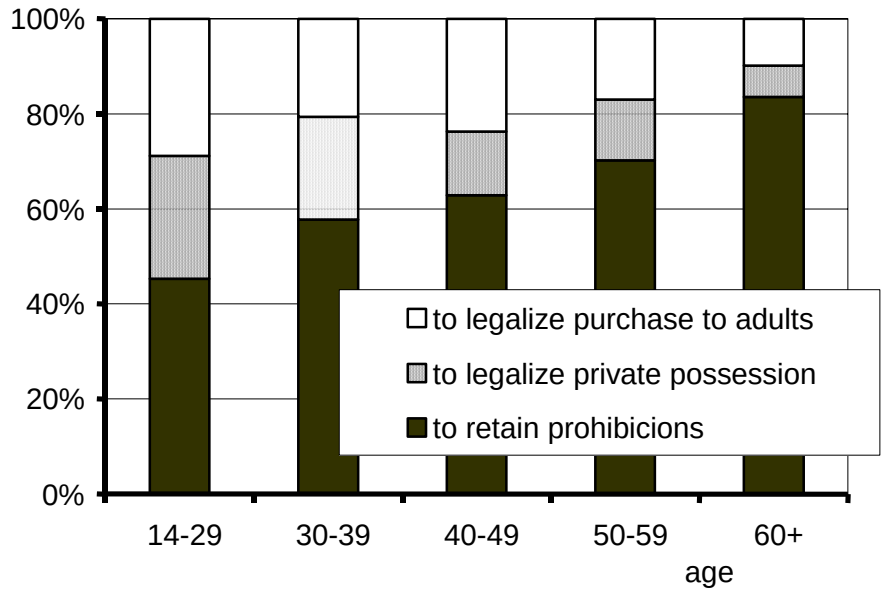
In the course of representative inquiries made by telephone in the years 1994 – 1996 the interviewed persons estimate the drug problem in Germany as at least as high (higher or equal) as the alcohol problem. In 1997 the corresponding percentages were 67% in the Western and 65% in the Eastern Laender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

In the last few years the topic “legalizing cannabis” has appeared also in public discussions again and again. Individual groups have started campaigns for the idea of legalizing which included, for example, that opinion leaders were approached directly by using the internet. In February 2002 policy makers and scientists from five European countries (inclusively Germany) met in the framework of an international conference in Brussels in order to inform themselves about the current situation of the research: In some central statements the final report corresponds, for example, with the results of a current French study (INSERM 2002). Altogether the risks of using cannabis are likely to be limited. Nevertheless in particular the problem of addiction, which is in most cases psychological, the probably higher risk of cancer compared with tobacco, the connection with psychotic disorders and furthermore concentration and performance disorders among adolescents are mentioned. In several fields, for example neurobiology, the current knowledge is still considered not to be sufficient. Additionally it is not known yet whether the combination of legal drugs and cannabis can probably lead to an increasing number of problems.

All political parties agree to a large extent that prosecution concerning the personal use of cannabis is to be of minor priority whereas the trade is to be prosecuted increasingly.

Current polls state that the majority of the population is still against legalizing cannabis. The result of a representative EMNID survey done in August 2001 was that 62% agree with the current prohibition of cannabis. Regarding the result, divided into age-groups, it shows that the number of supporters of this approach among young people is lower, approximately 40%, than among older people. But also amongst young people only every fourth person supports the legal trade of cannabis for grown-ups (figure 5).

Figure 5: Opinion concerning the legalizing of cannabis



Source: Results of an EMNID survey August 2001 by order of the Youth Organisation of the Green Party N=2011

As the table 3 shows 70% of the population still think that cannabis is a starting drug and leads to the consumption of hard drugs. Further results prove that 75% of the interviewed believe that the use of cannabis leads to addiction. Young and old people have a similar opinion concerning this question. Approximately 50% of the elder people and about 40% of the younger estimate that cannabis has a slightly worse effect on their health than alcohol (table 3).

Table 3: Opinions concerning the use of cannabis

Statement	age-groups (years)					
(I do agree completely/I do agree)	total	14-29	30-39	40-49	50-59	60+
"Cannabis is for a high percentage of users a starting drug which leads to the use of hard drugs."	70%	67%	75%	71%	75%	66%
"The use of cannabis leads to addiction."	75%	70%	72%	75%	80%	77%
"The use of cannabis causes more damages of health than the use of alcohol."	45%	37%	43%	49%	50%	49%

Source: Results of the EMNID survey in August 2001 on the behalf of the youth organisation of the Greens. Number of random samples: N=2011

1.5 Budget and funding arrangements

In the year 2001 the Federal Ministry for Healthhad altogether a budget of 13,6 Mio € (2000: 13.9 Mio; 1999: 12.3, (table 4)) for measures for the fight against the misuse of drugs and addictive substances. This field includes legal and illegal substances. Financial data concerning only illegal drugs are not available. The biggest share of above means, the

amount of € 6 Mio. was provided for preventive measures. Model projects were promoted with € 5 Mio. out of Federal means. Research and investigation in the field „Drug and Addiction“ have been supported with roughly 1 Mio € out of means of the Federal Ministry of Health. The work of the DBDD as well as investigations concerning basic indicators (surveys, treatment demand) were promoted approximately with half a million € altogether.

The Federal Laender have different responsibilities in the field of drugs and addiction. They are competent for the common health care, social help (according to the Federal Social Help Law), for measures according to the Law on Children and Youth Help as well as criminal prosecution. This means that prevention of addiction, consultation, struggle against drug criminality and partly also the treatment of addicts are financed to a great extent by public means out of Laender and communities. For the field of „Drugs and Addiction there have been spent approximately € 136 Mio. (2000: 136 Mio., 1999: 127 Mio.). For the city-states this includes partly also municipal means, i.e. expenditure for supervised living and shelter. Additionally it is often not possible to differentiate between the expenses for problems concerning legal and illegal psychotropic drugs. Thus the stated figures are only a rough clue (table 4).

Expenses for (secondary) illnesses and physical detoxification are generally paid by the health insurances. In-patient and out-patient medical rehabilitation are paid by the pension insurances. In 2001 the legal pension insurances spent altogether approximately € 493 Mio for rehabilitation and other services for addictive illnesses (alcohol, pharmaceutics, drugs). Whereas the biggest part of the expenses is spent for in-patient treatment (77%) and financial help on a temporary basis (15%); help measures (3%), out-patient treatment (3%) or additional treatments have a subordinated/minor role. Due to the statements of the legal pension insurances concerning the division of cases into alcoholic, pharmaceutical or drug-related problems it can be roughly estimated that drug addiction causes approximately 24 % of all expenses.

Table 4: Budgets for drugs and addiction in Germany 2001

Institution	Field of activities	(Mio. €)	
		Addictive Substances (no further specification)	Drug and multiple addiction[1]
Federal Ministry for Health[2]	Education in the field of misuse of drugs and addictive substances	6.1	
	Models in the field of misuse of drugs and addictive substances	5,0	
	Financial support for research and development projects in the field of misuse of drugs and addictive substances	1,0	
	Support of central facilities and associations	1,0	
	Support of national information focal points in the field of addiction	0,5	
Federal Laender[3]	Activities in the field of drugs and addiction	136.0	
Federation of German Pension Insurance Institutions (VDR)[4]	Inpatient services	379.2	100.5
	Outpatient services	14.5	1.5
	Bridging payment ("Übergangsgeld")	75.9	18.0
	Additional support	14.3	3.4
	Other services	9.3	2.2

In 2001 for altogether 9,767 treatments (especially for in-patient and partly for out-patient detoxification) were approved by the legal pension insurances (GVR) for psychological and behavioural disorders caused by pharmaceutics and drugs. The biggest number of treatments (7,041) are within the category "psychological and behavioural disorders caused by multiple substance use and the use of other psychotropic substances" which includes multiple use as well as other not specified substances. Moreover problems caused by opiates (1,906) are of importance (table 5).

[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: personal statement of the Federal Ministry for Health2002

[3] Source: Federal Ministry of Health2000b

[4] VDR-statistics rehabilitation 1999 (Federation of German Pension Institutions 2000)

Table 5: Payments by pension insurances

Payments for the treatment of psychological and behavioural disorders caused by…	Number of payments
Opiates	1,906
Cannabinoids	299
Sedatives and hypnotics	243
Cocaine	258
Hallucinogenics	13
volatile substances	7
multiple substance use and use of other psychotropic substances	7041

Source: VDR statistics rehabilitation 2001 (Federation of German Pension Institutions)

I

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 1971 a new drug law was set up as a reaction to the emerging drug problem in society. Cannabis use, which was rather stable for some years considerably increased. Today cannabis use is spread all over the country and over quite different social groups. LSD became less important after the seventies and remained only a relatively minor problem since then.

Heroin started to be used in Germany already in the seventies to a greater extent. Till today heroin use is primarily found in metropolitan areas, prevalence rates and seizures in rural areas are much lower. In the new Laender heroin use is still less frequent but single local drug scenes have been appearing in the previous years. Although the total number of heroin drug users is still much lower than the number of cannabis users many social and health problems are mainly linked to heroin drug use - especially drug-related crime, death and HIV or AIDS. Methadone, needle-exchange and harm reduction programmes are installed to reduce risks of infection for i.v.. drug users. The impact of these programmes is evaluated quite positive, as the epidemic went on much slower than expected. The proportion of HIV-positive heroin users has been at a constant level in the last years (Simon and Palazzetti 1999a; Türk and Welsch 2000a; Welsch 2001a; Welsch 2001b; Robert Koch Institut 2002). Many harm reduction approaches are nearly not evaluated.

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

An increasing consumption of crack is particularly proven in the metropolises Hamburg and Frankfurt during the last several years. Due to reports from the help sector the change from cocaine to crack has probably been speeded up in 2001. One reason is may be that there is a higher availability of crack on the market.

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

2.1.2 Emerging trends and changing patterns of use and drug users

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

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

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

The Representative Survey on the Use of Psychoactive Substances is a questioning in written from on the use of psychotropic substances, its consequences and assessment as well as other framework data. The survey is carried out among a representative sample of 18 to 59 year old resident population. A relatively large sample (2000: 6.632 persons in the old Federal Laender and 1.430 in the new Federal Laender) allows to make valid statements on the use of legal substances, Cannabis and partly Ecstasy. Trend analysis on “hard” drugs is possible. Because of changes in municipal administration and the German reunification sample generating procedures were modified within the last years. Some parts of the survey

were carried out as telephone interviews in the framework of methodological studies. Due to a bias in samples those results are not completely comparable. The questionnaires have remained comparable since 1980. In 2000 45,5% of those interviewed were willing to respond (response rate) (Kraus and Augustin 2001).

On behalf of the Federal Laender and city states regional or local prevalence studies were conducted from time to time. Those studies focus on specific substances, their extent, consequences and patterns of use or on features of a certain group of drug users. In Berlin, North Rhine-Westphalia and Rhineland-Palatinate (2000) as well as in Hamburg (1997) local surveys have been carried out in the framework of the Representative Survey on the Use of Psychoactive Substances. Regional samples were additionally funded by the Federal Laender. In Saxony-Anhalt the Study on Modern Drug and Addiction Prevention (MODRUS II) was carried out for the second time, and a third collection is planned for 2003. Subject were patterns of drug use, opinions etc. (Böttcher et al. 1999). In 2002 a number of Federal Laender will participate in the ESPAD, an international school survey about the use of psychoactive substances. Due to the present state Bavaria, Berlin, Brandenburg, Hessian, Mecklenburg Western Pomerania and Thuringia plan to participate in the survey.

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

Use of drugs other than cannabis is still less frequent. It seems that ecstasy use has been stabilising lately whereas the spread of amphetamines has clearly been rising. However, the latest police data point to the fact that the use, particularly of ecstasy, has increased in 2001. Ecstasy use is more often in the new Federal Laender than in the old ones. Prevalence rates of recent drug use (last 12 months) are higher than in the last survey carried out in 1997. Ecstasy and amphetamines are often used by the group of users and play an important role in the party and techno scene. Among those drug users alcohol, cannabis and cocaine are also important.

Compared to the drugs mentioned above, the trend in the case of heroin and the other opiates is pursuing a different course. Since around 1992, various surveys - which admittedly are only appropriate to a limited extent in this area - have shown that the problem is only slightly increasing or is stagnating. In the treatment area these figures are also stable, although here it is becoming clear that very marked shifts have taken place in the last few years within the opiates, these being explained chiefly by the increasing substitution figures. Today there is an estimated number of 50,000 persons in methadone substitution. A definite number will be available will be available from the end of 2002 on when a substitution register will be available.

Cocaine shows a stable and steady increase in comparison to the other drugs which have been discussed before. Here too the results from the treatment area are in line with those of

the surveys of drug use. Cocaine continues to be one of the preferred subsidiary-use drugs for those addicted to opiates, according to the results on multiple substance use.

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

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

- Cannabis users who have been using this drug for a certain period in life. They frequently live inconspicuously and without major problems and further illegal drug use. However, the number of these people is increasing considerably in the out-patient addiction treatment, too.
- Young groups of users with multiple drug use, which are less specific with regard to the choice of drug. Cannabis is in first place but ecstasy meanwhile is also used very frequently. This group is at least partly associated with the rave scene, where MDMA is particularly active (e.g. at techno and rave parties). Other drugs, however, have also made their way into this scene. In particular there is evidence of an increase in LSD and cocaine.
- The group facing the most difficult circumstances continues to be that of heroin addicts. However the number of problematic cases has been stable or even declining in the last few years. Alongside heroin, there is subsidiary use of cocaine and cannabis, increasingly also of crack. Additionally addiction to alcohol is a problem in many cases.
- Users of cocaine who take no further drugs are statistically more common than heroin users. They are, however, more inconspicuous - according to information from hospitals, counselling centres and other social institutions. In addition to results from general population surveys, it is chiefly the high volumes seized which point to a comparatively wide distribution of this drug.
- The use of crack has remarkably increased in the drug scene. Up to now the increase has been limited to Hamburg and Frankfurt in particular. However, due to the information of the help sector the increase in using crack and especially the changing from powdered cocaine to crack was accelerated. Individual reports pointed out that the reduced availability and higher prices of powered cocaine are responsible. At least at local level this could be caused by specific “marketing” of crack which has been less popular up to now.

2.2 Drug use in the population

The Representative Survey on the Use of Psychoactive Substances of Adults in Germany shows that 19.8% of all 18 to 59 year old questioned have used drugs at least once in their

life (lifetime prevalence) 21.8% in the old Federal Laender and 11% in the new Federal Laender (Kraus and Augustin 2001). This corresponds to about 9.4 million adults with drug experience in the total population of Germany . 23.4% of men have made drug experience - obviously more often than women (16.0%). This difference is even more striking in the new Federal Laender: There the prevalence rate for men (14.6%) is more than two times as high than for women (7.1%).

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

Table 6: Lifetime-prevalence of illegal drug use in Germany

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

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

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

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

More than quarter of all German teenagers and young adults (12 - 25 years) have made experiences with illegal drugs at least once in their lifetimes. The results of the Drug Affinity

Study (BZgA 2001b) reveal that there is nearly no difference in drug experience of teenagers between old and new Federal Laender anymore (lifetime-prevalence 28% re 24%). Cannabis is the drug the mostly used (26%) followed by ecstasy (4%), amphetamines (3%), LSD (2%), cocaine (2%), solvents (1%), heroin (0.3%), crack (0.2%) and other drugs (3%) (table 6).

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

In the meantime there are around 5.2% of adults between 18 and 59 years in the new Laender stating that they used illegal drugs within the past 12 months. The prevalence has doubled since the last survey (1997: 2.7%) and reached - 11 years after the German reunification - the same level than in Western Germany. Projected to the total population these are about 2.9million people. In both parts of the country drugs are more often used by men than by women (West: 1.7:1; East 1.8:1). Among younger adults (18 - 39 years) prevalence rates are noticeably higher (10.7% in total Germany).

Table 7: 12-months prevalence of illegal drug use in Germany

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

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

There were no major changes in drug use of teenagers and young adults between 1997 and 2000. Of all 12 to 25 year olds questioned in the Drug Affinity Study 2001 13% stated that they have already used illegal drugs (BZgA 2001b). In 1997 the respective number was 15%. Effects of a change in questioning methods (face-to-face interview in 1997 and telephone

interview in 2000) have to be taken into consideration. They may affect the willingness of the interviewed to admit drug use as well as the composition of the sample. Main changes took place between 1993 and 1997 in Eastern Germany (1993: 3%; 1997: 14%) especially among female drug users (1993:1%; 1997: 14%) (table 7).

3.6% of all adult men and women in the old Federal Laender and 2.6% in the new Laender stated in the Representative Survey that they have been using illegal drugs in the last 30 days prior to the questioning (Kraus and Augustin 2001). Cannabis is also the drug mostly used among this group of persons (West: 3.4%; East: 2.5%). All 30 days prevalence rates can be found in the annex of this report. In the Drug Affinity Study (BZgA 2001b) no data on 30 days prevalence rates was collected (table 8).

Table 8: 30-days-prevalence of illegal drug use in Germany

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

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

Statements on the consumption of illegal drugs within specific groups and minorities can be looked up in chapter 15.

2.2.1 Cannabis

Cannabis is the illegal drug most frequently used in Germany. 21.4% of all questioned Western Germans and 10.8% of all questioned Eastern Germans (18-59 years) have used cannabis at least once in their lifetime (Kraus and Augustin 2001). There has been a considerable increase in cannabis use in the last 20 years, as prevalence rates of 18-24 year old West German drug users show. Lifetime prevalence rose from 14% (1980) to 25% (1997) and reached its highest level in 2000 (38%). Cannabis is mostly used by 18 -29year old West German men (lifetime prevalence 40.4%; 12-moth-prevalence: 21.1%; 30-days-prevalence: 13%).

In East Germany the portion of cannabis users among 18 to 29 year olds has risen from 2% to 12% manifestly between 1990 and 1995. In consequence the prevalence rate has been rising up to 29% till the year 2000 and is approaching the West German prevalence rate. Almost all teenagers have made their drug experience – if they have any - with cannabis (BZgA 2001b). 27% of all interviewees have ever been using drugs before, 26% of all interviewees have been using cannabis. In the last 8 years cannabis lifetime prevalence have also clearly been rising among teenagers (1993: 16%; 1997: 19%; 2001:26%) (tables 9-11).

Table 9: Lifetime-prevalence of cannabis use in Germany

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

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

Table 10: 12-months-prevalence of cannabis use in Germany

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

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

Table 11: 30-days-prevalence of cannabis use in Germany

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

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

2.2.2 Amphetamines

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

Amphetamine use is most frequent among 21 to 24 year olds (lifetime-prevalence: 5.6%; 12-moth-prevalence: 3.0%) (Kraus and Augustin 2001). The Drug Affinity Study 2001 shows that its use is less frequent among teenagers and younger adults (lifetime-prevalence and 12-moth-prevalence: 1.0%) (BZgA 2001b) (tables 12-13).

Table 12: Lifetime-prevalence of amphetamine use in Germany

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

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

Table 13: 12-moths-prevalence of amphetamine use in Germany

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

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

2.2.3 Ecstasy

In 2000 Ecstasy is the only drug with higher lifetime and 12-months prevalence rates of 18 to 59 year olds in the East than in the West (Kraus and Augustin 2001). This is due to the drug use of younger interviewed persons. 6.5% of all those questioned in the new Federal Laender and 4.4% of those in the old Laender agreed that they have made experiences with ecstasy. During the last 12 months 1.9% of all 18 to 29 year old in the West and 2.8% in the East were using ecstasy. Among elder questioned there are nearly no differences between East and West. Generally men have higher prevalence rates than women. Ecstasy is less prevalent among older drug users (table 14).

In the Drug Affinity Study 4% of all 12 to 25 year olds have ever used ecstasy in their lives (BZgA 2001b). In this age-group there have been no major changes since 1997 (1997: 5%) (Tables 14-15).

Table 14: Lifetime-prevalence of ecstasy use in Germany

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

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

Table 15: 12-month-prevalence of ecstasy use in Germany

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

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

2.2.4 Cocaine

The use of cocaine has clearly been increasing in the 1990s. This is the case for lifetime cocaine use as well as for recent cocaine use. After a slight decrease of lifetime prevalence in 1997 (age-group 18 to 39 years) they are increasing in 2000 again (West: 2000: 3.8%; 1997: 2.2%; 1995: 3.7%; 1990: 1.5%; East: 2000: 2.9%; 1997: 0.4%; 1995: 0.3%; 1990: 0.1%) (Kraus and Augustin 2001). Drug use in the last 12 months is more frequent in this age-group - primarily in the new Federal Laender (2000: 1.4%; 1997: 0.2%; 1995: 0.3%). 2% of all teenager and younger adults (12 to 25 years) have ever used cocaine before (BZgA 2001b). In the 1990ies there have been no relevant changes in cocaine use (1997: 2%; 1993: 3%) (tables 16-17).

Table 16: Lifetime-prevalence of cocaine use in Germany

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

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

Table 17: 12-month prevalence of cocaine use in Germany

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

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

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

As data from the "JJ basis monitoring system" shows polyvalent patterns of consumption are predominant among crack users. For all substances mainly used there is a considerable use of additional drugs. Men and women with crack use more additional substances than those without crack use. Therefore crack users turn out to be a highly problematical group of drug users (table 18-19).

Table 18: Crack use in three Frankfurt studies

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

Source: Vogt et al. (2000)

Table 19: Polyvalent patterns of drug use of crack users

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

Source: Vogt et al. (2000)

In 1999 in the open drug scene of Hamburg 64 crack smokers were interviewed (Thane and Thel 2000). 63% were male average age was 32 years), 37% were female (average age 29 years). This study also shows that smoking of crack is often accompanied by polyvalent drug use. 83% additionally use cocaine, 75% heroin, 58% heroin and cocaine, 22% heroin, cocaine and other drugs. Only 8% use exclusively crack. 50% of the persons interviewed have a daily smoke of crack, 19 pipes on the average. The effects of the substance were reported to be 3 minutes on average.

In Hamburg in the beginning of 2000 user were interviewed about their consumption within the last 24 hours on the basis of a standardized questionnaire in and within the surrounding of three users rooms which are close to the scene. Altogether 616 user (21% women, 79% men) with the average of 32.5 were interviewed. Heroin is still the drug which is mostly taken. Cocaine was used by three quarters of the interviewed. This share has been increased constantly in the last few years (Thiel et al. 2000). Based on this data the consumption patterns were split up in groups:

- Users who consume besides cocaine primarily heroin (35%).
- Users who consume primarily heroin (28%).

- Users who consume primarily heroin and cocaine, and methadone and benzodiazepine are of importance for them, too.
- Users who consume primarily alcohol and methadone and additionally heroin and cocaine (12%).

Moreover, the current consumption patterns of cocaine were investigated. The iv-use of cocaine plays a major role. 71% of 447 cocaine users injected cocaine, 58% used it exclusively intravenously. 39% used smoked cocaine in the form of crack within the last 24 hours, 25% smoked cocaine exclusively. The intensity of consumption varies among crack users (n=136). Approximately 50% of the users consume crack up to four times and 32% ten times or more a day.

If crack consumers are examined whether they take other drugs additionally it is rarely (9%) that crack is taken exclusively (no additional consumption of other drugs during the last 24 hours). Most frequently crack users take heroin as well. One third of the crack users took methadone during the last 24 hours – within or outside a regulated substitution programme. The combine crack with benzodiazepine or alcohol is equally frequent (table 20).

Table 20: Consumptions patterns cocaine

Patterns of cocaine consumption during the last 24 hours	per cent
Crack only	25%
Cocaine only (i.v.)	58%
Cocaine only (s.n.)	3%
Crack & cocaine (i.v.)	12%
Crack & cocaine (s.n.)	1%
Crack & cocaine (i.v. & s.n.)	1%
Units of crack consumption during the last 24 hours (n=136)	
One	21%
2 to 4	29%
5 to 9	18%
10 and more	32%
Consumption patterns including crack (n=136)	
Crack only(no additional drugs)	9%
Crack & heroin	85%
Crack & methadone	29%
Crack & Benzodiazepine	32%
Crack & alcohol	26%
Crack & heroin & methadone	25%

Source: Zurhold et al. 2001

Comparing the complete user group of users rooms and crack users there are no differences concerning age, duration of drug career and sex. In the situation of housing and income there is a tendency towards a higher disintegration which has not been examined more precisely (Zurhold et al. 2001).

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

2.2.5 LSD

LSD is the substance, the most frequently used among hallucinogens. It was very fashionable at the beginning of the 70s. From the mid 80ies until today they have been playing only a minor part in the German drug scene. Now they are "rediscovered" in the context of ecstasy. 2% of all adults in the West and 1.1% in the East of Germany have ever used LSD in their lives, 0.2% in the last 12 months (in both parts of the country). Recent LSD use was most frequent among 18 to 20 year olds (West: 1.5%; East: 2.2%) (Kraus and Augustin 2001). The results of the Drug Affinity Study confirm that LSD plays only a minor part among younger drug users. This has not been changing since the beginning of the 90ies until today (lifetime-prevalence 1993: 2%; 1997: 2%, 2001: 2%) (BZgA 2001b) (Tables 21-22).

Table 21: Lifetime-prevalence of LSD use in Germany

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

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

Table 22: 12-month-prevalence of LSD use in Germany

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

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

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

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

In the Representative Survey lifetime-prevalence of other opiates (e.g. codeine, opium, morphine) are 1% among 18 to 39 year olds, the 12-month-prevalence is 0.2%. Methadone is not very important either (lifetime-prevalence 0.2%; 12-months-prevalence 0.1%) (Kraus & Augustin 2001). Prevalence and estimates for heroin use are subject to limited significance when based on population surveys, because it is not frequent and prosecuted. Therefore it may be underestimated considerably. Prevalence estimates can describe the dimension of the opiate problem in comparison to other drugs but can not give an exact figure. The number of substituted (2001: 50.000 - 55.000) makes clear that the real number of heroin addicts should probably be much higher (see 2.3) (tables 23-26).

Table 23: Lifetime-prevalence of heroin use in Germany

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

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

Table 24: 12-months-prevalence of heroin use in Germany

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

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

Table 25: Lifetime-prevalence of opiates other than heroin

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

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

Table 26: 12-moths-prevalence of opiates other than heroin

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

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

2.2.7 Mushrooms containing psylocibines

Since February 1st 1998, mushrooms containing psylocibine fall under the narcotic law. Among other natural drugs those psychotropic substances have been becoming more frequent in the last years. The largest lifetime prevalence of mushrooms containing psylocibine and fly agarics is 7.2% among 18 to 29 year old East German men, among West German men in the same age-group the prevalence rate is 5%. Among women the highest prevalence rate is 3.3% (18 to 29 year old women in West Germany). Recent use in the last 12 months is only reported by persons under 30 years. Here too the respective percentage is highest among18 to 29 year old East German men (3.3%), followed by West German men (2.5%), West German women (1.2%) and East German women (0.5%). Use of mushrooms containing psylocibine was not subject of the Drug Affinity Study (tables 27-28).

Table 27: Lifetime-prevalence of mushrooms

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

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

Table 28: 12-moths-prevalence of mushrooms

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

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

2.2.8 Additional studies on the level of some Federal Laender

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

In 1997 a local survey was carried out in the framework of the national survey "Representative Survey on the Use of Psychoactive Substances" (Kraus et al. 1998) on behalf of the city of Hamburg. As there has been a separate analysis in 1990 trends can be analysed over the 1990ies. Between 1990 and 1997 lifetime-prevalence of cannabis remains nearly unchanged as table 25 shows. In 1990 27.9% and in 1997 26.5% of all 15-39 year old respondents used cannabis. In this age-group lifetime-prevalence of other substances have nearly not been changing. Major changes can be found in the group of very young drug users. While in the beginning of the 90s nobody amongst the youth had used LSD during the last 12 months, in 1997 it were already 1.4%. The survey also shows, that amphetamines in the meantime have become the most wide-spread drug amongst youth after cannabis. Specially high is the 12-months-prevalence of ecstasy use in this age group (3.8%). In 1990 this substance was not yet been included, as it was of little importance then (table 29).

Table 29: Consumption of illegal drugs in Hamburg (age-group 15-39)

	1990		1997	
Drug	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%

Source: Representative Survey 1997 (Kraus et al. 1998)
1 Heroin, Methadone other opiates
2 Cocaine without Crack in 1990

The studies Modrus I and II carried out in Saxony-Anhalt (see 2.1.2.) observed amongst other things the use of legal and illegal drugs among pupils and adults (parents and teachers). In 1998 and 2000 questionnaires were distributed for collecting the data. The table beneath shows the development of consumer types among pupils. Among most of the listed consumer types – except of cocaine/heroin – a considerable increasing can be noticed (table 30).

Table 30: Consumption types compared over time

Types of Consumption	1998	2000
Cannabis	7,5%	13,6%
Ecstasy	1,8%	2,5%
Cocaine/heroin	1,4%	1,5%
Cannabis or ecstasy or cocaine/heroin	8,8%	14,3%

Sample size: 1998:n=4.045; 2000:n=4.091, * only interviewed from MODRUS I/ 1998

2.3 Risky drug use

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

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

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

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

2.3.1 National and local prevalence estimates of drug use

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

therefore a total number of 150.000-175.000 cases of problematic users of opiates is assumed for Germany (table 31).

Table 31: Comparison of estimates for the year 2000 from different estimation methods

Treatment	Police	Mortality	Demographic-method	Extrapolation from HIV cases	Multivariate Indicator [1]
166,000-198,000	153,000-190,000	127,000-169,000	128,000-160,000	90,000-158,000	160,000

[1)] Old Laender only (West Germany)

If one considers only those three methods, which have produced estimates for 1995/97 and 2000, they indicate a clear increase in the prevalence of problematic opiate use between 1995 and 2000. Part of this increase is caused by the multipliers. Through recent research results these have become more reliable, which has resulted also in an upwards adjustment. The real increase in cases therefore might be overestimated for treatment and mortality, while the estimation procedure for police data remained rather stable. Altogether an increase in cases of about one quarter can be assumed (table 32).

Table 32: Comparison of estimates from different years

Method	Estimate on the basis of data from the years 1995	Estimate on the basis of data from the year 2000
Treatment	78,000-124,000	166,000-198,000
Police	131,000-142,000	153,000-190,000
Mortality	78,000-104,000	127,000-169,000

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

2.3.2 Problematic drug use at local level

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

In Hamburg, 64 crack-smokers of the open drug scene were interrogated in 1999 (Thane and Thiel 2000). 63% of the interviewees were males (average age 32), 37% females (average age 29). Also this study showed that smoking of crack goes hand in hand with polyvalent drug use. 83% additionally take cocaine, 75% heroin, 58% heroin and cocaine, 22% heroin, cocaine and other drugs. Only 8% exclusively use crack. About half of the interviewees smoke the substance daily, almost an average of 19 pipes. The reported duration of effect was three minutes on an average.

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

2.3.3 Risk behaviour of drug users

To drug users a great risk is posed by the intravenous application of substances. Through the injection, the drugs directly get into the blood stream provoking a quicker and intense intoxicant effect. As quality and concentration of a substance may considerably vary, drug users are faced with an incalculable risk of infection and overdose. In this way, blended or filler substances also enter the blood circulation. Lower risk drug use such as smoking or sniffing of substances is often practiced by younger users.

In the German Drug Help Statistics (facility based information system for outpatient centres for the treatment of addicts) the drug application forms of patients treated on out-patient basis (N = 67,992) have been also collected since 2000. A difference is made between injecting, smoking, eating, sniffing and other forms of consumption. Heroin is the drug which is injected most frequently (68.4%) followed by cocaine (32.5%) (Strobl et al. 2002a). Cannabinoids (97.6%) and crack (84.1%) are smoked most frequently. All other substances are taken orally with the exception of volatile solvents (53.6%), cocaine (33%), amphetamines (36.4%) and other stimulants (30.2%) which are snorted. German Drug Help Statistics do not survey drug use patterns in relation to combined drug use (e.g. heroin-cocaine-cocktails) (table 33).

Table 33: Drug mode of application for clients in out-patient treatment

	Mode of application					
Substance	Injection	Smoking	Eating	Sniffing	Others	Total
Heroin	68,4%	20,6%	0,8%	9,2%	0,9%	4543
Methadone	2,8%	1,5%	94,9%	0,1%	0,7%	1841
Codeine	2,7%	2,3%	93,0%	0,3%	1,7%	299
Other opiates	8,6%	17,8%	69,0%	1,7%	2,9%	174
Cannabis	0,3%	97,6%	1,8%	0,2%	0,1%	6545
Barbiturates	6,9%	2,7%	86,2%	0,5%	3,7%	377
Benzodiazepine	5,7%	1,6%	89,6%	0,2%	2,9%	1305
Other sedatives/ hypnotics	8,0%	1,1%	83,3%	1,7%	5,7%	174
Cocaine	32,5%	25,1%	1,9%	33,0%	7,5%	2251
Crack	4,7%	84,1%	4,3%	5,6%	1,3%	232
Amphetamine	2,8%	7,4%	48,5%	36,4%	4,8%	1115
MDMA	0,5%	2,8%	92,2%	2,1%	2,4%	1358
Other stimulants	1,0%	9,4%	52,0%	30,2%	7,4%	202
LSD	0,5%	7,0%	86,6%	1,6%	4,3%	560
Mescaline	4,3%	6,4%	72,3%	4,3%	12,8%	47
Other hallucinogenic	0,7%	14,8%	76,1%	4,2%	4,2%	142
Volatile substances	2,9%	42,0%		53,6%	1,4%	69
Other psychotropic substances	9,7%	11,3%	58,9%	2,4%	17,7%	124

Source: German Drug Help Statistics 2001 (Strobl et al. 2002a)

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

3 Health consequences

3.1 Drug treatment demand

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

The annual statistics of 2001 are based on data collected from a total of 123,655 people from 368 out-patient drug aid facilities; the evaluation software of Horizont was used by 79 facilities, 10 used Patfak and 279 used the EBIS-A program. Thus the number of participants decreased by 8% compared to the year before. In the in-patient treatment sector data of 12,564 people was collected. 34 facilities used EBIS-S, 20 Patfak and 11 Horizont. Parallelly to the countrywide used drug treatment monitoring systems, there are smaller, regional data collection systems e.g. in Hamburg and in Schleswig-Holstein. The current annual evaluation of 2001 covers with 368 facilities approximately 35% of all 1049[2] out-patient counselling and treatment facilities in Germany. Measured by the number of withdrawal treatments financed by pension insurance institutions, the cover quota amounts to roughly 86% in inpatient treatment[3]. The evaluation of the treatment situation of drug users in Germany, made on the basis of the data on hand, can be qualified as sufficiently reliable.

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

3.1.1 Characteristics of drug users

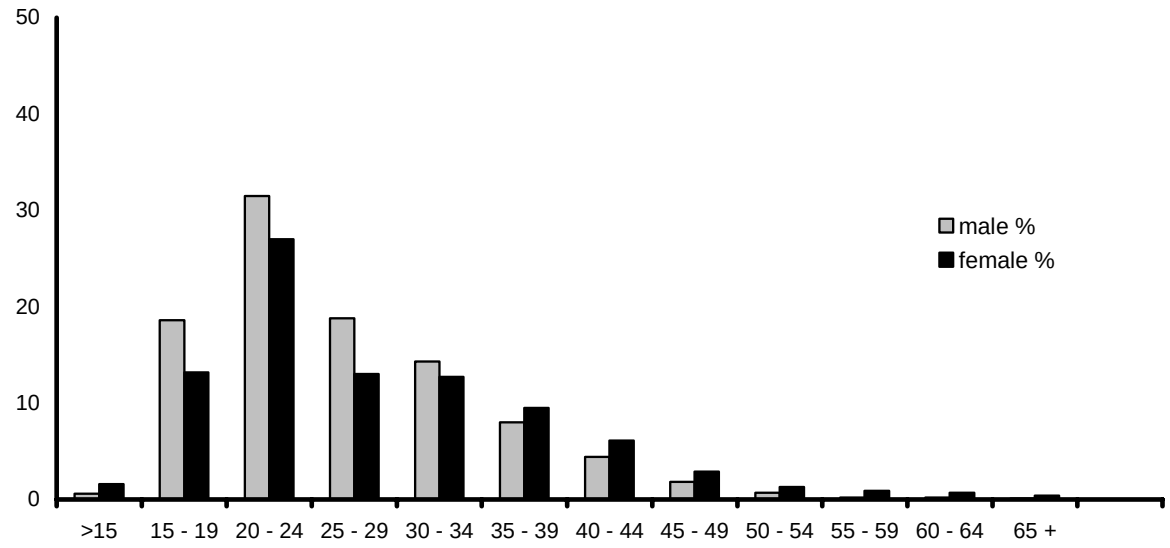
In the year 2001, almost 80% of all 13,607 clients in outpatient treatment were men. Over 80% of all male and 76% of all female clients were between 15 and 34 years old (figure 6).

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

[2] Länderkurzbericht 2001 (BMG 2002)

[3] VDR-Statistik Rehabilitation 2001, table 55M (VDR 2001)

Figure 6: **Percentage of age patients in out-patient treatment**



Source: German Drug Help Statistics 2001 (Strobl et al. 2002)

93% of the clients treated in outpatient counselling and treatment facilities are Germans (Strobl et al. 2002). 1.6% (n = 959) come from European neighbour countries , 5% (n = 2,989) from non-EU member states like ex-Yugoslavia, Turkey or from the former Soviet Union. Figures 7 and 8 show that drug-related problems differ between German and foreign clients. In both groups however, alcohol clearly represents the primarily used substance. It accounts for 75% with the German group and for a considerable lower percentage, i.e. 48%, with foreign clients (from EU- and non-EU-member states). In the foreign group, the portion of persons treated for opiates amounts to 34%, in the German group to 13%. Cannabis plays an important role in both groups; 9% of the foreign clients and 7% of the German clients named the substance as the main reason for treatment.

3.1.2 Diagnostic data in the out-patient treatment sector

For the year 2001, data on main diagnoses of a total of 13,607 people (old Federal Laender: 10,580; new Federal Laender: 3,027) who started counselling or treatment in outpatient psychosocial drug counselling centres due to problems in connection with the use of illicit drugs were collected in the German Drug Help Statistics (facility based monitoring and reporting system). The main diagnoses are based on the diagnostic criteria of the international classification system of the WHO (ICD 10) for the classification of disturbances induced by psychotropic substances (harmful use and addiction) (table 34).

Table 34: Most frequent main diagnoses, out-patient centers (German Drug Help Statistics)

Main diagnoses			Germany	East	West
	Males	Females	Total	Total	Total
	11.637	3.269	14.096	2.568	12.338
Opiates	51,3%	53,3%	51,7%	25,6%	59,2%
Cannabis	29,1%	20,0%	27,2%	42,0%	22,9%
Cocaine	7,6%	4,3%	6,9%	6,0%	7,2%
Hypnotics / sedatives	1,8%	9,4%	3,4%	4,1%	3,2%
Hallucinogenic drugs	0,8%	0,9%	0,8%	1,5%	0,6%
Stimulants	8,1%	11,0%	8,7%	17,8%	6,1%
Volatile substances	0,1%	0,1%	0,1%	0,2%	0,1%
Other psychotropic substances	1,2%	1,0%	1,1%	2,8%	0,7%
Total	100%	100%	100%	100%	100%

Source: German Drug Help Statistics 2001 (Strobl et al. 2002)

In the year 2001, 52% of all clients started outpatient counselling or treatment due to the use of drugs or pharmaceutics containing opiates. In the old Federal Laender opiates accounted for a significantly larger portion in the problematic use of illicit drugs (60%) compared to the new Federal Laender (26%). In the new Federal Laender cannabis was found to be the most common reason for drug treatment (42%). The third place is held by main diagnoses related to stimulating substances like cocaine (7%) and stimulants (9%). Harmful use of or addiction to hypnotics and sedatives is widespread especially among women (about 9% of all main diagnoses). However, many clients do not only have problems with one substance. Often, several substances are taken simultaneously or one after another.

3.1.3 Diagnostic data from inpatient treatment

In the year 2001, a total of 1,538 persons (1,123 males and 415 females) were treated and finished the treatment in in-patient withdrawal clinics for problems in connection with the use of illicit substances (including pharmaceutics) (Strobl et al. 2002). A total of 145 were in in-patient drug treatment for the first time. Here as well, the main diagnoses – i.e. the substance for which the client is undergoing inpatient treatment – is based on the diagnostic criteria of the international classification system of the WHO (current version: ICD 10) for the classification of disturbances induced by psychotropic substances (harmful use and addiction) (table 35).

Table 35: Most frequent main diagnoses, in-patient treatment (German Drug Help Statistics)

Main diagnoses	Male	Female	Total
	1,123	415	1,538
Opiates (total)	48,0%	30,6%	43,3%
Cocaine	4,7%	1,0%	3,7%
Stimulants	2,3%	1,0%	2,0%
Sedatives / Hypnotics	2,0%	10,6%	4,3%
Hallucinogenic drugs	0,3%	0,0%	0,2%
Cannabis	6,9%	2,4%	5,7%
Other psychotropic substances	35,9%	54,2%	40,8%
Volatile substances	0,0%	0,2%	0,0%

Source:German Drug Help Statistics 2001 (Strobl et al. 2002b)

Apart from opiates (45% of all main diagnoses), other psychotropic substances (38%) played an important role in in-patient drug treatment in the year 2001. Taken together, they account for 84% of all main diagnoses, clearly representing, like in the previous year, the crucial factor of problematic drug use.

3.2 Drug-related mortality

In Germany, drug-related deaths are registered by two countrywide documentation systems: the “Case File” of the Federal Office of Criminal Investigation (BKA) and the general “Death File” of the Federal Statistical Office (StBA). Both systems are organized in accordance with the federal structure of Germany. Drug-related deaths are registered by the State Criminal Investigation Departments of the individual Laender or respectively the State Statistical Offices and then passed on to the federal authorities for aggregation and evaluation purposes. As for police data, there are differences in the collection modalities and evaluation bases for drug-related deaths used by the individual Laender. Toxicological expert reports play an important role for the definition of the cause of death providing sufficient information on drug use at the time of death. However, in the last year, the portion of autopsies on deceased drug users varied remarkably in the Laender. Berlin, Hamburg, Saxony, Saxony-Anhalt and Saarland had a autopsy rate of 100%. The average autopsy rate was 70% (2000: 70%; 1999: 62%). Autopsies did not always include a toxic examination. however, detailed information is not available in general. In comparison with other European countries which only count over dosages of specific substances, police in Germany refer to a broader definition of drug-related deaths. Direct (i.e. acute intoxications) and indirect deaths are equally registered. Following are the categories of drug-related deaths (Federal Office of Criminal Investigation 2001):

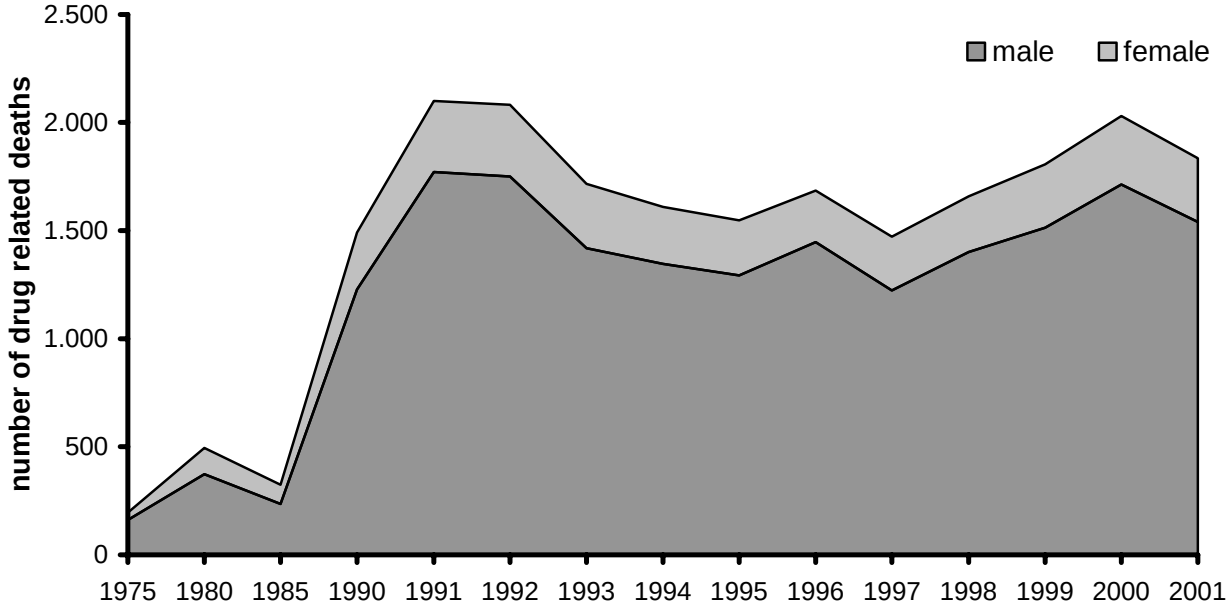
- deaths following unintentional overdose,
- deaths following health defects (physical decline, HIV or Hepatitis C, weakness of an organ) caused by long-term drug abuse,

- suicide resulting from despair about the personal circumstances of life or the effects of withdrawal symptoms (e.g. delusions, heavy physical pain, depression),
- fatal accidents under the influence of drugs.

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

From the middle of the eighties to the beginning of the nineties, the yearly number of drug-related deaths drastically increased reaching its peak in 1991 with 2,125 deaths. In the following years, the number decreased again reaching its lowest point since 1990 with 1,501 deaths in 1997. In 2001 the number of drug-related deaths increased. Altogether 1,835 drug-related dead were registered which are 195 (9.6%) cases less than in the previous year. After an increase during the last three years for the first time a decrease can be listed again.

Figure 7: Drug-related deaths by gender

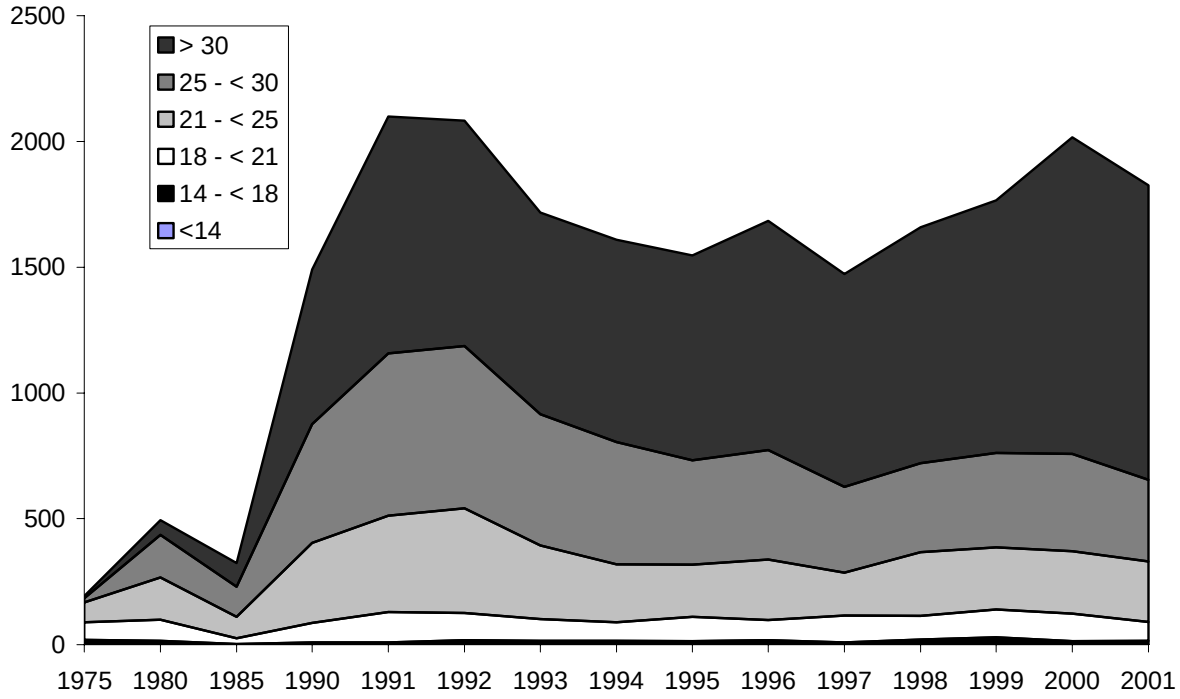


Deaths	1975	1980	1985	1990	1991	1992	1995	1996	1997	1998	1999	2000	2001
Male	162	373	235	1.227	1.770	1.750	1.293	1.447	1.223	1.401	1.513	1.712	1541
Female	33	121	89	264	329	332	254	238	250	258	294	318	294
K.A.	1	0	0	0	26	17	18	27	28	15	5	-	-
Total	196	494	324	1.491	2.125	2.099	1.565	1.712	1.501	1.674	1.812	2.030	1835

Source: Narocotic Report 2001 (BKA 2002)

In all Laender, except of Thuringia (+55.6%), Brandenburg (+200%) and Saxony (+22.2%) the figures for drug-related deaths are decreasing. The number of drug victims in Rhineland Palatinate (-19.3%), Schleswig Holstein (-16.9%), Berlin (-16%) and Hessia (-15.9%) decreased above average. The number of drug-related deaths in the new Laender, altogether 44 registered (previous year: 34) is still not very high. The high percentage rate has to be based on the low initial values (figure 7).

Figure 8: Drug-related deaths by age groups



Age	1975	1980	1985	1990	1991	1992	1995	1996	1997	1998	1999	2000	2001
Up to 14	2	0	0	0	0	0	0	0	0	0	0	1	0
14 - < 18	19	14	2	9	9	18	13	18	9	21	29	12	15
18 - < 21	70	86	23	78	121	108	97	79	106	93	110	111	75
21 - < 25	79	167	86	317	383	415	208	241	171	253	247	247	240
25 - < 30	17	169	119	472	645	646	414	435	341	354	376	388	325
> 30 years	8	58	94	615	941	895	815	912	846	938	1.004	1.257	1171

Source: Narcotic Report 2001 (BKA 2002)

For the cities with more than 100,000 inhabitants, Bremen currently has the highest quota countrywide with 10.7 deaths per 100,000 inhabitants followed by the cities Mannheim (8.1), Cologne (6.4), Dortmund (6.1), Hamburg (5.9), Berlin (5.6) and Frankfurt/Main (5.6).

Males have a significantly higher probability of dying of drug use and its consequences. This is probably a reflection of the higher prevalence of problematic drug use (BKA 2002). The average age has remained almost constant compared with the previous year (figure 5). In

2001 the average age of drug-related dead was 33.2 years (women 34.5, men 33 years). The average age of dead has increased constantly from 26 to 33 since 1982. This increase is based on the fact that people who started taking drugs between 1960 and 1970 are in the meantime significantly older than 40 . Additionally the number of new adolescent consumers of hard drugs has decreased during the last 10 years. One reason are the smaller age-groups, too. The two factors result in an increasing average age among the group of heroin users, and thus probably simultaneously an increasing number of drug-related dead who die primarily of iv use (figure 8).

The most common cause of death was a overdose of heroin (48%). This category includes death cases in which only heroin was proved and cased in which heroin and additionally other drugs are proven. In 2001 26% died because they took heroin connected with substitution substances, pharmaceutics, narcotics iv and alcohol. Compared with the previous year the two values hardly have changed (2000: heroin 47%; substitution substances connected with other substances: 26%). According to the Federal Office of Criminal Investigation, 18 people died in connection with ecstasy use (table 36).

Table 36: Drug-related deaths 2001

Cause of death	Percentage	Number of cases1
1. Overdose from:		
Heroin	34%	747
Heroin in combination with other drugs	14%	315
Cocaine	2%	39
Cocaine in combination with other drugs	5%	114
Amphetamine	2%	35
Amphetamine in combination with other drugs	1%	14
Ecstasy in combination with other drugs	1%	18
Pharmaceutics / Substitution substances[1]	17%	366
Narcotics in combination with alcohol (substitution substances)[1]	7%	162
Other narcotics/ unknown	2%	33
2. Suicide	6%	136
3. Long term harm	9%	203
4. Accident/ Others	2%	36
5. Total *	100%	2,218

Source: Statement of BKA (2002)

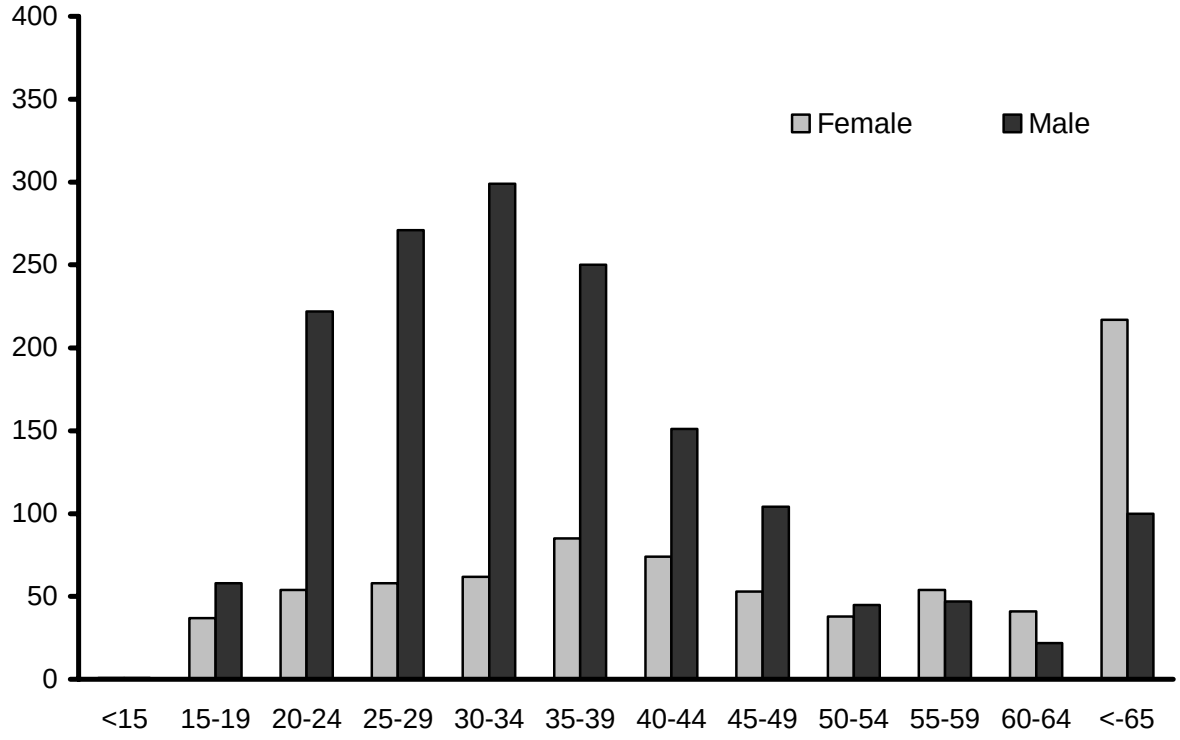
* Due to multiple choices all causes for death given sum up to more than the number of drug-related death, which is 1,835

[1] Due to different ways of counting within the individual Federal Laender considerable differentiations particularly n these categories appeared compared to the previous year.

The most current figures on drug-related deaths available from the general death files date from the year 2000. Here, in total, 805 females and 1,768 males have been registered as deceased in connection with drug use. Thus, the total figure of 2,573 drug-related deaths is higher than the figure given by the Federal Office of Criminal Investigation (2000: 2,030).

Either the assumed underlying disorder (ICD10-Codes F11-F19) or the assumed causes of death (ICD10-Codes X, T, and Y) are the bases of coding (figure 9).

Figure 9: Drug-related deaths 2000



3.3 Drug-related infectious diseases

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

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

Since the new law on protection against infectious diseases (IfSG) was introduced on the 1st July 2001 information about the ways of transmission for hepatitis B and C must be reported to the Robert-Koch-Institute by the laboratories as well as by approved physicians. Due to changes within the collection of new HIV it was achieved to exclude multiple reporting – which used to maintain unrecognised – more effectively (Stark; RKI, personal communication).

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

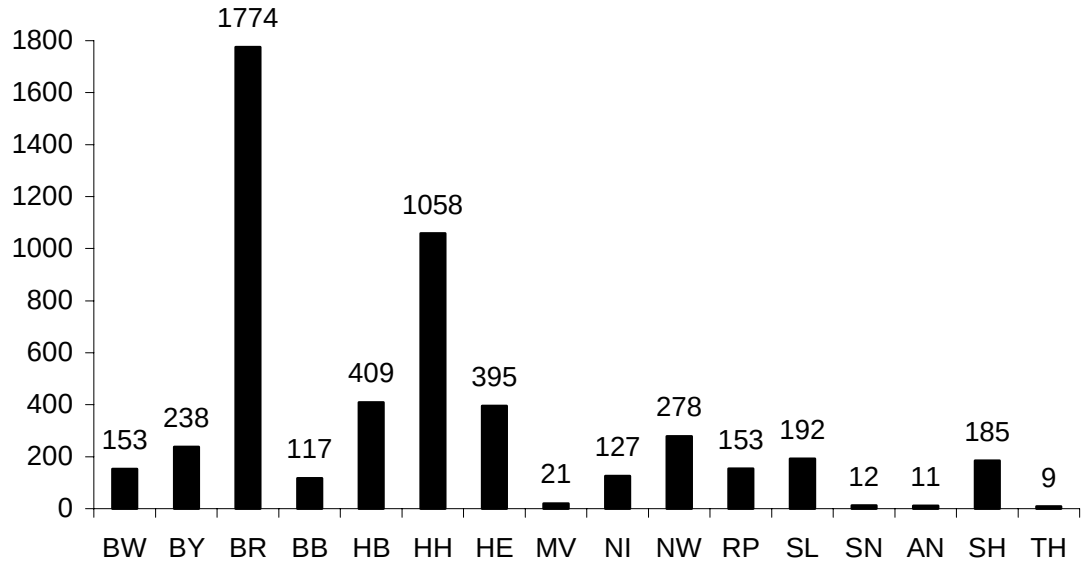
3.3.1 HIV und AIDS

After the group of homosexuals, the group of drug users is the second largest risk group in numbers for HIV-infections and AIDS. The number of AIDS cases vary considerably in the Federal Laender. Whereas in the new Laender still few people suffer from AIDS most infected are in the city states Berlin (1,774 per 1 million inhabitants) and Hamburg (1,058 per 1 million inhabitant). According to the AIDS centre of the Robert Koch Institute (http://hiv.rki.de) i.v. drug addicts are with 15% the second largest group among the new AIDS cases during the last 12 months (dated: 30.06.2002). Regarding all reported AIDS cases (n=21,233) up to now the percentage of the iv drug users is 15.5% In Germany the highest values are in Hamburg (34.4%) and Baden-Württemberg (24.8%).

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

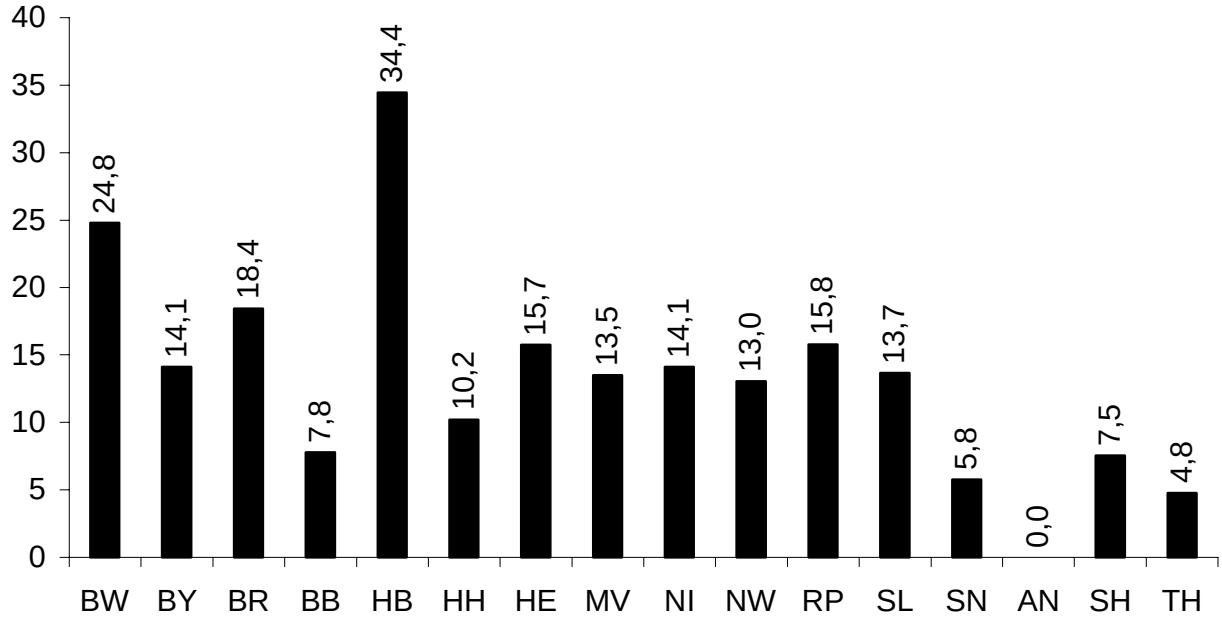
Through the introduction of new antiretroviral substances and the quantitative measurement of HIV-RNA a more effective treatment of HIV is possible. Drug users can make use of this therapy at specialist general practitioners or in clinics. The health insurance covers the costs. It is assumed that 15-20%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

Figure 10: AIDS cases within the Laender (per million inahabitants)



Source: Robert Koch Institute (2002)

Figure 11: Percentage of AIDS cases by iv addicts (IVDA)



Source: Robert Koch Institute (2002)

Abbrevations of the Federal Laender

BW	Baden-Württemberg	HE	Hessian	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		

Through the German Drug Help Statistics data has also been collected on HIV infections of drug dependent clients in outpatient counselling and treatment. For the year 2001, information is available on the HIV-status and testing of a total of 268 clients for the whole of Germany. 27.6% of the clients have not yet made an HIV-test. For 68.7% the test result was negative, for 3.4% positive. 0.4% of the clients have been tested, the result however is unknown. Due to the fact that in the German Drug Help Statistics infectious diseases are reported by the clients on a voluntary basis and not on the basis of test results, there is a high probability of underreporting with view to the extent of the infection. Since the data on infections may be entered optionally into the German Drug Help Statistics only 14 out of 368 participating facilities reported it in 2001. With no information available on the type of the reporting facility and its clientele, a bias has to be assumed which provides no representative figures.

The in-patient treatment sector of the clinic Nord in Hamburg provides prevalence rates for HIV of 420 iv drug addicts who took part in a withdrawal treatment in 1999/2000. The HIV infection rate of men was 4.1%. The value for women was with 3.4% a bit lower (Heinemann, personal communication)

A study which was carried out in two prisons in Berlin showed each prevalence rates of 18% shortly after imprisonment (Stark et al. 2001).

Data on infectious diseases of drug users are also provided by forensic institutes carrying out post-mortem examinations. In several regions, like for example in Hamburg, Frankfurt and Munich, autopsies include HIV-tests on a routine basis; hepatitis B however, is only tested in Hamburg. In 2001 due to the Federal Office of Criminal Investigation 53 out of 1,835 drug-related death were HIV infected (BKA 2002). However in North Rhine Westphalia and in Berlin no data on HIV infections is collected. Except of the death cases in those two Laender there is a HIV rate of 4.6% among drug-related deaths. The rate of autopsies varies in some Laender remarkably and is in most Laender under 100% what. Thus the meaning of the causes of death and infections is limited. That is why the HIV rate can only be seen as a rough estimation which underestimated the actual number of HIV infected among drug-related deaths.

The HIV quota of the mentioned groups consuming drugs – depending on the examined population – lies between 4.6% - 18%.

3.3.2 Hepatitis B and C

Countrywide studies providing information on the propagation of hepatitis B and C among drug users are not available at the moment. However, since the beginning of 2001 due to the new law on the protection against infectious diseases information on the transmission of hepatitis B and C has to be passed on to health authorities by general practitioner and laboratories. The following aggregation and evaluation of the information is supposed to be done exclusively by the Robert-Koch-Institute. Local studies (qualified withdrawal treatment, penal institution, substitution) show a very high prevalence of hepatitis B and C among opiate

users in different settings. From 1997 to 1999, Backmund et al. (2001) carried out blood tests in Munich on 492 opiate users or patients who were dependent on multiple substances and undergoing inpatient treatment. There was a continuous increase of the portion of patients with hepatitis from 1997 to 1999 (table 37).

Table 37: Prevalence data on hepatitis B and C

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

Source: Backmund et al. (2001)

In the period of 1993-1997, 1,791 drug addicts were tested on hepatitis B and C infections in a retrospective study carried out in the clinic Nord/Ochsenzoll in Hamburg. Most commonly were antibodies against the hepatitis C virus (60%) followed by antibodies against the hepatitis B virus (more than 41%). The prevalence of patients who were positive for anti-HBV as well as for anti-HCV was 33%. The chronic process of hepatitis B had a prevalence of 1.2%. The number of those drug addicted patients who had had contact with a hepatitis B virus was in 1993 38.6%, rose up to 49.2% in 1995 and fell down to 35.5% again in 1997. There was a constant increase of the infection rate of hepatitis C from 54.5% in 1993 to 64.7% in 1997. The subordinated group – iv-drug addicts – had especially for hepatitis C (83.9%) and hepatitis B (44.2%) the highest values (Brack 2002).

An examination of 420 iv drug addicts which was carried out in the framework of a withdrawal treatment in the clinic Nord in Hamburg between 1999 and 2000 submitted also data about hepatitis B and C infections. The infection rate of hepatitis B for women was 64.1% and for men 63.3%; the hepatitis C infection rate for women was with 89.3% higher than the rate for men (80.4%), too. The risk of an infection with hepatitis B or C increased by long-running iv consumption.

Infection rates dependent on the duration of the iv consumption show that the risk of a hepatitis B or C infection is higher for long-term addicts. Whereas the prevalence for hepatitis B was below 60% and for hepatitis C below 30% when iv consumption was practised for up to two years it was 86% for hepatitis B and almost 70% for hepatitis C when iv consumption was practised for 10 years (Heinemann, personal communication).

Serological data of 36 drug-related death who underwent a post-mortem examination at the Institute for Forensic Medicine at the university of Tübingen showed among a highly selective group rates of 33% for hepatitis B and 81% for hepatitis C (Wehner, personal communication).

In the framework of a study carried out in two prisons in Berlin in 1999/2000 the prevalence shortly after imprisonment was for hepatitis B 50% and for hepatitis C 80% (Stark et al. 2001).

Among the mentioned population which was examined the quota for hepatitis B was between 30% and 50% and for hepatitis C approximately 80%. For Germany there is no data about other infectious diseases related with drug consumption available. On the basis of reports on individual cases it is suspected that TB plays an important role.

3.4 Other drug-related morbidity

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

The health conditions of the participants (N=114) of an acupuncture treatment in the framework of a substitution treatment were examined at the beginning of treatment. Altogether the participants were in a relatively good physical condition and normal state of nutrition. In general the estimations of the doctors and the self-estimations of the participants are concurrent. Only 26.7% had the opinion that their general physical condition was rather bad or even very bad. More than 40% were physically ill and approximately half of the cases was treated with medicine. The diseases which were treated medicinally were mainly caused by iv drug use like iron deficiency anaemia or ulcera. However, the extent of the psychological problems[4] was very high during the last 12 months. 80% complained severe depressions, more than 60% severe conditions of fear and tension and 60% cognitive difficulties. The frequency of hallucinations (25%), severe thoughts of suicide (40%) and attempted suicides (27%, lifetime prevalence 45%) was relatively high (Prinzleve 2001).

[4] The psychological condition was noted by using a using a features list of the EUROPASI (Gsellhofer et al. 1999)

4 Social and legal correlates and consequences

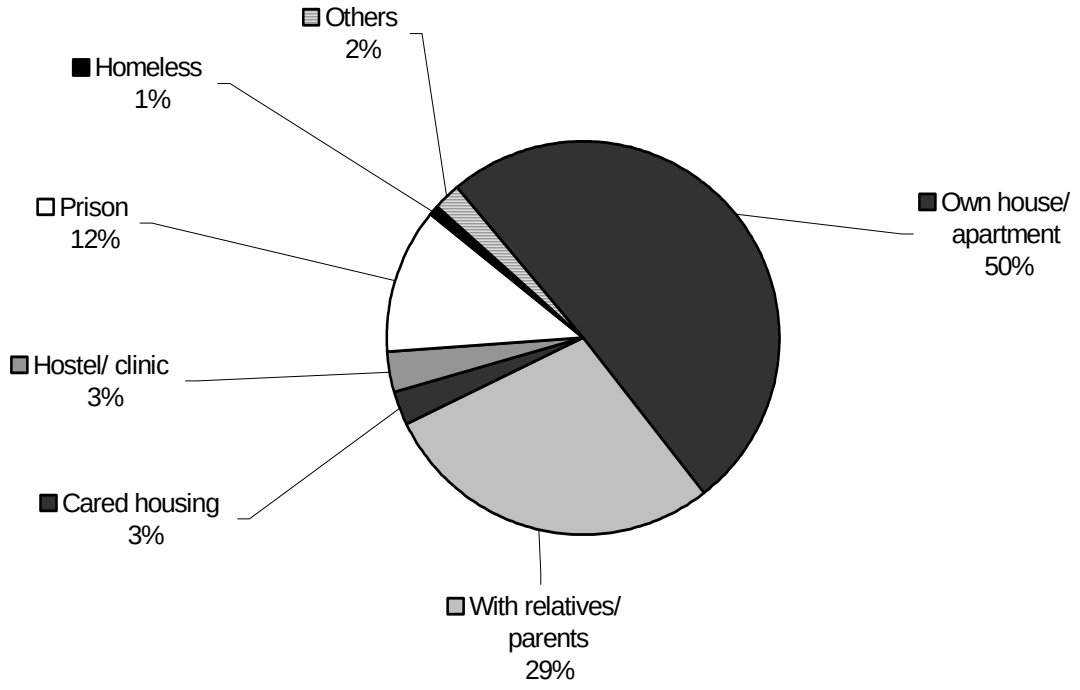
4.1 Social problems

Social problems like poor education, unemployment or debts are considered as risk factors in the aetiology of substance related disturbances. But often they are also the consequences of addiction itself. The results of the treatment documentation system German Drug Help Statistics (2001) suggest that a considerable percentage of the clients treated last year are socially relatively well integrated, however, there still remains quite a high percentage for which this is not the case.

More than half of the treated clients are single (54%), 35% live in lasting partnerships, 11% in temporary partnerships. Males live apparently more often without a partner than women. Since a partnership is considered to be an important element for social integration which is supporting a successful treatment these figures are to be viewed critically.

The predominant majority of clients undergoing inpatient or outpatient treatment in 2001 (German Drug Help Statistics 2001) either lived independently in an apartment or with their parents or other relatives (79%). 12% are in prison, 3% in a home or clinic, further 3% in an assisted living community. 3% of the clients are homeless or have unclear housing conditions (figure 12).

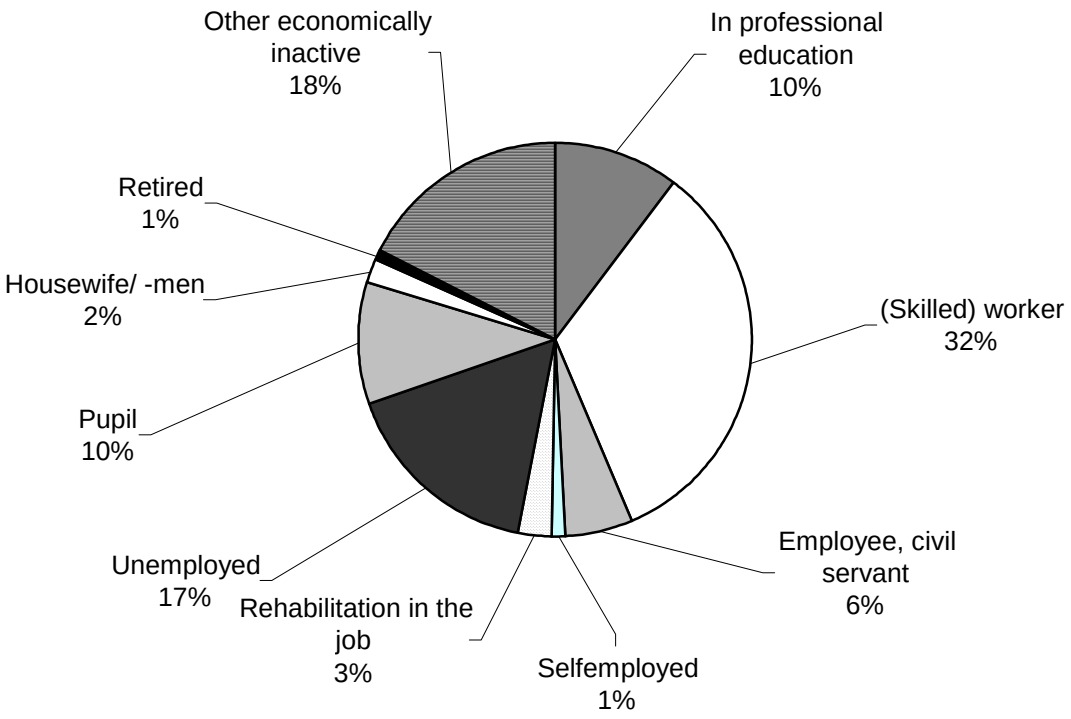
Figure 12: Housing conditions of clients with substance-induced disorders



Source: Strobl et al.2002a

With regard to gainful occupation, a striking third of the clients are out of work (35%), approximately, 38% are employed and 20% do school or vocational training (German Drug Help Statistics) (figure 13).

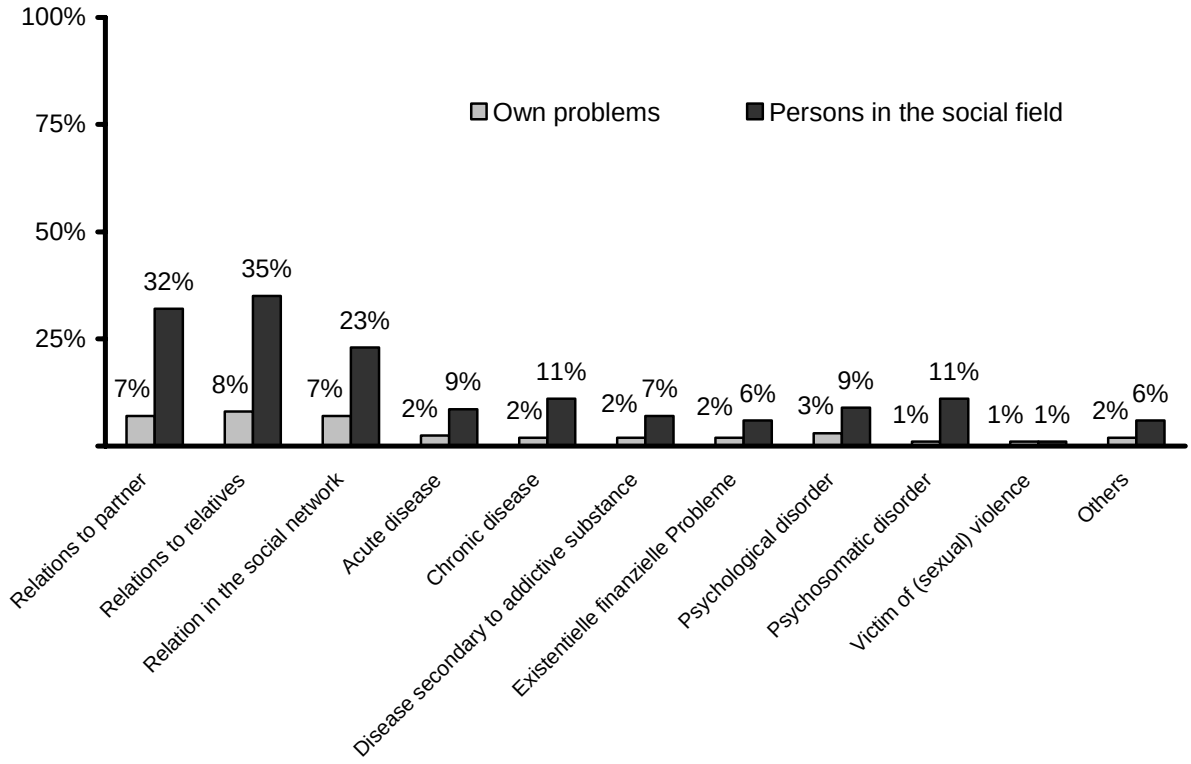
Figure 13: Gainful occupation of clients in outpatient treatment



Source: (Strobl et al. 2002)

What impact the drug problem has on the social network is also reflected in figure 14. German Drug Help Statistics also collects data on persons (partners, parents, children, brothers and sisters, grandparents or other important persons of reference) who are seeking help because of the drug problem of a relative These clients frequently mention problems with their partner (32%), relatives (35%) or the social network in general (23%) as cause of their request for counselling. For persons with an own drug problem these interpersonal conflicts are also prominent, but not as much as for the first ones (relationship to partner 7%, relatives 8%, social network 7%).

Figure 14: Further problem fields of clients in outpatient treatment



Source: (Strobl et al. 2002a)

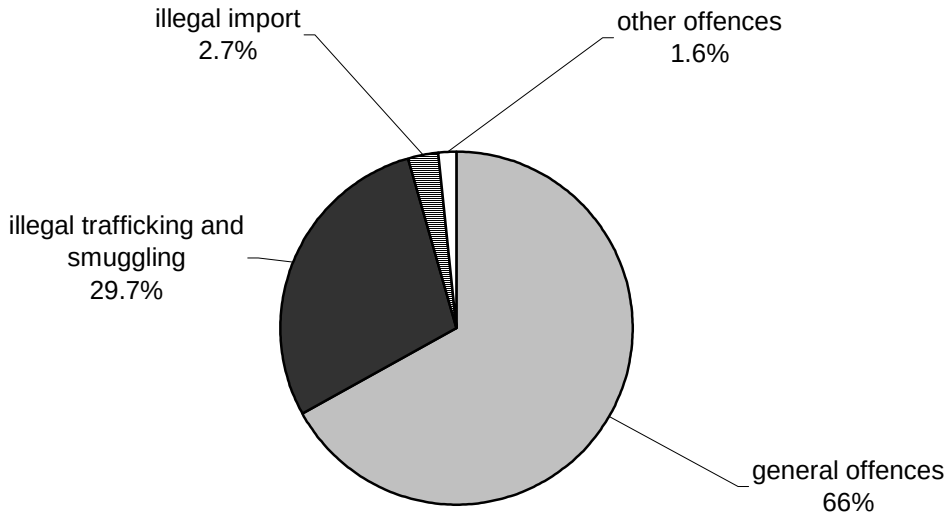
4.2 Problems related to police and justice

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 15):

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

In 2001 altogether 246,518 drug-related offences were registered. As figure 18 shows, 162,740 general offences (mainly offences related to use) are at 66% the largest portion of all offences. In 73,162 cases (29.7%) offences were related to illegal trafficking and smuggling. Illegal import of narcotics of more than negligible amounts were reported in 2001 in 6,625 cases (2.7%), other offences against the Narcotic Law have been registered in 3,991 cases (1,6%).

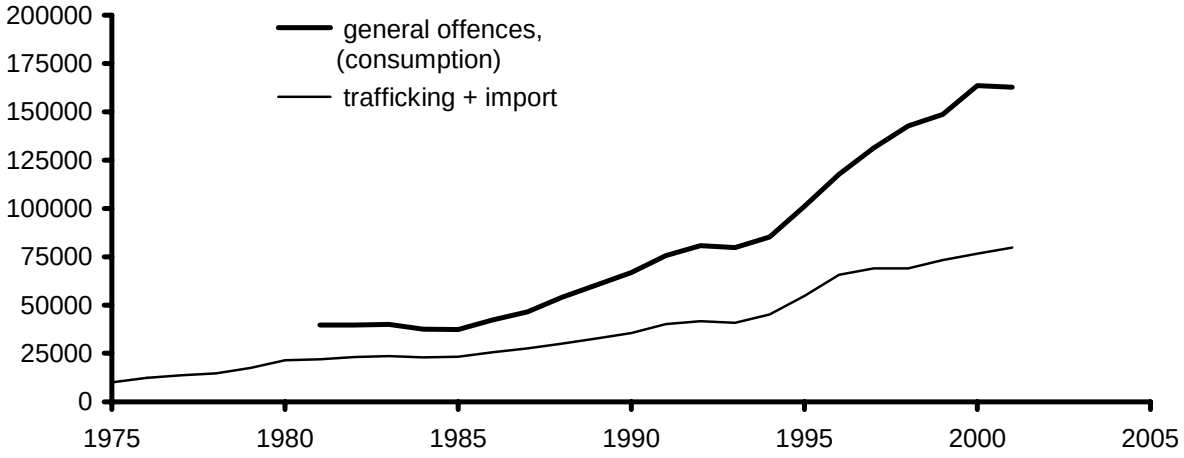
Figure 15: Drug-related offences, distribution according to offences



Source: Rauschgiftjahresbericht 2001 (BKA 2002)

Compared to the year before the number of offences in relation to drug use as well as to trafficking and import has somewhat declined (figure 16)

Figure 16: Offences against the narcotic law – trends in offences since 1988

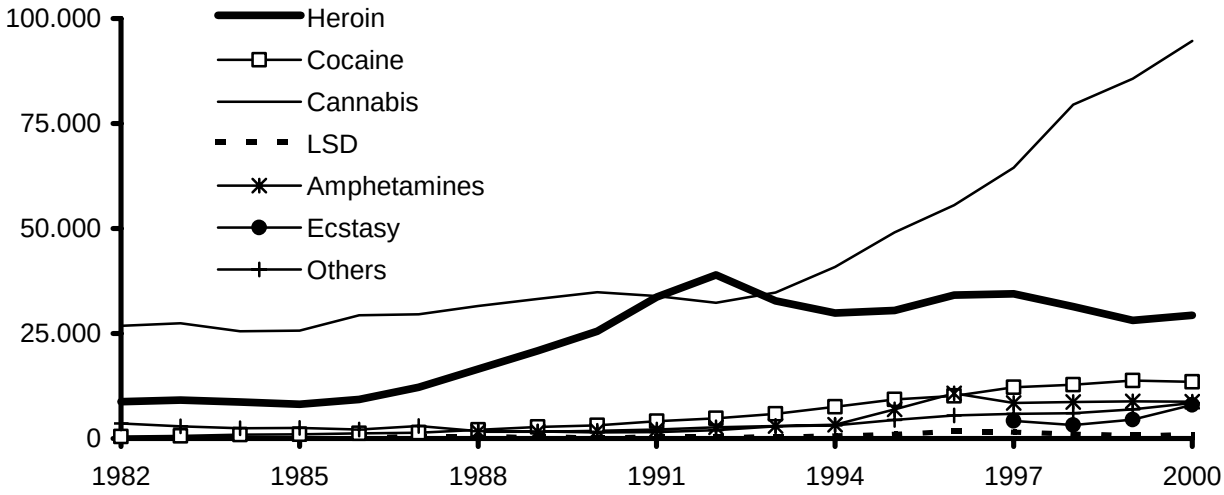


	1988	1991	1994	1995	1997	1998	1999	2000	2001
consumption related offences	53,854	75,631	85,234	101230	131,208	142,740	148,650	163,541	162,740
trafficking, smuggling, illegal import	30,035	40,286	45,088	54889	69,093	68,994	73,271	76,594	73,162

Source: Rauschgiftjahresbericht 2001 (BKA 2002)

Crimes related to “direct supply” include all crimes committed to get in possession of drugs, substitution substances or alternative drugs. 2,458 cases have been registered during the reporting year, more than half of them were related to forgery of prescriptions (55.6%). The significance of cannabis in these statistics is certainly systematically understated, as in various survey procedures used by the Federal Criminal Police Office the so-called hierarchic principle applies: in order not to count cases more than once, each case is classified according to the drug involving the greatest risk. Hence cannabis, which occupies the last place in this hierarchy, is only recorded if no other substance such as heroin, cocaine or LSD is involved in the use-related offence. Figure 17 shows that offences related to cannabis use have increased to a considerable extent in the last few years and in 2000 the highest rate was reached since the data have been collected (2001: 93,449; 2000: 94.633; 1999: 85,668). Offences related to cocaine use have increased in the previous years, too, however, there has been a decrease during the last two years (2001: 12,436; 2000: 13.488; 1999: 13,810). The number of drug-use-offences in connection with amphetamine derivatives almost doubled in the years 1999 and 2000. In the reporting year another increase could be noticed (2001: 9,451; 2000: 8.010; 1999: 4.497). The number of drug offences in connection with amphetamines decreased slightly in the previous year. In 2001 18,092 drug-use offences in connection with amphetamines and amphetamine derivatives were registered. Similar figures were registered for offences in connection with the use of cocaine (figure 17).

Figure 17: Offences against the narcotic law – trends in drug-use related offences since 1982



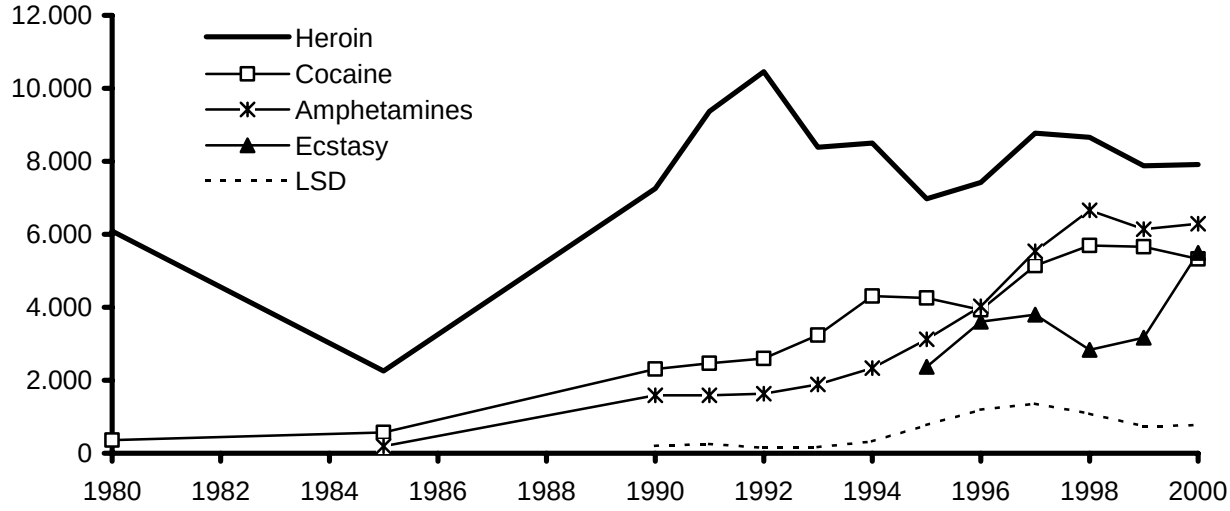
Source: Rauschgiftjahresbericht 2001 (BKA 2002)

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[6]. This figure has also increased remarkably since the middle of the eighties. However, after the number had increased for years 33 people less than in the previous year were registered in 2001. However, developments of single drugs are different at the moment (figure 18). In 2001 7,868 persons who have been registered for heroin use for the first time still hold the largest share of all persons who have been registered for hard drug use (30,4%) (2000: 7,914; 1999: 7,877 people who used hard drugs for the time).

For cocaine (2001: 4,872; 2000: 5,327; 1999: 5,662 people who consumed for the first time) numbers were decreasing slightly during the last year. Since 1990 annual case numbers for ecstasy and amphetamines have rapidly been increasing. Whereas a clear increase was obvious for Ecstasy in the last year (2001: 6,097; 2000: 5,495; 1999: 3,170 first offenders), the number of first offenders of LSD decreased (2001: 549; 2000: 770; 1999: 738) and the number of first offenders of amphetamines (2001: 6,229; 2000: 6.288; 1999: 6,143) decreased only slightly (figure 18).

[6] Since spring 1997 persons having a usable amount of drugs with them are also counted as first offenders using hard drugs and not only as dealers.

Figure 18: First offenders using hard drugs



Users	1980	1985	1990	1994	1995	1996	1997	1999	2000	2001
Heroin	6.091	2.254	7.252	8.501	6.970	7.421	8.771	7.877	7.914	7.868
Cocaine	364	567	2.308	4.307	4.251	3.930	5.144	5.662	5.327	4.872
Amphetamine		194	1.586	2.333	3.119	4.026	5.535	6.143	6.288	6.229
Ecstasy					2.371	3.609	3.799	3.170	5.495	6.097
LSD			200	321	772	1.191	1.356	738	770	549

Source: Narcotic Report 2001 (BKA 2002)

4.3 Social and economic costs of drug consumption

Until now there are no comprehensive studies available which give the social and economic costs of drugs for entire Germany. The special chapter 14 is exclusively for this topic.

5 Drug Markets

5.1 Availability of drugs

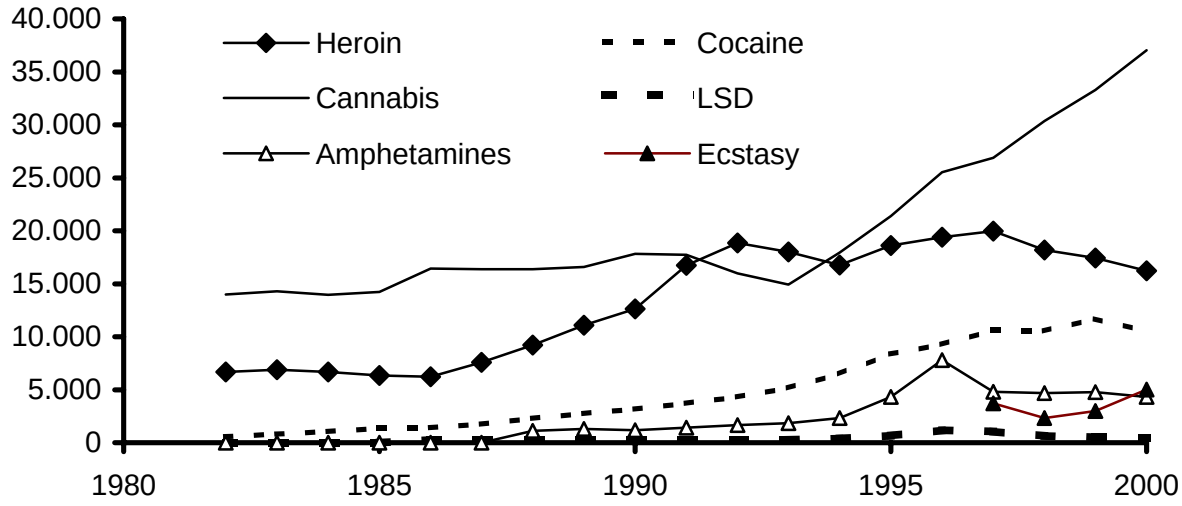
In 2001, like in previous years, large quantities of drugs were seized in Germany, in particular at the borders to neighbouring countries, at seaports and airports. For some of the seized substances police and customs have started investigations to identify countries of departure, countries of origin or transit countries. (Federal Office of Criminal Investigation 2002a). Southeast Asia (in particular Afghanistan) remains the most important source of origin for heroin with Turkey and the Balkan route being import access routes. In addition, the route over the Central Asian countries (Uzbekistan, Turkmenistan, Tajikistan, Kirgizistan and Kazakhstan) towards Europe is gaining more and more importance. Small quantities come from the Netherlands. Cocaine is smuggled mainly from Columbia or the Netherlands. In many cases, Germany was not only the destination but was also supposed to serve as a transit state. In 2001 1,288 kg cocaine were seized, 68.7% of the total quantity seized was not meant to remain in Germany, but was supposed to be transported into foreign countries. The Netherlands were the main country of origin for synthetic drugs (amphetamines, amphetamine derivatives and LSD) and cannabis products. More than 80% of the seizures with known origin came from there. Relatively small, but significantly increasing quantities of methamphetamine („Crystal“) arrive from the Czech Republic for mainly Bavaria and Saxony.

5.2 Seizures

In the year 2001, about 79,787 offences in connection with illicit trafficking and smuggling as well as the import of considerable quantities of illicit narcotics were registered. Most of the offences registered occurred again in connection with cannabis (2001: 38,387; 2000: 37,030; 1999: 33,305). heroin (2001: 16,632; 2000:16,216 ;1999: 17,421), cocaine (2001: 10,038; 2000:10,488; 1999: 11,689), amphetamines or amphetamine derivatives (2001: 10,869; 2000: 9,352; 1999: 7,770), LSD (2001: 391; 2000: 479; 1999: 526) and other substances (2001: 3,442; 2000: 3,030; 1999: 2,560) account for the rest of the drug-related offences (figure 19).

From the middle of the eighties until 1992, the number of offences more than tripled for heroin, but has stabilized lowly 1996. As for cannabis-related offences, a continuous upward tendency in particular since 1994 can be observed – also for the reporting year. The corresponding figures for cocaine have increased six fold since the eighties. However, it decreased by more than 10% since 1999. Offences related to trafficking, smuggling or the import of not insubstantial quantities of amphetamine have again increased in the reporting year. Like in the previous year offences committed in connection with amphetamines and LSD have decreased in the reporting year.

Figure 19: Trafficking, smuggling and illegal import of significant amounts (case figures)



Source: Narcotic Report 2001 (BKA 2002)

The seized amounts of heroin, cocaine and ecstasy increased compared with 2000. For ecstasy an increase of 180% (4.5 million consumption units) can be noticed. The increase of seized cocaine is primarily caused by a great seizure of 514kg cocaine which was not meant for the German market. The quantities of cannabis seized considerably vary from year to year. Whereas in comparison to 1999, marijuana seizures strongly decreased from 15,022 kg to 5,871 the seized quantity of cannabis raisin almost doubled from 4,885 kg in the previous year to 8,525 kg in 2000. During the reporting year the number of seized marijuana as well as of cannabis raisin decreased considerably. The number seizures of other drugs varies to a similar extent.

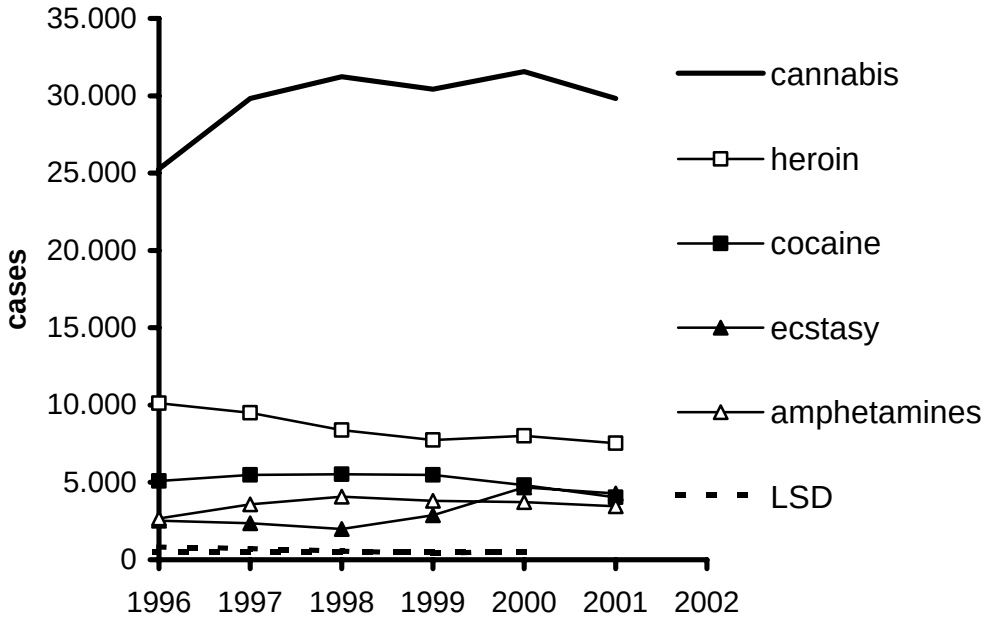
Table 38: Seizures (quantity) 1991 - 2001

	Heroin (kg)	Cocaine (kg)	Cannabis (raisin + marijuana) (kg)	LSD (Trips)	Amphetamines (kg)	Ecstasy (units of 0,3 g)
1991	1.595	964	12.344	13.887	88	
1992	1.438	1.332	12.166	29.571	105	
1993	1.095	1.051	11.353	23.442	117	77.922
1994	1.590	767	25.693	29.627	120	239.051
1995	933	1.846	14.245	71.069	138	380.858
1996	898	1.373	9.355	67.082	160	692.397
1997	722	1.721	11.495	78.430	234	694.281
1998	686	1.133	21.007	32.250	310	419.329
1999	796	1.979	19.907	22.965	360	1.470.507
2000	796	913	14.396	43.924	271	1.634.683
2001	836	1.288	8.942	11.441	263	4.576.504

Source: BKA 2002, department in charge OA21

The total number of seizures hardly changed in the last year. About 65% of all drugs seized were cannabis products or plants respectively. The case figures given for cannabis products have been relatively stable in the last few years, but decreased slightly in the reporting year (2001: 29,824; 2000: 31,564; 1999: 30,433). Figure 20 shows – though with certain fluctuations – a similar situation for heroin (2001: 7,538; 2000: 8,014; 1999: 7,748), amphetamines (2001: 4,044; 2000: 3,726; 1999: 3,811). Since 2000 the number of cocaine seizures has decreased slightly (2001: 4,044; 2000: 4,814; 1999: 5,491) and the number of LSD seizures has decreased to a great extent (2001: 289; 2000: 510;1999: 434). After the number of seized ecstasy increased by 60% in 2000 compared to 1999 a decrease in seizures can be made (2001: 4,290; 2000: 4,681; 1999: 2,883) (figure 20).

Figure 20: Number of drug seizures in the Federal Republic of Germany



Source: BKA (2002), department in charge OA21

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

5.3 Price and purity

A further indicator of the illegal drug market is provided by changes in drug prices and in the purity of the drugs. Since 1975, the Federal Criminal Police Office has established an average price for different drugs on the basis of seizures. A distinction is drawn between small quantities of several grams and quantities of 1 kilogram and over. The former tend to show the price paid by the user, while the latter reflect the costs of relevance to the drug dealer. The drug prices thus ascertained can only be interpreted as approximate values, particularly since the sometimes very great differences in purity between the drugs are not taken into account when the price is ascertained. There is the further difficulty that the individual seizures on which the price is based are not genuine “random samples” of drug purchases, so that random effects may alter the figures substantially. The latest information available is from 2001.

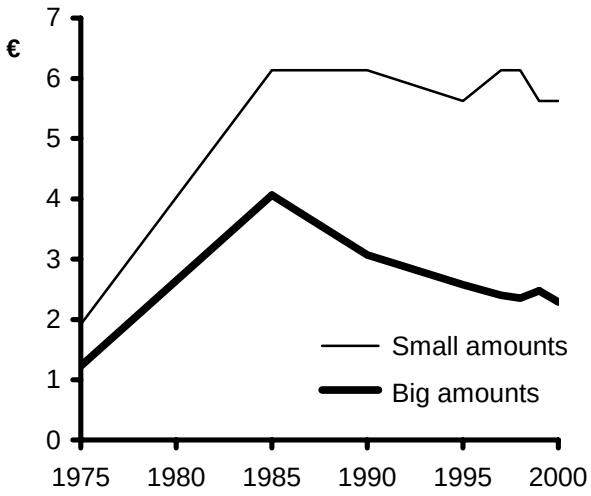
For some time, the Federal Criminal Police Office has ascertained not only the prices but the purity of the various drugs on the market. In 2001 analyses of the purity and content of active substances are based on about 17,322 samples resulting from seizures. All the values should be interpreted only as rough guidelines, as marked random effects may arise, chiefly from the very great differences in purity between the various drug seizures. Among other reasons an increased comparability is the reason, why in following text psychotropic substances are related to the base independent from the chemical conditions of the illegal preparation. All figures have to be interpreted as gross approximate values, as big variations in purity between single seizures can produce heavy random effects. The following chapters are based on the Annual Drug Report 2001 of the Federal Office of Criminal Investigation (BKA 2002) and reports of the customs administration.

5.3.1 Cannabis

The price for cannabis which reached its peak with 9,20 € per gram in 1984, was on average 5,60€ (2000: 5.60 €) in street trafficking of the individual Federal Laender in 2001. Out of 3.838 quantified samples of cannabis resin, 55% showed a tetrahydrocannabinol (THC) level of 5 to 10 %. 20 % of the tested samples had a higher content. 12% of tested samples showed even a level above 14%. There were samples with a THC content of more than 20%. The highest level found was 28%.

39% of the reported 3,017 marijuana samples showed a THC-level of up to 6%. For 15 % of the samples it was over 14 %. The highest concentration was 34 % (figure 22).

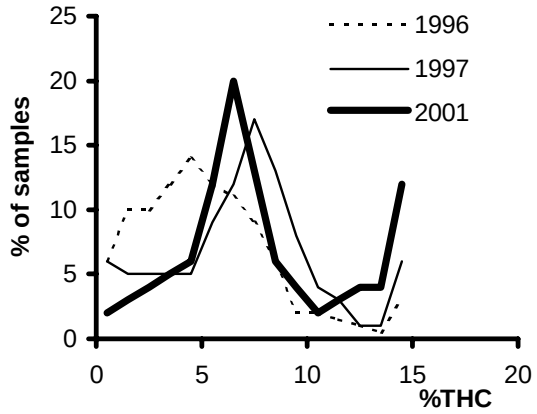
Figure 21: Prices per gram hashish for small and large quantities



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

Source: BKA 2002, department in charge OA21

Figure 22: THC-level of hashish



% of specimen	>3%	3-6%	6-9%	9-12%	>12%
1997	16%	19%	42%	15%	8%
1998	9%	17%	47%	13%	14%
1999	7,5%	13%	43%	20%	16%
2000	10%	16%	46%	11%	17%
2001	9%	23%	39%	9%	20%

Source: Zerell 2002

5.3.2 Amphetamines

Out of 979 examined preparations 71 % (2000: 86%) had an amphetamine content of less than 10 %. Compared with the previous year this are 15% less. In the quality range of 10-20% there was an increase of 10%. For the rest of the samples, the quality levels were evenly distributed between 20% to 90%.

Caffeine was the most dominant additive found (82%). Blended into the samples was mostly lactose (69%). In addition, the following substances were found among others: mannitol, saccharose, talcum and creatine.

5.3.3 Amphetamine derivates

For a total of 2,836,101 tablets and capsules (2000: 935,186) active substances were found. 95.5 % contained a psychotropic agent (mono-preparations), the rest two and three addictive drugs. 99,4% of the mono preparations contained MDMA, and the remaining 0,6 % amphetamine, methamphetamine, MDE and MDA. Regarding ecstasy the amount of active substance fluctuates between 0.2 and 343 mg per consumption unit.

The following table 39 lists the concentration of active ingredients in the individual substances.

Table 39: Active ingredients in seized amphetamines

active substance	range (mg per consumption unit)*	average contents (mg per consumption unit)*
MDMA	0.2 – 343	64
Amphetamine	0,3 – 30	12
Metamphetamin	6 – 12	10
MDE	26 – 79	57
MDA	9 - 46	26

*calculated as base
Source: Zerell 2002

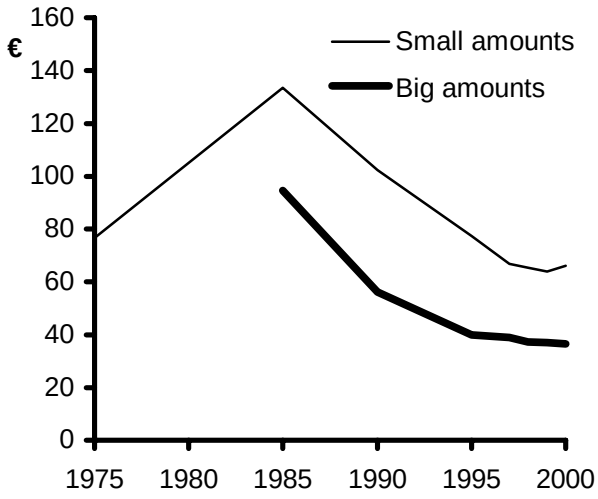
The reported combined preparations were mixtures of MDMA/MDE, MDMA/MDA, and MDMA/MDA/amphetamine. The mono preparations contained most frequently lactose as an additive. The combined preparations contained most frequently lactose and mannite.

5.3.4 Cocaine

For cocaine the prices also decreased considerably from 1985 to 1995. Since then they have remained stable. In 2000, approximately 64€ were paid for one gram of cocaine, in 2001 the price paid in street trafficking was 66€ on an average. Quantities above one kilogram, as seized from drug dealers, cost about half the price, i.e. 37€.

69 % (2000: 63%) of the 2,690 examined samples showed a cocaine content ranging between 20% and 70%. Almost a fifth of the examined preparations contained more than 70% of the active substance. Blended into the 2,115 analysed samples were mainly lactose (71%) and mannit (24%). The additives lidocaine (31 %), caffeine (7 %), procaine (2.2 %) and paracetamol enacetine (1,8 %) were mostly found among the active substances.

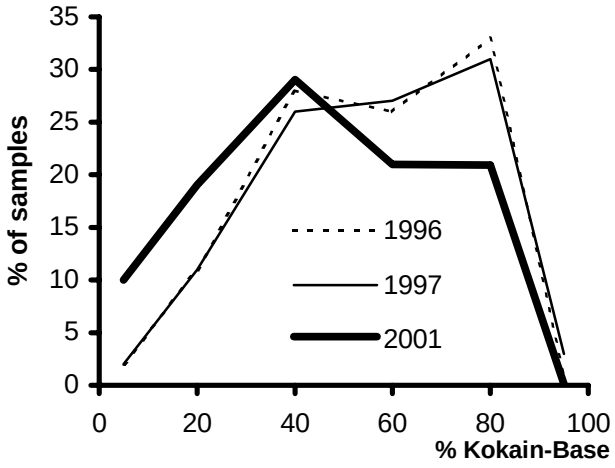
Figure 23: Prices per gram cocaine for small and large quantities



€	1975	1985	1990	1995	2000	2001
Klein	77	133	102	77	66	65
Gross	0	95	56	40	37	37

Source: BKA 2002, department in charge OA21

Figure 24: Cocaine base content of cocaine



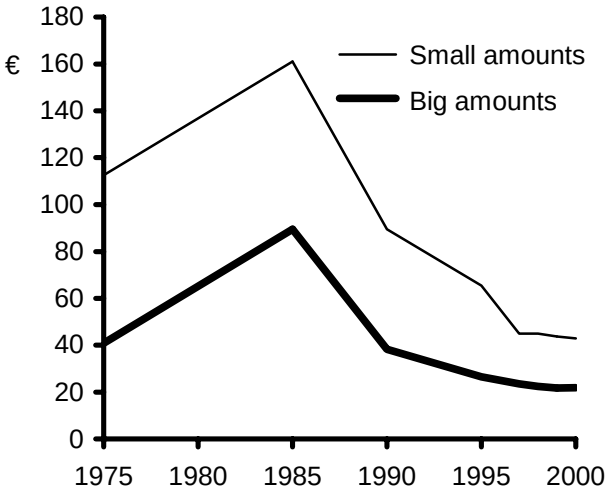
% of specimen	<20%	20-40%	40-60%	60-80%	>80%
1997	5%	20%	28%	31%	16%
1998	12%	25%	29%	29%	5%
1999	5,8%	18%	24%	46%	6,2%
2000	19%	32%	20%	24%	5%
2001	19%	25%	25%	27%	5%

Source: Zerell 2002

5.3.5 Heroin

Since 1975, the price of heroin had been subject to relatively sharp fluctuations. From an average price of approximately 160 € per gram (1985) for quantities below one kilogram, by the middle of the eighties it had almost doubled. This coincided with a period of stable or even falling numbers of drug addicts. The rapid decline in heroin prices up to 1990, which led to a price below 77 € per gram, occurred at the same time as a very sharp rise in the number of users and drug-related deaths. The ongoing –slowed down- decrease of prices between 1990 - 1999 (43,7 €) is faced with a stable or decreasing number of users. In the year 2001 the street price was on average approximately 43€ (figure 25). The average level of diacethylmorphine reflects the purity of heroin samples and the level of active ingredients in the substance on the market. Out of 5,016 analysed samples 64% showed a diacetylmorphine-level of less than 20%. 36 % of the heroin formulations had a purity degree ranging between 20% and 100%. Compared to the previous year the purity degree virtually remained unchanged. Among the additives of the 4,820 samples caffeine (97%) and paracetamol (95%) and among the diluents glycerine (5 %) and lactose (3 %) were most frequently found (figure 26).

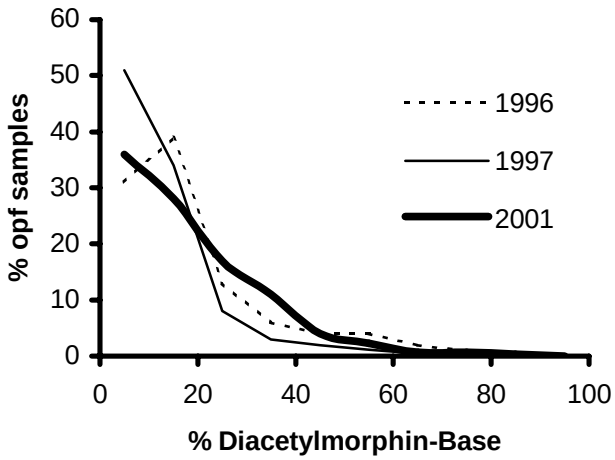
Figure 25: Prices per gram heroin for small and large quantities



€	1975	1985	1990	1995	1999	2001
Klein	112	161	90	65	44	43
Groß	41	89	38	27	22	20

Source: BKA (2002), department in charge OA21

Figure 26: Frequency distribution of the diacetylmorphine-level in heroin samples



% of specimen	>10%	10-20%	20-30%	30-40%	>40%
1997	51%	34%	8%	3%	4%
1998	53%	29%	9%	4%	5%
1999	49%	27%	11%	7%	6%
2000	37%	26%	16%	12%	9%
2001	36%	28%	17%	11%	8%

Source: Zerell 200

6 Trends per Drug

6.1 Cannabis

Currently, cannabis is the most commonly used illicit drug of adults and adolescents. This is shown by two population surveys currently carried out: „Representative survey on the use of psychoactive substances by adults in Germany“ (Kraus and Augustin 2001) and the study on drug affinity of adolescents in the Federal Republic of Germany 2001“ (BZgA 2001b). In the past 12 months, 6,2% of the 18- to 59-year-old adults in the West and 4,9% in the East of Germany used cannabis (Kraus and Augustin 2001). Among adolescents and young adults the prevalence are even higher: 10% of the 12- to 18-year-old used cannabis during the 12 months before the survey (BZgA 2001b), as for the 21- to 24-year-old, the percentage in the West was 19,7% and in the East 11,6%. Cannabis is a drug which is not only commonly used but which – after opiates – was also found the most common cause for outpatient counselling or treatment (German Drug Help Statistics 2000; Strobl et al. 2001). In the year 2001 use of cannabis was the most important reason for counselling or treatment of 27,2% of the outpatient clients (German Drug Help Statistics 2001; Strobl et al. 2002a). In inpatient treatment the portion of clients treated mainly for problems with cannabis was clearly lower with 5,5% (German Drug Help Statistics 2001; Strobl et al. 2002b). Cannabis also assumes big importance in criminal prosecution: More than half of the drug-related offences are carried out in connection with cannabis (2001: 57%). A look on the prevalent type of offences reveals that drug-use-offences account for two thirds of all drug offences in this context (BKA 2002).

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

3,1% of the people between 18 and 39 years in the old Federal Laender and 2,9% in the new Federal Laender have used amphetamines at least once in their life, 1,1% and 0,8% respectively in the last 12 months (Kraus and Augustin 2001). The number of amphetamine and amphetamine derivatives seizures decreased again in 2001 after it had significantly increased in the 2000 (2001: 8,038; 2000: 9,352; 1999: 7,770; 1998: 7,008) (BKA 2002). There was also a slight increase of the users of amphetamines who became conspicuous to the police for the first time (2001: 6,229; 2000: 6,288; 1999: 6,143; 1998: 6,654) (BKA 2002), and the quantity of seized amphetamines/methamphetamines was lower last year (2001: 262.5 kg; 2000: 271,2 kg; 1999: 360 kg) (BKA 2002).

Ecstasy made its appearance on the German drug market at the beginning of the 90s. Despite relatively small prevalences in current population surveys, ecstasy can be called the most popular illicit drug after cannabis used by adolescents (BZgA 2001b; Kraus and Augustin 2001). In the adult general population, ecstasy is most commonly used by the 21-to 24-year-old (lifetime-prevalence: 5,5%; 12-month-prevalence: 3,5%) (Kraus and Augustin 2001). 2% of the 12- to 18-year old have made experience with ecstasy at least once in their life; in the last 12 months before the survey the percentage was 1% (BZgA 2001b). The number of cases found in the police field indicate an sharp increase for the year 2000.

However, the number of seizures decreased slightly last year (2001: 4,290; 2000: 4,681; 1999: 2,883; 1998: 1,986). The number of ecstasy users who were registered because of their drug use by the police for the first time increased in 2000 as well in 2001 (2001: 6,097; 2000: 5,495; 1999: 3,710; 1998: 2,830) (BKA 2002). 8,7% of all clients undergoing outpatient counselling or treatment in 2001 did so mainly because of ecstasy and other similar substances (Strobl et al. 2002a). „Stimulants“ were mentioned as the third most common main diagnosis with illicit drugs in the reporting year.

Mushrooms containing psilocybin and LSD are the most commonly used hallucinogenid drugs in Germany (Kraus and Augustin 2001). Other substances like for example mescaline, hardly count anymore. While LSD was a „cult drug“ in the 70s, it does not play an important role anymore these days in terms of figures. 0,3% of the 18- to 39-year-old reported to have taken LSD in the previous 12 months before the survey (Kraus and Augustin 2001). However, the number of LSD-seizures increased in 2000, but decreased considerably in 2001 (2001: 289; 2000: 510; 1999: 434; 1998: 561; 1997: 727; 1996: 822) (BKA 2002).

6.3 Heroin/Opiates

Heroin and other opiates like methadone, codeine, opium and morphine are only used to a small extent by the general population. About 0,5% of the population between 18 to 39 years in the West and 0,7% in the East have ever made experience with heroin in their life (Kraus and Augustin 2001). The figures for current consumption are noticeably lower: 0,2% in the West and 0,3% in the East. Methadone was taken by 0,2% in their whole life, for the previous 12 months before the survey the percentage was 0,1% of all 18- to 39-year-old. 1,0% of all West- and East Germans of this age group have ever in their life taken other opiates like codeine, opium or morphine. Statistical figures resulting from population surveys are assumed to under-estimate the true prevalence rates due to difficulties of reaching the target population. Therefore these figures may only be used as rough estimates. Despite the fact that opiates use is not widely distributed among the total population it still is the main reason for treatment demand. 51,7% of all main diagnoses were made for this substance group in 2001. Risky application forms are widespread among opiate users. Almost 70% of the treated heroin users inject the drug (Strobl et al. 2002a). About 26% of drug-related deaths registered by the police in 2001 were caused by a heroin overdose. In another 14% heroin were the cause of death in association with other drugs (BKA 2002). The number of heroin seizures registered by the police in Germany had decreases in the last few years with the exception of the year 2000 (cases in 2001: 7,538; 2000: 8,014; 1999: 7,748; 1998: 8,387). With the total number of 7,868 individuals heroin users still represent the highest percentage among hard drug users registered by the police or custom authorities for the first time (30.4%).

6.4 Cocaine/Crack

Cocaine use significantly increased in the 90s. This applies both for the use during a certain period of life and current use (Kraus and Augustin 2001). The number of persons who have taken cocaine at least once in their life went up from 2,2% in 1977 to 3,6% after 2000 (age group 18-39) (Kraus and Augustin 2001). In the new Federal Laender, experience with cocaine is not as common (West: 2,4%; East: 1,6%; age group 18-59). Contrary to ecstasy or hallucinogenic drugs, whose consumption shot up only at the beginning of the nineties, the group of cocaine users in Germany has shown a steady yearly increase for more than a decade. Cocaine abuse or dependence as main diagnosis accounts for approximately 7% in out-patient treatment (Strobl et al. 2002a) and 4.4% in in-patient treatment (Strobl et al. 2002b). Cocaine is often used as an additional drug. It is taken together with opiates, but, to an increasing extent, also in combination with other substances (Vogt et al. 2000; Thane and Thel 2000). There is a downward tendency of cocaine seizures during the last few years (2001: 4,044; 2000: 4,814; 1999: 5,491; 1998: 5,532). There was also a slight decrease of the number of cocaine users who became conspicuous to the police for the first time (2001: 4,872; 2000: 5,327; 1999: 5,491; 1998: 5,691).

The up-coming spreading of cocaine concerns in particular the use of crack which is a derivative of cocaine and is sold in the open drug scene under the term “stones” or “rocks”. It is still used primarily in Frankfurt/Main and Hamburg (Kemmesies 2001). These specific forms of drug scenes comprise groups of individuals are difficult to collect with the common methods of representative interviews (postal or telephone interviews) since frequently there is no constant domicile (Degkwitz 2000).

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

Patterns of multiple use of drugs can be very different depending on the psychosocial context and motives of drug use of the user groups as well as the setting where the drugs are taken. The results of the German treatment documentation system (Welsch 2002a) for the clients treated on an out-patient basis in 2001 reveal that in particular patients with an opiate diagnosis (harming use or addiction syndrome according to the definition of ICD10) show to great extent polyvalent consumption patterns (table 40 and 41). Thus clients starting treatment primarily because of opiate use have frequently diagnosis concerning benzodiazepine (women 44%, men 68%), cocaine (women 55%, men 48%) or crack (women 43%, men 43%), too. These figures have to be taken into consideration critically, especially concerning the practice of substitution treatment in Germany.

Table 40: Polyvalent consumption patterns of drug addicted men

	main diagnosis						
Indiviudal diagnosis	Alcohol	Opioide	Cannabis	Sedatives / hypnotics	Cocaine	Other stimulants	Halluzi-nogenes
Alcohol	-	5%	2%	0%	1%	1%	0%
Heroin	4%	-	3%	0%	4%	1%	0%
Methadone	2%	-	1%	1%	2%	0%	0%
Codeine	5%	-	2%	1%	3%	1%	0%
Other pharmaceutics containing opiatesl	10%	-	7%	2%	4%	3%	0%
Cannabinoide	10%	32%	-	0%	0%	6%	1%
Barbiturates	17%	53%	5%	-	6%	3%	0%
Benzodiazepine	12%	61%	3%	-	4%	2%	0%
Other sedatives/ hypnotics	25%	34%	5%	-	3%	0%	0%
Cocaine	7%	48%	9%	0%	-	6%	1%
Crack	4%	43%	7%	0%	-	2%	1%
Amphetamines	8%	24%	19%	1%	8%	-	1%
MDMA	6%	26%	25%	0%	9%	-	2%
Other stimulants	9%	15%	21%	1%	7%	-	2%
LSD	10%	34%	20%	1%	9%	13%	-
Messaline	11%	35%	21%	2%	11%	8%	-
Other halluzinogenes	8%	29%	27%	0%	9%	12%	-

Source: Strobl et al.2002a

Table 41: Polyvalent consumption patterns of drug addicted women

	main diagnosis						
Individual diagnosis	Alcohol	Opioide	Cannabis	Sedatives / hypnotics	Cocaine	Other stimulants	Hallu-zinogenes
Alcohol	-	5%	1%	1%	0%	1%	0%
Heroin	3%	-	1%	1%	2%	1%	0%
Methadone	1%	-	1%	0%	1%	0%	0%
Codeine	8%	-	80%	3%	1%	2%	0%
Other pharmaceutics containing opiates	6%	-	4%	3%	1%	4%	0%
Cannabinoide	8%	36%	-	1%	4%	9%	0%
Barbiturates	19%	34%	2%	-	3%	2%	0%
Benzodiazepine	15%	46%	2%	-	1%	1%	0%
Other sedatives/ hypnotics	27%	18%	4%	-	2%	2%	0%
Cocaine	6%	55%	8%	1%	-	8%	1%
Crack	10%	43%	4%	0%	-	2%	2%
Amphetamine	6%	26%	13%	1%	5%	-	1%
MDMA	4%	25%	23%	1%	6%	-	3%
Other stimulants	7%	6%	16%	2%	2%	-	7%
LSD	7%	41%	16%	2%	5%	15%	-
Mescalin	8%	21%	17%	0%	8%	21%	-
Other halluzinogenes	8%	22%	19%	0%	7%	17%	-

Source: Strobl et al.2002a

7 Discussion

7.1 Consistency between indicators

Most indicators show a continuous direction since several years. Especially persons being registered by the police for drug issues for the first time and treatment data reflect very similar trends. Compared to police data the higher increase of opiate users in the treatment area during the last 2 years may reflect that persons are better reached by treatment offers. The considerable increase in methadone treatments may be the reason for this. Other indicators, partly based on very limited samples, seem to be influenced by many factors beside overall prevalence of drug use:The decrease of heroin prices since the middle of the 80ies goes in line with an increase in the number of heroin users noticed by the police for the first time until 1992. Availability and prevalence of heroin use were decreasing afterwards.

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

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 and Social Security (BMGS) 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 Healthand Social Security (BMGS), the Federal Ministry of the Interior (Bundesministerium des Innerern, BMI) and the Federal Ministry of Justice (Bundesministerium der Justiz BMJ) in agreement with the Federal Laender define the legal basis, which is relevant also for prevention work. The Federal Criminal Office (Bundeskriminalamt, BKA), a sub-ordinate organisation to the Ministry of the Interior - besides repressive measures against drug offences - also conducts activities for education and prevention. A special department for “criminal prevention and public relations” has been created to support the preventive activities of the Laender police organisations but the Laenders' views differ extremely regarding the main emphasis of prevention done by police. For further details concerning the political conditions please see chapter 1.1.

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 there are inter-ministerial work-groups within the Federal Laender in order to co-ordinate measures more effectively at Laender level. Usually the Ministry of Health, 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 these groups.

Most prevention takes place at a municipality or local level. Within these projects children and adolescents are contacted via opinion leaders directly at their place of living. These persons frequently come from the departments health and social affairs, education, youth help and interior and independent associations. One can feel, that the effort 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 Laender level and at the same time a higher weight is given to quality insurance, evaluation and further development of concepts.

A new national plan of action “Drugs and Addiction” is planned to be realized within the year 2003 which is to replace the “National Plan to Fight Narcotics” which was passed in 1990.

For a description of the current situation of the developments concerning the new plan of action please see chapter 1.1.1. In the following text the basic strategies and developments of demand reduction in Germany (prevention, surviving help, therapy, prosecution/reduction of offers) are described.

Prevention

The aim of addiction prevention is to help influencing the extent of taking drugs. There are different objectives for people who do not take drugs, who take drugs at a moderate level and people who take drugs at a risky level. Additionally there are several structural objectives, for example, to improve the basic conditions in educational institutions. Thus better preconditions for processes of education and socialization are to be created which are to have a preventive effect again. Another aim of these structural approaches is to make the public aware of topics like addiction and to inform it about backgrounds and causes for addictive behaviour. Prevention is the main topic of the addiction and drug policy of the Federal Government.

The drug and addiction committee, appointed by the Federal Government in 1999, worked out an position on the behalf of the Federal Government on the improvement of addiction prevention which was published in 2002. Important aspects are:

- The discussion about the objectives and methods of prevention must be carried out openly and without rash determining.
- To separate measures of primary and secondary prevention is no longer useful. Current target groups are to be addressed typically and within the content of their momentary situation.
- An intensive cooperation of all professions and organisations is necessary.
- Expensive mass media activities are only to be carried out after an intensive cost-benefit analysis linked with personal communicative approaches.
- Preventive measures as well as the results of prosecution are to be evaluated constantly.

Help to survice

A major function of German drug policy is to avoid drug-related deaths and reduce health and social damages of the concerned. The study concerning “heroin supported treatment of opiate addicts” observes and evaluates new approaches for the treatment of severely addicted who were hardly reached by help offers up to now (please compare with chapter 10.2). Due to the setting up of rooms where drugs can be taken, which are regulated by law since the 1st April 2000 (3rd Amendment of the Narcotic Law), the risks of taking i.v. drugs are to be reduced. The aim of the users rooms is to serve as a surviving help, to stabilize health and to try motivating the addicts for using help related to abandoning the drug use. These measures are being evaluated at the moment (see 8.2.1, 10.1.4).

In the beginning of 2001 the IFT organized on the behalf of the Federal Ministry for Healthan expert conference “Prevention of Drug-related Deaths”. In the framework of this conference experts of different fields discussed the possibilities to reduce the number of drug-related deaths by improving the medical and therapeutic treatment and by strengthening the self-help measures. They discussed shortages and possible prevention measures in the substitution supported treatment as well as the particularly risky situation after detoxification and intervention. Additionally the particular endangered group of ethnic Germans was as a part of the difficulty of migration discussed (Kraus and Püschel 2002).

Therapy/ Counselling

In the field of consultation and therapy it is the special aim to contact addicted people or people who are endangered of taking drugs at an early stage in order to motivate them for treatment, to reduce consequential damages of health related to addiction and to achieve an improvement of the health situation of the concerned. In order to improve the consultation and therapy the extension and the qualification in substitution treatment will be of major importance during the next few years. The Federal Chamber of Doctors passed new, obligatory standards concerning this treatment which were determined by law. These new standards and the introduction of a substitution register in order to avoid double prescriptions by different therapists are to improve the treatment quality in this field.

Repression and supply reduction

Repressive measures against the production and trade of drugs play a major role in drug policy. The production of illegal drugs is to be reduced, prevented or abolished by introducing specific measures concerning the rural development of the producing countries, (e.g. Afghanistan). International cooperation and the cooperation with multilateral organizations like the United Nations International Drug Control Programme (UNDCP) is also of great importance. The trade of drugs within Germany is prosecuted by the criminal law. The police work and the legal judgement of different criminal acts is primarily determined to fight the dealers.

8.2 Approaches and new developments

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

8.2.1 Approaches and new developments at federal level

The Federal Drug Commissioner described in her Drug and Addiction Report, which was submitted in spring 2002, approaches and developments at Federal level. The new plan of action is to offer an extensive new concept of drug and addiction policy in Germany (for details please see 1.1.1). In several working fields tasks and aims were specified, however, an institutional and financial planning for the realization is not automatically guaranteed. Due to the constitutional tasks of the Federal Government, the Laender and the communities plans need often the consent of different authorities to be carried out.

The regional service bodies - legal health insurances and pension insurances – are in charge of the field of treatment. At Federal level new special developments were completed by passing the “Agreement Addictive Illnesses”. Now it is possible that addicts can receive measures of medical rehabilitation even when they are only substituted for a transitional period.

Cooperation and networking

There is the effort to improve the cooperation between drug and youth help. This approach is to make an early intervention of adolescents possible and to increase the efficiency of the whole system by a sensible division of work. A common conference of both help organizations about this topic was carried out in the beginning of 2002.

The project “case management” carried out at Federal level was supported by the Federal Ministry for Healthand accompanied scientifically by FOGS, Cologne from 1995-2000. The objective is to help reaching alcohol and drug addicts and establishing contact to appropriate help offers. The evaluation of the Cooperation Model Effective Social Work (FOGS 2002) shows that 1,660 persons out of more than 3,000 persons who were contacted were treated intensively. Approximately one third of these patients were drug addicts. About one sixth of the group was reached by offers of the help system during this project for the first time. A stable quota of approximately one third is in this context a relatively positive result. Additionally the study emphasizes structural conditions which improve the cooperation between different help institutions remarkably and which can increase the quota of reaching particularly problematic groups of patients.

Risk groups

Risk groups which are difficult to reach or cannot be reached at all are a special main aspect in the current policy concerning addiction prevention and addiction treatment. Children of addicted parents are a special risk group. In the meantime there are some projects at Federal level which direct their offer to this group in particular. In the field of inpatient treatment there are about 20 therapy institutions which accommodate the children of addicts, too. Some developed special institutions for children, which are partly accepted according to the children and youth help law, to guarantee accompanying support in kindergartens and schools.

Due to the statements of the emigrant commissioner every year approximately 100,000 ethnic German mainly from the succession states of the Soviet Union immigrated during the last few years. In 2002 the high rate of drug-related deaths among young emigrants was already noticeable. Corresponding to the approach “The best prevention is a successful integration” the Federal Ministry of the Interior supports a number of measures concerning the surrounding of emigrants with model projects at eleven locations in particular for this risk group. Moreover an offer of further education for the member of staff of the addiction and migration help was developed to make it easier for them to contact their target group.

Sporadic reports about an accumulation of drug problems in different other groups of migrants are available from different sources. However, there is only little quantitative and qualitative information about living circumstances and drug problems. Besides it has to be considered that the group of migrants is very heterogeneous. Among working immigrants especially from Turkey there are, fugitives from Ex-Yugoslavia and people having already obtained or asking for asylum from black Africa as well as people without a valid residence permit. That is why the Federal Ministry for Healthordered several expert reports concerning various topics related to this context. The result in the field of illegal drugs were that the number of people who have experienced drugs is among the migrants high in particular among adolescents of the youth help. Altogether the proportion of the migrants is still below the proportion of the German. Among the female adolescents there are fewer who are experimenting on taking illegal drugs. Out of the substances which are used cannabis products are used in the first place and ecstasy is used in the second place. However some subordinated groups are not recorded sufficiently in representative surveys. The information concerning this group is primarily collected from low threshold help institutions for migrants and from drug and addiction consultation offices.

Substitution

Legal reforms concerning the substitution supported treatment of opiate addicts came into force (see 1.2).

The setting up of consumption rooms

The extension of users rooms is a main aspect among the measures concerning the surviving help. In the meantime there are about 20 users rooms in Germany. Appropriate regulations were passed in Hamburg, Hessia, Lower Saxony, North Rhine-Westphalia and Saarland. For Berlin such regulations are being prepared (see 1.2). On the behalf of the Federal Ministry for Healththe Centre for Applied Psychology, Environmental and Social Research (ZEUS) carried out an evaluation. The major results are:

- The desired target group (adults who are long-term opiate addicts) was contacted.
- The minimum standards are almost always met in the institutions, and they are well supplied for emergency cases.
- The access to emergency and medical supply is improved remarkably and so a specific contribution for reducing the drug-related deaths is achieved.

- In more than half of the cases contact to other help institutions is established.

A publication is being prepared.

Documentation system of addiction prevention in Germany

The documentation and evaluation of activities concerning addiction prevention serve for transparency and the improvement of quality, but also for doing the work in a systematic, structured and legitimated way. Up to now there is no uniform documentation system for collecting activities concerning addiction prevention. However, there is in the framework of the EBIS documentation system a module for every participating institution available. The EDDRA serves particularly the EMCDDA by presenting selected examples of good practice. A team of prophylaxis experts of the Laender and the Laender´s coordinators developed under the control of the FCHE a basic data record which is to help collecting and describing systematically measures of addiction prevention. At the moment they are working on the technical transfer and the implementation of a tool which serves for the collection and processing of data.

In 1993 all Federal Laender agreed on an acting basis for addiction prevention called "guidelines for prevention concerning misuse and addiction" in the framework of the coordination circle concerning addiction prevention. This concept which describes objectives, strategies and measures of an effective addiction prevention is in the meantime 10 years old. In March 2002 the circle of the Federal Government and the Laender started to discuss a reform for modern guidelines for a future-compliant addiction prevention. In June a workshop concerning further education took place and till the end of the year the new guidelines are to be presented in an expert journal of the FCHE.

Internet portal "Addiction"

There are many public and private websites in the field of addiction, for example, addiction prevention, youth work, schools, medical fields, universities and also websites created by committed private people. In collaboration with the Laender a coordinated national internet portal is to be developed to network the existing resources more effectively. The aim is to connect it with the European networks concerning addiction prevention and to meet the requirements of its users. In a current phase of interviews the interests of the Laender concerning the concrete realization are settled. At the end of the year the realization and implementation of the portal will be started.

Further aspects

Further the following objectives and approaches were mentioned which are mainly part of the new guidelines of the Federal Drug Commissioner:

- Set up of a national drug and addiction phone with one standard telephone number.
- Extension of the outpatient abstinence orientated treatment.

- Improvement of the treatment of psychological disorders related to addictive illnesses.
- Better integration of support measures in the field of work.
- Stronger consideration of experiences with violence related to female addiction.
- Extension of therapy and consultation within the penal system.
- Support and qualification of self help.
- Support of intercultural competences of addiction consultation offices.

8.2.2 Approaches and recent developments at Laender level

In principle in the Federal Laender there are the same strategies to deal with addiction and drug problems as at national level. Prevention for demand reduction are in the fore. Counselling and therapy are basic elements in the existing drug help system of the Federal Laender, aids for survival and harm reduction interventions are increasingly established. Some countries have made meetings and published reports with an critical evaluation of 10 years of substitution (e.g. Ministerium für Frauen, Arbeit, Gesundheit und Soziales des Landes Saarland 2000a, 2000b). Law enforcement as an undeniable intervention is used in all Federal Laender to reduce supply and criminal drug trafficking. Depending on the drug policies of the Laender governments as well as on scope and appearance of the local drug problem the focus on these interventions is different.

Drug commissioners of the Laender were asked for recent information on approaches and activities in the Laender by the DBDD. Out of all responding ministries some activities will be described as examples. This report mainly describes changes and new developments, so especially the picture of the Laender given here is not representative for all their activities in the field of drugs. For prevention work and partly also for consultation and treatment it is increasingly difficult to differentiate between legal and illegal substances. Due to the statements of the Laender it is partly impossible to recognize clearly the budget which is spent for the topic drugs.

Improvement of the epidemiological situation of data

In Saxony-Anhalt there is an evaluation concerning the gender specific peculiarities of girls´ and boys´ attitudes and behaviour related to drugs. The data was obtained in the framework of the study “Modern drug and addiction prevention – MODRUS II” in 2000 (FOKUS 2001). A further study with the same instruments is planned for the year 2003.

Up to now Germany did not participate in the ESPAD study, but currently several Laender are interested in participating in the next survey in 2003 (CAN 2002). The Federal Ministry for Healthwill support financially the connecting of the data and the evaluation of the international performance. Bavaria, Berlin, Brandenburg, Hessia, Mecklenburg-West Pomerania and Thuringia will participate.

Early detection systems

Hamburg, Frankfurt and other cities work actively with regional monitoring projects, partly connected with international cooperation (Three-Cities-Project, TREND-Project). The aim is to notify the trends of consumption among adolescents at an early stage in order to act quickly. Individual reports are published (Baumgärtner 2001; Kraus and Domes 2000) when the projects are finished or in an advanced stage. In Saxony-Anhalt a ethnographic study concerning career examples of illegal drug users was carried out in order to provide qualitative information about this group. Professor Heckmann, University College Magdeburg, led the study. No results were published up to now.

Prevention

In May 2001 there was for the first time a national action day “addiction prevention” in Rhineland-Palatinate. Altogether more than 200 individual activities like workshops, theatre, exhibitions, etc. took place in 40 communities.

In the framework of the addiction prevention project “Kunstrausch2” the action week “Kunstrausch” was carried out in Hamburg from the 13th –16th May. It was directed especially to schools and youth groups which want to discuss the risks of addiction actively. They offered a wide range of seminars, exhibitions, workshops, theatre and concerts which dealt with the topic drugs/addiction prevention by using art. By using art and creativity they wanted to show that it is possible to be excited and high without damaging oneself.

The six national addiction prevention expert offices of Brandenburg, which were set up in 2000, led increasing activities concerning addiction prevention in the communities. Thus the non-smoker competition “Be smart – Don´t start” could be offered at Federal level for the first time in the school year 2001/2002.

The project “FRED” which serves for the early intervention of first notified drug users was developed in 1999/2000 in the framework of a Federal model in and tested in half of the Laender. After finishing the model project in December 2002 strategies will be developed with the Laender for using the results of the model project efficiently.

In 2002 a project concerning peer education in addiction prevention started at 5 schools in Saxony-Anhalt. In the framework of the project pupils of grammar schools and secondary schools are accompanied by students.

Counselling and treatment

In Bavaria a pilot study is carried out working with “therapy resistant” drug addicts in order to motivate them for being treated. It is discussed how chronic multiple addicts, who elude conventional treatment offers or cannot be integrated after ceasing several therapies, can be connected with low threshold help.

Since the beginning of 2001 there is a scientific accompanied model project concerning the psychosocial care of substituted in Saarland and Hessia. The project´s objective is to find out

how much care is necessary and in which fields the concerned need care. The need of necessary care is determined by the team every quarter. A final report is to be expected in the beginning of 2003.

Since autumn 2001 there is the “drugstore project” in Thuringia. They are driving around with a camper in order to contact risk groups in the music scene. They offer information and consultation talks as well as arrangements concerning help offers.

In Mecklenburg-West Pomerania the long-term treatment of addicts done within the model “practices focusing on addiction” is financed by the health insurances in the framework of a modern “disease management” approach.

Measures concerning quality assurance which can be applied independently and economically by the institutions were developed on the behalf of Rhineland-Palatinate. The results of the project in the form of manuals and a series of further education for the staff of addiction consultation offices are to be available soon.

Re-integration

In the field of re-integration several bodies (e.g. the LVA in Hannover and Rhineland-Palatinate) have started model projects concerning the improving of treatment and the meshing of medical and professional integration. These projects are expected to provide important impetuses for the still remarkably bad provided field of drug addicts´ integration.

Further topics

In several Laender , for example Brandenburg, programmes against addiction were set up. The programmes include a description of the situation, an analysis of the weak spots and possible new approaches. The plans are partly clearly operationalized and the indicators for measuring the obtained objectives are defined.

In Hessia workshops were carried out which were dedicated to special topics. Crack was the topic of one conference because of its strong increase. A further conference dealt with the question of using buprenorphin as an alternative medicine instead of methadone in the treatment of drug addicts. These conferences make it possible to inform the carers, therapists and other people working in the field of drugs about current results and new approaches.

9 Prevention

Responsibilities within the country

All laws related to addiction prevention are executed by the Federal Laender. The national level has no responsibilities in this field of activities (see 8.1). Legal acts, as far as initiatives in the areas of youth, education, social and health are concerned, are under the competing legalisation of national and Land authorities.

For benefits and financial support for activities and offers for addiction prevention the Laender, social insurance agencies and the municipalities are responsible.

At the municipalities' level, where most of the prevention activities take place, prevention is an obligatory tasks of public care for children and youth (SGB VIII) as measures of preventive health care. In the framework of general youth work, youth social work and educational help for children and youth addiction prevention is expected to foster personal growth for children and adolescents and teach them self-determination. Municipality self administration decides, what types, quantities and quality of measures are taken in this respect.

Since the beginnings of the eighties so called "special units for addiction prevention" have developed at municipality level. Frequently they are attached to drug help organisations, e.g. counselling centres and have got a more or less independent profile. They can also be linked to youth authorities, to charity organisations or they can be organised on their own. Their work is concentrated on special fields of preventive activities (e.g. work with teachers/ schools/ nurseries/ at work). They counsel key persons, run measures of further education and local and regional projects.

Beside these units, which are as a rule part of the health sector, addiction prevention is also a topic of interest for the organisations responsible for youth help, especially for organisations for youth protection. Measures within youth help institutions more frequent are targeting secondary prevention. In education policy today health promotion and – linked to that – also addition prevention measures are often integrated within school curricula. Frequently prevention activities take place as "project weeks" for school classes 8 to 10. In many schools there is the position of the "teacher of trust" or "drug contact teacher". Among other things he has to collect and disseminate addiction related information, to inform and counsel pupils and teacher about addiction problems and to bring them into contact with the local counselling centres when needed. In some cases these teachers also organise prevention events or they collaborate with others for this purpose. There are no national binding standards who to conduct these activities as school policy is under the responsibility of each Land, concrete implementation is done by each individual school (Drug and Addiction Commission at the Federal Ministry for Health 2002).

Financial means

Beside the Laender support for addiction prevention comes from social insurances and municipalities. On the basis of existing laws they are independent from governmental instructions.

Each authority and each funding agency is free to organise funding and support of activities for addiction prevention in accordance to their needs. This holds true for number, quantity and targets. The responsibilities of Bund, Laender and municipalities are defined by the constitution. Social insurances are independent from state, but they are governed by special laws (e.g. SGB).

The Federal Centre for Health Education (FCHE; BZgA) is a sub-ordinate body to the Federal Ministry for Healthand Social Security (BMGS). It has an annual budget of about 6 Mio € for addiction prevention, which is part of the budget of the Federal Ministry for health (see 1.5, 14.5). From that about the same amount of money goes at the federal level into mass communication activities (production and dissemination of basic media, advertisements, posters, audiovisual media) and into activities of personal communication (exhibitions, actions, trainings, internet presentations and chats). The German Main Office against Addiction Problems (DHS) as an umbrella organisation of the associations of addiction health care gets 300.000 € financial support per year from the Ministry for Health for their special tasks.

The Laender themselves have reported to spent an amount of 15 to 20 million € per year on measure for addiction prevention. There are no valid data on the additional amount of support coming from the municipalities for activities of addiction prevention.

9.1 School programmes

Addiction prevention in school is organised differently in each Land on the basis of the Land responsibility in this filed. In general in kindergarten and schools measures have proven usefull which train life skills. These strategies, which as a rule are part of school curricula contain elements which are

- Non substance specific (e.g. how to handle conflicts)
- Substance specific (e.g. about tobacco use)

9.1.1 Training of life competence

A good example for Land programmes is the “Soest programme”, a large system for addiction prevention at school. For this purpose the Land Institute for School and Further Education in North Rhine-Westphalia offers material and media for addiction and drug prevention at school. Training of steadiness (“affective education”) is included as well as context related intentions for drug prevention following the “healthy school” concept (Kolip 1999). This type of programme can be found now in nearly all Federal Laender.

Some of these procedures like „class 2000“ (Institute for preventive pneumology, Klinikum Nürnberg) in which nationwide about 110.000 pupils from 4.100 classed participate in the school year 2001/2002, the Lions-Quest-Programme „Getting adult“ or „ALF“ (Maiwald and Reese 2000) have been extensively evaluated and are available in published format.

9.1.2 Measures for adolescents close to drugs

„Step by Step“ is one of the FCHE programmes for early detection and contact to deviant adolescents which is used in teacher further education since several years. In Bremen a training for teachers with practical material and an manual was developed and done on the topic “How to handle drug incidents?”. Methods to reach youth close to drugs until now are evaluated only in exceptional cases?.

Inside@School is the name of an innovative project in Munich, which exists since November 2000. It is planned for three years for the beginning. Within six urban secondary schools (three “Realschulen”, three “Gymnasium”) staff from “condrobs”, a Munich association for addiction help, has set up offices to guide the adolescents towards a self responsible self-determined way to handle addictive substances. Also other, not substance related problems like compulsive use of the internet , anorexia etc. as well as legal (alcohol, tobacco, pharmaceutical drugs etc.) and illegal drugs are included. Cultural and gender differences will be taken into consideration.

Targeted counselling takes place during breaks, free time during school hours and AS as agreed also during lessons. The total subject addiction will be made transparent for a larger target group and ways to protect are imparted Also coaching and further education of teachers as well as collaboration with parents takes place.

The project is scientifically accompanied by FOGS (Gesellschaft für Forschung und Beratung im Gesundheits- und Sozialbereich, Cologne), first results are planned for April 2003. The project is funded by the Municipality of Munich with 400.000 € per year. Costs for evaluation research are covered by the Federal Ministry for Health and the Bavarian Ministry of State (Inside@School and personal information from the project leader)

9.1.3 Specific measures

On November 5th 2001 the pupil contest „Be smart – don’t start“ began for the third time in Germany and in fifteen other countries of Europe trying to deter youths from smoking. In this new contest 2001/2002 already about 5.800 classes with together more than 150.000 participants are involved. The project is supported by the Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung, BzgA) and the European Commission. Coordination for all Europe is done by the Institute for Therapy and Health Research (Institut für Therapie- und Gesundheitsforschung, Kiel). In the meantime all 16 Federal Laender participate. Evaluations from former contests show an preventive effect: the transgression from non-smoking to daily smoking is delayed (Die Drogenbeauftragte der Bundesregierung 2002)

9.2 Youth programmes outside school

Youth programmes outside schools are oriented towards leisure time. They include simple leisure time activities, discussions and party projects as well as well developed concepts of adventure pedagogics.

9.2.1 Organised leisure time activities

An essential element of the FCHE campaign „Making children strong“(„Kinder stark machen“) is further education for youth trainers. In seminars persons working with children and adolescents in sport clubs are taught elements of an comprehensive addiction prevention. During the last year 70 of these seminars reached about 1600 key persons nation-wide. The Federal Centre have ordered two studies on the effect of these training seminars which showed, that sport clubs have a potential for addiction prevention. This, however, needs qualification measures for trainers, coaches and training managers On the other side, consumption of psychotropic substances beside cigarettes amongst adolescents inside and outside clubs does not differ (Brinkhoff 2000; Brettschneider 2001). On the basis of the previous results the Federal Centre plans to integrate the contents of the seminars “Make children strong” into the training outlines for youth and training organisers? (Schmid 2001)

9.2.2 Non organised leisure time activities

In the field of non organised and commercial leisure time activities addiction prevention is just in its beginnings. Especially connected to the party scene many projects have developed, which aim to teach adolescents to use substances as critical as possible and to avoid risks as far as possible. These measures, which have not been evaluated until now, are based mainly on strategies of personal communication. www.drugcom.de (drugworks/ Party-projects) offers insight in the concepts of some of these initiatives.

In September a national meeting took place with initiatives close to the drug scene and experts from drug prevention and drug help. Aim of the meeting was to formulate corner stones for a sustainable addiction and drug policy for the part setting and to formulate general rules for prevention to be followed in this area. The results will be published in summer 2002 in the FCHE series of special issues with the title “Addiction prevention in the party scene”. Chances and limitations of drug checking, peer concepts and communication on drug risks are topics of this report.

9.2.3 Measures in institutions for youth leisure time activities

For other settings, for example for institutions for youth leisure time activities, until now concepts are lacking which have proved to be effective. The CD-ROM training programme “JUPI- Youth prevention international” for youth workers within associations, which will be published end of 2002 is one step into this direction. In the framework of the project “addiction and drug prevention crossing borders” the Aktion Jugendschutz (action youthcare, regional office for Baden-Württemberg) has developed in cooperation with experts from other countries around Lake Constance a training programme, which should help to handle deviant adolescent behaviour. In Brandenburg and Berlin in this area workshops took place for staff

working in open youth help, drug help and for teachers. They should teach the professional and methodological basics and allow an exchange of information and expertise between staff.

9.3 Family and childhood

Where primary prevention is the aim of addiction prevention, children – already at an age before they start school – are in the centre of interest for planning. In this period of life parents play a big role as models. They can transfer messages on consumption as well as prevention and they might be the cause of psychosocial strains which increase consumption or they might protect from them. Taking into account this specific age group those measure are not targeted towards information or education about specific substances but they try to train general health behaviours and to foster psychic “strength”. Projects in nursery homes and primary education today are standard in prevention (Kammerer 1996).

During parent-teacher meetings in kindergarten and school many mothers, fathers or other psychological parents can be reached for preventive messages. It is recommended to use those contacts globally for addiction prevention and supportive material is already available. An evaluation, however, is still not in place.

Other, more comprehensive results on family based addiction prevention is, at least for German speaking countries not available in general.

Leaflets like „Parent information on addiction prevention“ or „How to protect my child against addiction“ are used in nearly all Federal Laender to inform parents about developmental stages of childhood and their relation to the development of addiction. In this way basics about addiction prevention are taught. In Saarland during the last year in addition to that a parents’ training “Making children and parents strong” was conducted to support social and life competence.

In accordance to the drug and addiction report 2002 a total of 1.8 – 2 million children below 18 years have to life with the alcohol addiction of one or both of their parents. Studies show, that an considerable percentage of these children become addicted themselves later. Today there are some project in Germany offering special support to those children. At the moment the Federal Ministry for Health is supporting a study, which will develop proposals, how children of addicts can be better reached through institutions of addiction care.

9.4 Other programmes

9.4.1 Peer education

Lately peer education has been established especially as part of mediation at schools in Germany. Results from the USA show, that peer education can also be applied successfully for addiction prevention. Specially trained male and female pupils – tutors – help other pupils as contact persons to overcome problems and help to prevent addiction in this way. In the case of problems, it is more easy for pupils to contact peers that to talk to teachers.

A good example is the project " Why not between peers "("Warum nicht von Gleich zu Gleich"), where key pupils, who were trained by the Arbeiterwohlfahrt Saar during the last year for the first time were responsible for special lessons for their buddies on addiction prevention Similar seminars where initiated by the Federal Health authorities in Württemberg and Thuringia under the titles " True intoxication comes from inside" and "Kids for kids".

During the congress „Peer Group Education – opportunities and limitations of participation through youths" youth help staff from the Aktion Jugendschutz Sachsen (ajs) e.V. informed about peer group education as a concept und motivated to use this more frequently within everyday work.

9.4.2 Telephone help lines

One national dial number for questions about drug problems is available at the Federal Centre for Health Education as "Information telephone line for addiction prevention". This service, which covers several topics at the same time, can be reached through one national number. During the first half year 2002 a total of 3262 telephone calls on addiction prevention were answered. 1700 were related to legal and illegal drugs, the remainder touched the topics gambling, eating disorders and general prevention counselling.

9.4.3 Prevention field communities

Interventions in this area can be split at the level of phenomenon into two groups (Künzel-Böhmer et al. 1993):

1. programmes specifically targeting addiction prevention,
2. global health promoting programmes aiming to support healthy life styles and environment and in this way targeting also (unspecific) positive effects i.e. avoidance of the drug misuse

The above mentioned youth programmes inside and outside schools also belong to the group of community programmes for prevention. Community activities with a specific link to addictive substances in Germany are for example (mega) events under a drug-free motto ("Anti drug disco", "No Drugs" raves). In nearly every German capital there are institutions like drug free cafes and similar leisure time services.

On October 8th 2001 a national competition "exemplary strategies of local addiction prevention" was started together with the municipalities' umbrella organisations. Aim of the competition is to honour local activities of addiction prevention and to stimulate the further development of regional networks for addiction prevention at municipality level. 220 municipalities have participated in this competition of whom 13 won a prize. In most cases the local strategy is coordinated by the youth authorities. In two thirds of the cases the respective Federal Land is also included. Also two thirds of the activities were based on common concepts. 60% of the projects are funded through the municipalities, 20% through the Land and 14% through sponsorship. In about 40% a final effect evaluation is planned. 40% of the participating municipalities have an own coordinator for drug prevention and help.

9.4.4 Mass media campaigns

A mass media campaign is the whole of a number of single measures, which are reinforcing one another. Usually this a mixture of different media (print, film, event and others) to address the different target groups in an adequate way. In addition there are elements of personal communication.

Focus of these campaigns in Germany is still a multi media campaign for addiction and drug prevention targeting adults and key persons, which is conducted by the Federal Centre for Health Education. The most important elements of communication in this campaign called "Make children strong" are different advertisement motifs, TV and cinema spots, leaflets and material for further education for key persons and members of the target group. Also a travelling exhibition exists. In 2002 nationwide 24.500 large-format posters and 14.200 city lights were used. The BzgA developed a campaign concerning the topic "alcohol" with the title "Alcohol responsibility draws the line". Central components of the campaign are a brochure with tipps and information about responsible use of alcohol, various posters as well as supporting material for general practitioners for short interventions of patients with alcohol problems.

In addition also at Land level regionally focussed actions exist with a campaign character. For example the Office for Addiction Prevention ("Büro für Suchtvorbeugung) in Hamburg has run the information and education campaign "Hot mixes" against multiple drug use for the first time. An initiative taken by the Land of North Rhine-Westphalia in cooperation with the Ministry for Schools, health insurances and the Deutsche Krebshilfe (German Cancer Aid) support the action "life without smoke" ("Leben ohne Qualm – LoQ") trying to increase non smoking and to reduce the dependence from tobacco. Target groups are adolescents at the age between 10 and 13 years.

9.4.5 Internet

More than three quarters of all persons above 30 years have access to internet. This makes this medium an important instrument to access youth target groups in prevention activities. (SevenOne Interactive forsa, http://www.mgmuc.de/service/publikationen/download/@facts_10-01.pdf).

A common initiative of the Federal Ministry for Education and Research (BMBF) and industrial representatives try to systematically further improve access and usage of the internet in Germany under the heading "schools go online" ("Schulen ans Netz"). Through this project 35.000 schools got access to internet since October 2001.

The internet project "Teachers online" ("Lehrer online") was founded to support teachers in this respect. Tips how to use new media within the lessons can be found at www.lehrer-online.de.

Internet in addiction care and prevention

At www.senbjs.berlin.de/suchtprophylaxe the coordination unit of contact teachers for addiction prevention offers a homepage for addiction prophylaxis at school. Beside this information questions on addition and drugs are answered by experienced teachers.

In addiction care, especially in counselling and treatment, as well as in prevention institutions more and more electronic media are used. In this respect also an increasing trend can be found towards networking between institutions and bundling of information e.g. through the use of portals.

In North Rhine-Westphalia there is an cooperation of professional centres, which can be found under www.suchtvorbeugung.de . The integrated system of five Laender from Northern Germany under www.open-spacesuchtvorbeugung.de this year became the basis of an coordinated internet portal for addiction prevention at national level. The Laender cooperate here to use the exiting resources of regional networks and to set up a network of networks. At the moment a survey studies the Land interests, end of the year the implementation of the portal will start.

The Federal Ministry for Family, Women and Youth and the Ministry for Health have used the homepage www.dialog-jugendhilfe-drogenhilfe.de as a platform to continue an dialogue, which was started during the expert meeting „Dialogue and cooperation between youth help and drug help“in Berlin May, 28 and 29, 2001.

While different services are developing also in these webs some of the services are not sufficiently utilized, problems with regular updates of contents and insufficient links between sites can be found.

Single internet based projects

The Internet project www.drugcom.de , which was started by the FCHE one year ago to address via internet youth with a high drug affinity goes down well. It should support communication with adolescents who have already used drugs. These persons can hardly by reached through standard services. Anonymous information and counselling via internet offers possibilities for youth drug users to critically reflect their own drug use. Open communication, e.g. in chat-rooms, e-mail counselling and online-counselling should help them to develop a self-reflexive standpoint in relation to drug use. The campaign is scientifically accompanied. It won the TV-Movie-Award (2002) as the best information platform in internet, which underlines the good layout of the service.

Also for adolescents coming from the techno or party scene Drogenhilfe Köln e.v. has started September 2000 the internet service www.partypack.de. In Saxony two Land projects on addiction prevention are run through internet targeting young people themselves of their coaches („Ikarus“ at www.jugendschutz-sachsen.de/ikarus) or experienced drug users („Drug Scouts“ at www.drugscouts.de). Two internet contests on addiction prevention in Lower Saxony at www.nls-suchtgefahren.de asked youth under the heading „Alcohol,

responsibility defines limits“ to formulate statements and at www.webstory.nibis.de to combine photos about „A kick in the head and pins and needles in the body“ to a story.

9.5 Evaluation

As financial resources become scarce there is a growing interest in the evaluation of the efficacy of measures of addition prevention. However, it is difficult to judge, if addiction prevention in Germany is successful in relation to substance use and misuse. Only few evaluation studies are available (Maiwald and Reese 2000). Where studies exist, they often do no meet scientific standards. Programmes for life skills in school prevention are a positive exception from this rule. In this field a review of vast studies is available, which supports the efficiency of these programmes (Maiwald and Reese 2000).

10 Reduction of drug-related harm

The help system for drug addicts in Germany offers a variety of measures for harm reduction. Following work is offered in the drug scenes by street worker and drug help centres in many cities have respective offers.

Following work focuses on people – partly due to their homelessness – who live on the street or public places and take advantage of the offered help in the institutional framework very rarely or not at all. Furthermore it is to support breaking up the open drug scenes as soon as possible and to refer the concerned to the respective help institutions. Drug help centres are to avoid the impoverishment of addicts. They offer help in acute desperate situations as well as psychsocial and medical offers. Thus a deterioration of life conditions are avoided and medium or long-term possibilities of abondaning drugs are offered.

According to the momentarily available data there are about 400 facilities which offer help of harm reduction. These are usually financed by means of the communities.

10.1 Description of Interventions

10.1.1 Outreach work

Streetwork is carried out in the field of following work by the drug help system in order to reach drug addicts. It is the attempt to increase the acceptance of help offers among drug users. The objective of this type of following work is to extent and improve contacts to people with harmful or addictive drug use and to intensify supporting and changing processes of this group. Essential functions of the following work are to establish contact and stable relations subsequently, to offer accompanying social support in the sense of emergency case help, crisis intervention and social counselling, and moreover the work in the field of the institutions, i.e. connecting them to the help institutions. Further aspects are the representation of interests of the concerned and public relations concerning the acceptance in the public.

10.1.2 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. Also for the prevention of hepatitis in Germany measures to prevent infections are offered to drug addicts and persons at risk.

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.

10.1.3 Prevention of drug-related emergencies and deaths

Since 1998 Mobilix in Berlin has been carrying out a model project concerning prevention of drug emergency cases and drug-related deaths. It includes, for example, the carrying out of first-aid courses at open drug scene meeting points, in institutions of the drug help and in prison, and furthermore the distribution of the opiate antagonist Naxolon to opiate users who participated in a fist-aid course. By distributing the opiate antagonist in the case of an acute over-doses emergency and death cases can be treated effectively by neutralizing the respiratory deadening of opiates. However, training must be given, so that those who must help the concerned first are able to care for them properly until the emergency doctor arrives.

At four mobile locations which were simultaneously meeting points of drug addicts 137 drug addicts were interviewed about their experiences of drug emergency cases and their helpfulness in such situations and about their preferred and practised rescue measures in spring 2001. Almost all of the interviewed drug users which experienced emergency cases (91%) faced life-threatening emergency cases of their own or of other people. More than 50% of the concerned stated that they called the fire brigade and helped personally as well. Every second drug experienced stated that the heart massage and the mouth-to-mouth resuscitation as preferred rescue measures. Every third would use the stable side position, observe circulation and respiration and stimulate pain in order to check awareness of the concerned. Approximately every fourth stated to inject Naloxon. Compared to the interviews n advance the heart massage and mouth-to-mouth resuscitation gained remarkably in importance. When the interviews were carried out in 2001 Naloxon had been distributed for several weeks. (Leicht et al. 2002).

10.1.4 Drug consumption rooms

In users rooms the injection of narcotics is supervised by experts. Surviving, the stabilization of health and offering help of abandoning drugs for addicts who cannot be reached elsewhere are the objectives of users rooms.

The governments of the Federal Laender can pass regulations concerning the setting up of users rooms. 8 out of 16 Laender passed respective regulations or intend to do so. In December 2001 there were 19 users rooms with 134 places (Federal Drug Commissioner 2002).

Table 42: Overview of users rooms and consumption conditions in Germany

Institution	Location	Consumption places smoking places iv. consumption	Average number of users/day
Drob Inn	Hamburg-St. Georg	3 smoking places 7 i.v. places	600-700 contacts, about 200-300 different persons
Busangebot	Hamburg-St. Georg	primarily smoking places	no figure.
Fixstern	Hamburg-Sternschanze	3 smoking places 6 i.v. places	100-150
Abrigado	Hamburg-Harburg	4 smoking places 4 i.v. places	79
DroBill	Hamburg-Billstedt	1 smoking place 7 i.v. places	12 consumers
Kodrobs	Hamburg-Ottensee	5 i.v. places	40-60
Stay Alive	Hamburg-St. Pauli	2 smoking places 6 i.v. places	100
Café Drei	Hamburg-Eimsbüttel	6 i.v. places (men) 2 i.v.places (women)	35-36
Ragazza	Hamburg-St.Georg	2 smoking places 6 i.v. places	30-40
La Strada	Frankfurt-Mainzer Landstr.	7 i.v. places	150
Drogennotdienst	Frankfurt-Eberlstr.	8 i.v. places	250
East Side	Frankfurt Schielestr.	8 i.v. places	30-50
Konsumraum Niddastr.	Frankfurt Niddastr. 49	12 i.v. places	350-450 consumptions
Drop In-Fixpunkt	Hannover	11 i.v. places	130-170
Drogenhilfezentrum	Saarbrücken	20 i.v. places	Ca. 500 consumptions
INDRO e.v.	Münster	4 (max.6) i.v. places? 1 smoking room	40-60

(dated: December 2001)

In the meantime users rooms have been set up in Wuppertal, Cologne, Essen and Aachen.

From the end of 1999 until the beginning of 2001 a scientific observation was made in order to evaluate drug room offers for drug users in Hamburg, Rotterdam and Insbruck. The research project was supported by the EU and carried out in charge of the Institute for

Interdisciplinary Addiction and Drug Research in Hamburg (Institut für Interdisziplinäre Sucht- und Drogenforschung ISD) led by Michael Krausz. Regarding the three institutions in Hamburg “Drop Inn”, “Fixstern” and “Stay Alive” the following central results were obtained:

- 32% of drug users in Hamburg used the consumption room at least once a day, 29% used the room several times a week. The major part of the users are members of the target group who consume at a risk level and in public.
- The majority of the user follow safer use regulations, but a considerably high percentage consumes – outside of users rooms – at a risk level. Thus 40% of the interviewed use injection needles several times. Approximately 20% state that they shared their needles or other utensils with others during the last 30 days. 10 % of the users shared drugs out of one needle.
- The consumption rooms are the second most important locations followed by private flats where drugs are consumed. Within the last 24 hours before the interview 54% of the iv consumers of the group in Hamburg took drugs at home, 47% took them in consumption rooms and 37% in public. Most frequent mentioned as reasons for not or only rarely using the consumption rooms ar long waiting times (57%). The distance and the low number of rooms as well as too short or inconvenient opening hours were the second most mentioned reasons (each 29%).
- The interviewed have taken within the last 24 hours a wide range of drugs: heroin (84%), cocaine (73%), methadone (32%), alcohol (27%), benzodiazepine and cannabis (each 26%). The consumption pattern shows clearly that the interviewed are multiple addicted drug users. Furthermore it shows also that consumption rooms reach their target group. Another project which is to evaluate the work of the users rooms has started (see 8.2.1).

10.2 Standards and evaluations

10.2.1 Professional standards on harm reduction interventions

The union of the German pension scheme’s providers (VDR) in which all German pension scheme’s providers are united passed regulations concerning the further education for experts of individual and group therapies in the framework of medical rehabilitation of addicts. Thus the concerned institutions for further education can obtain “recommendation of acceptance”.

10.2.2 Training of staff

For harm limitation and other special fields workshops and trainings are given in the form of general conferences and further education seminars.

10.2.3 Research projects

On the1st March 2002 started the model “heroin supported treatment” as a new offer of surviving help. It is carried out in 7 German cities and several Laender and the respective

communities support the financing. The model is carried out as medical study and is accompanied scientifically. A limited number of heroin addicts who did not succeed in treatment so far or showed no satisfactory results in methadone treatment obtain on a trial basis heroin for iv use as a medicine. At the same time a second group obtains methadone. Both groups are regularly counselled medically and obtain in contrast to a Dutch study a psychosocial accompanying therapy. The participants of the study must be at least 23 years old and addicted for 5 years, have a bad health condition and have lived in the participating cities for at least 12 months. The study which is expected to last three years includes the clinical testing of medicine containing heroin. The effectiveness of the heroin treatment is to be observed in comparison with the established therapeutic alternative, i.e. methadone substitution. A clinical testing of pharmaceutics is necessary in order to investigate pharmacological effects of a substance which has according to the pharmaceutical law not been registered yet.

In addition the question is to be settled whether an heroin supported treatment can guarantee that opiate addicts who are hard to reach for treatment can

- obtain health, psychological and social stabilisation
- be integrated in the help system bindingly
- be kept in the help system
- be motivated for starting a continuing therapy.

Concerning the psychosocial counselling two different therapeutic addiction concepts are applied.

- Case management including the method of motivative counselling guidance**,**
- Drug counselling including psychological education within a group therapy setting,

Moreover the study is to examine whether and how

- heroin supported treatment can be implemented in the therapy offers for opiate addicts,
- the safety related risk can be limited.

Furthermore the study is to observe the development of consumption behaviour, therapy motivation, psychosocial effects as well as consequences concerning the criminal law and irregular behaviour related to heroin supported treatment. The leader of the study is Michael Krausz who is the director of the Centre for Interdisciplinary Addiction Research at the university in Hamburg (ZIS).

Participating cities are Bonn, Frankfurt/Main, Hannover, Hamburg, Karlsruhe, Cologne and Munich. Meanwhile it was started to recruit the participants of the model project and to prescribe heroin.1120 addicts participated in the study, 50% of them were placed in a second group which was treated with methadone instead of heroin. The costs of the model project are covered by the Federal State, the Laender and cities. Whereas the Federal State covers the costs for the scientifically accompanying as well as 50% of the case management, i.e. for the personnel which organises additional help if needed, the cities finance parts of the costs on the spot and examining doctors.

11 Treatment

11.1 Drug-free treatment

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

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

Unless addicted persons are not motivated to start a treatment on their own, the phase of contact and motivation normally takes place in councelling centers or withdrawal centers.

In the phase of withdrawal the "qualified withdrawal" is increasingly preferred by professionals. A multi-professional team works on different aspects of addiction. Part of this intensive medical, psycho-social and therapeutic care are informational and motivational units for group therapy. They help to continue the motivational work from the stage of contact during detoxification. The phase of 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 should be stabilised and addiction should be overcome in the long term. Rehabilitation can be out-patient, partial inpatient or inpatient. For drug addicts an average rehabilitation of six months is planned, a 4-month phase of adaptation can be added. Inpatient rehabilitation is usually done in special clinics, therapeutic communities or specialised units of psychiatric hospitals. There are special inpatient services for women, parents and children, minors or migrants. Individual or group therapeutic offers, work therapy, sports and creative offers are in the centre of treatment.

The phase of further treatment and after-care starts in treatment centers often already with the phase of adaptation. In this phase the orientation to the world outside this institution will be enforced and the orientation towards integration in work and society improved. Professionals of the work administration and pension scheme provider support the clients which make efforts to integrate themselves into society.

More and more, people take care to offer drug addicts a holistic Rehabilitation, which includes social and medical measures as well as measures towards job, according to a systematic plan. The rehabilitation starts with counselling, which includes somatic, psychological and social anamnesis and diagnostic. An agreement between professionals and clients about the process of support makes up the center of the treatment. The plan of support shall take into account all treatment and health care offers on regional level in order to choose the best measures according to individual needs. A project of the Federal Ministry for Healthhas shown that case management is very important for the process of support (FOGS 2002).

11.1.1 Provision of treatment

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

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

One of the main standards in drug addiction treatment is the co-operation of different professions from social work/education, psychology and medicine. Holders of centres, the Federal Laender respectively 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.

11.1.2 Financial aspects and service providers

In the year 2001 there has been an improvement for drugfree-oriented treatment so far, that the agreement „drug addiction disease" of the legal health insurances and public social and pension insurances has been put into force. This agreement makes the tight connection between a qualified withdrawal and rehabilitation treatment possible and further makes the change between outpatient, partly inpatient, and inpatient treatment easier. This agreement creates a good basic for a well-functioning medical rehabilitation of drug addicts. The structured system of financing in the Federal Republic of Germany, includes benefits of the income support, the legal health insurance, the public social, pension insurance and the unemployment insurance. Due to this fact, problems appear often at the intersections. So, for example it is hardly possible to finance measures of social rehabilitation through work- and activity-projects or to finance housing offers or measures to improve social integration through local welfare bodies. This can lead for an isolated case to the fact, that after the end of rehabilitation the phase of adaption will not be supported propperly.

There are about 300 specialised drug counselling centres and moreover approximately 700 addiction counselling centres which are in charge of drugs and other psychotropic drugs. There are more than 1,500 slots for withdrawal and about 5,000 slots for rehabilitation for drug addicts. Further drug counselling centres are available for the case of drug-related or other problems.

Services to help stopping drug use and therapy are mainly funded by public budgets. Especially inpatient-treatment is also paid by the organisations' holders themselves and by non profit holders.

In the year 2001 the bodies of the medical rehabilitation granted 10 708 inpatient withdrawal treatments for drug- and multiple addicts (VDR Statistic Rehabilitation 2002).

11.2 Substitution based treatment

Much more drug addicts are in substitution treatment than in drug-free treatment. In 2000 32.100 clients were substituted with Methadone, 10.000 with Levomethadone, 500 with buprenorphine and 3.700 with Dihydrocodein.

11.2.1 Objectives for and admission to substitution treatment

The final aim of treatment is the freedom of drugs, the safety of survival, stabilization of health and social background, social rehabilitation and measures to preserve the job are steps within the concept of treatment. Substitution should also be a preventive measure, for example in order to avoid infectious diseases.

The Federal Chamber of Doctors included in their guidelines: substitute treatment for opiate addicts following admissions for treatment:

- if a manifest opiate addiction exists since longer and attempts of abstinence were not succesfull
- if a drug-free therapy is not practicable at the moment,
- if a treatment with substitutes seems to be more succsessful than other therapy options.

11.2.2 Availability, funding, organisation of substitution treatment

The legal frame of substitution is essentially the Narcotic Law (BtmG) and the Prescription of Narcotics (BtmVV) (see 1.2). The AUB guidelines regulate the financing of treatment for members of the legal health insurances and the guidelines of welfare bodies on municipal level regulate the financing of treatment according to the Federal Law on Social Help (BSHG) for people who are not member of any legal health insurance. The payment of the doctor follows the EBM (standardized assessment). If there is nobody who will pay the treatment, the treatment has to be paid privately according the charges for doctors (GOÄ). For the take over of treatment costs by the legal health insurances the guidelines of the Federal Working Society for Doctors and Hospitals are decisive. Costs will not be paid in all cases because their guidelines for substitution treatment are even more rigid than the guidelines of the Federal Chamber of Doctors. The Federal Ministry for Healthans Social Security(BMGS) takes at the moment efforts to standardize the guidelines.

11.2.3 Delivery of substitution substances

The substitution drug can be given out in hospital, doctor's consulting rooms and also in pharmacies. Furthermore the application is also possible in special facilities for drug aid, which are recognised by the responsible federal institution. For clients who are in need of nursing service, it is allowed to applicate the substitution drug during this visits.

The substitution medicine is only allowed to give out under visual contact and for direct use. For Codeine and Dihydrocodeine it is possible to give out single doses in packets for the rest of the day after the patient has taken one dose under control.

Take-home-prescription: the physician is allowed, to prescribe the substitution medicine for highest a maximum of seven days. Therefore he has to obey the following, requirements according to legal regulations:

- the patient has to be in substitution for at least six month,
- the dose is already adjusted
- the physician has no proofs for subsidary-use which could be dangerous to the substitution or for a non-correct use of the substitute.

Table 43 gives an overview of the drugs, which can be used actually in Germany for substitution and of their mode of application.

Table 43: Substitution drugs

Substance	Name of drug	Application
Methadone	Methaddict	oral
Levomethadone	L-Polamidon	oral
Buprenorphine	Subutex	sublingual
Codeine/Dihydrocodeine		oral

Source: Möller, Lander 2001.

In contrast to methadone, levomethadone and buprenorphin codeine/dihydrocodeine is not approved for substitution, but allowed only in exceptional circumstances. The physician, responsible for the substitution treatment has to inform the patient about the effects and risks of the substitution drug, further about the danger of cumulation and the danger of uncontroled subsidiary-use.

11.2.4 Psycho-social counselling

Substitution treatment ends in many cases already with the application of the substitution drug. The reason therefore is the structured system of financing of the Federal Republic of Germany, which regulates payments by legal health insurances only for the application of the substitution drug and not for psycho-social councelling. Psycho-social councelling is seen in most cases by the majority of the professionals as necessary. This part of treatment is financed by voluntary payment of the Laender and communities. The substitution treatment has continously increased. Nevertheless this fact has not lead to an increase of financial

means for out-patient work on illegal drugs. Therefore psycho-social councelling has to be done in the frame of available staff recources of out-patient facilities.

11.2.5 Diversion of substitution drugs

Assuming that the defined daily doses (WHO) are 25 mg Methadone and 12,5 mg Levomethadone, then in the year 2000 37,5 million defined daily doses Methadone and 11,7 million defined daily doses Levomethadone have been prescribed (Schwabe and Pfaffrath 2001). Actually one should take into consideration far higher doses. Based on the number of 50.000 persons in substitution treatment, 18 million defined daily doses would be sufficient. Due to this data base it is not possible to make a proper statement.

11.2.6 Training

Physicians, responsible for substitution, meanwhile need a special qualification (see 1.2), weather a proof of qualification for medical basic care for addicts or a similar qualification accepted by the particular Regional Chamber of Doctors.

11.3 After-care and re-integration

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

Re-integration offers have developed at a large scale during the last years. They are no longer the last link in the chain of treatment but shall 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 50.000 treated drug addicts per year at least 25.000 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.

Housing

Accompanied housing is the major intervention of social re-integration. It is a global term for different forms of support for housing in drug care. It aims at stabilising, orientation and crisis intervention after inpatient treatment. Substituted and abstinent people still needing support

can be offered accompanied housing. Therefore 79 facilities with a capacity of 2.109 beds are available. People in accompanied housing need regular but not permanent help of professionals.

Education and training

Due to 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. In the Federal Laender 75 work projects and 1000 slots for qualification measures are available.

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

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.

12 Interventions in the Criminal Justice System

Information to the context: Organisation and structures in prison

The execution of sentences is under the responsiblity of the Federal Laender. The organisation of imprisonment, collaboration in law-making, financial and staff ressources, the fields of safety and building, employment of prisoners is under the responsibility of the respective departments of the Ministries of Justice.

To get drugs within prison is more difficult than to get them outside the prison. That is why drug addicts more often use risky ways of consuming.

12.1 Assistance to drug users in prisons

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

Repression is the primary strategy of drug policy in prison to handle misuse of and addiction from substances. Through security measures (e.g. video monitoring, guards) and controls (e.g. urine samples, prison rooms) followed by consequences (e.g. withdrawal of relieves) drug use should be reduced. An additional external addiction counselling in prisons exists since the mid 80s and seems to become more and more established. Drug use in prisons is no longer generally denied but the aim within prison still is to be drug-free. Also within the execution of sentences more and more the paradigm of „addiction as a disease“ is followed. Beside measures or repression in the meantime it is accepted that external and internal offers of counselling are needed to reduce the demand for drugs. Services for users of illegal drugs can be:

- special areas for abstinent and non-addict inmates (drug free departments),
- information, counselling and motivation for therapeutic measures,
- support for the application for abstinence therapy and referral,

- harm reduction measures (e.g. syringe exchange),
- treatment based on medication (e.g. methadone substitution, treatment with naltrexone),
- check possibilities of „treatment instead of punishment“ in accordance to §§ 35, 36 BtMG,
- crisis intervention,
- single and group contacts during imprisonment
- self-help groups

Self-help groups for example „Alcoholics Anonymous“, were frequented by polytoxicoman prisoners. Generally such groups are welcome inside prisons and have mostly a positive influence to the participating prisoners. The participation normally is free and in the leisure time. Special self-help groups for drug users, for example „Narcotics Anonymous“ are rare inside prisons.

Substitution treatment in prisons is offered in six Federal Laender, four out of 223 prisons offer needle-exchange (two in Lower Saxony, two in Berlin). Machines offering injecting equipment were closed in Hamburg after the change of the Federal Government and the drug policy (Stöver, personal communication).

12.2 Alternatives to prison for drug dependent offenders

§ 35 and § 38 of the Narcotic Law (BtMG) allow a delay or a break of an already ongoing imprisonment for illegal drug users if they enter treatment. This is only possible for a sentence of an imprisonment of highest two years.

The convicted person has to stay in a facility for rehabilitation or at least needs an appointment for the beginning of rehabilitation. It is also allowed to enter a facility for treatment or prevention of addiction which is recognised by the state. The convicted person has to bring a proof for the admission and for further treatment. Wether the person in treatment or the staff of the facility will record a possible breakdown of the treatment to the penal institution.

§ 31 a of the Narcotic Law allows to stop a running criminal procedure through public prosecutors or throug court under the following conditions:

- Little quantity
- limited guilt
- no public interest
- the substance was determined for private use.

In Berlin, Bavaria and Saxony this rule is only used for Cannabis offences.

To leave prison in oder to start therapy is a process which in nearly all cases affords an application by one or more public prosecutor’s offices, which decide only after having all necessary papers (proof for a therapy place with admission date, written guarantee for taking

over therapy costs, agreement of the responsible court). Delays and change of dates are within this procedure common.

Preparations and arrangements for an inpatient withdrawal treatment on the basic of §§ 35/36 Narcotic Law could be co-ordinated by extern drug councellers or from the drug help system of the prisons

12.3 Evaluation and training

Generally quality and quantity of measures can vary considerably. Drug counselling can be done by specialist with a professional education as social pedagogues or psychologist within the staff or through external specialised drug counselling centres on request or on the basis of a defined number of hours. In the Federal Laender of Berlin, Hamburg and Lower Saxony syringe exchange has been tested in demonstration projects in small prisons. Measures for safe use like syringe exchange programmes and the distribution of clean material for syringes were introduced and prisoners (see Meyenberg et al. 1999; Herrmann et al. 2001).

12.3.1 Evaluation

Evaluation results concerning the projects in Berlin are meanwhile available. In two prisons of Berlin the project for distributing syringes was implemented. The total number of injection material sets was arund 3.500 in the facility Lichtenberg (timeframe: 10/1998 - 7/2002) and around 4.500 (timeframe: 2/1999- 7/2001) in the facility Lehrter Straße. Watched over the whole period, the result was the following: injection materials were requested in both facilities and the measure was accepted well. After the implementation of this measure, needle sharing was seen only in selected cases and only within the first six month after entering the prison.

A project in an open prison (Heinemann and Gross 2001) showed a decrease in needle sharing in i.v. use from 51 down to 26% (N=49) through a syringe exchange programme. However, i.v. use amongst prisoners with 30% was still considerably higher than in closed units, where the prisoners had been before (17%).

As part of a model project to evaluate addiction counselling in prisons 46 external addiction counsellors were interviewed in Bavaria with a semi-standardised instrument about working conditions and concepts for counselling (Küfner et al. 1999). Nearly all counsellors had studied social pedagogics only one quarter of them had a special training for their prison job. 79% stated, that they had an own office within prison. On the average there was one counsellor for 237 inmates. Information about addiction counselling in prison is usually given orally through the prison social services (98%) of staff (83%).

12.3.2 Research and statistics

There is no regular nationwide monitoring of the drug situation in prisons. During the last years there have been conducted some empirical studies on drug use in prison. Hypotheses, methods and samples vary considerably as well as estimates on the amount of drug addiction in prisons do. They reach from 30% [judgement of “addiction problems with illegal

drugs" made by prison staff (Küfner et al. 1999; Dolde 1995)] up to at least 50% and even 70-80% for prisons for females (Dolde 1995; Meyenberg et al. 1999). On the basis of the total population of prison inmates a total number between 17.200 and 29.200 male and between 700 and 1.900 female (former) drug users can be calculated. The Ministry for Justice in Rhineland-Palatinate reports for the year 2000 on the basis of N = 3.851 prisoners, that 14% (n = 538) of them are addicted to legal substances while 28% (n = 1.085) are addicted to illegal drugs.

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

Risk behaviour in relation to infections

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

In one of the prisons (N=437), which took part in the multi centre network study "European Network on HIV/AIDS and Hepatitis Prevention in Prisons (Rotily and Weiland 1999) from all subjects with i.v. drug use before prison one third (36%) reported i.v. drug use in prison, 27% shared injecting material with others. In the demonstrating project on infection prophylaxis done by Meyenberg et al. (1999) sharing of drugs was reported by 47% of the interviewed prison inmates, sharing of instruments 42%. Female inmates showed even more readyness to do so (drug sharing 71%, sharing of instruments 56%).

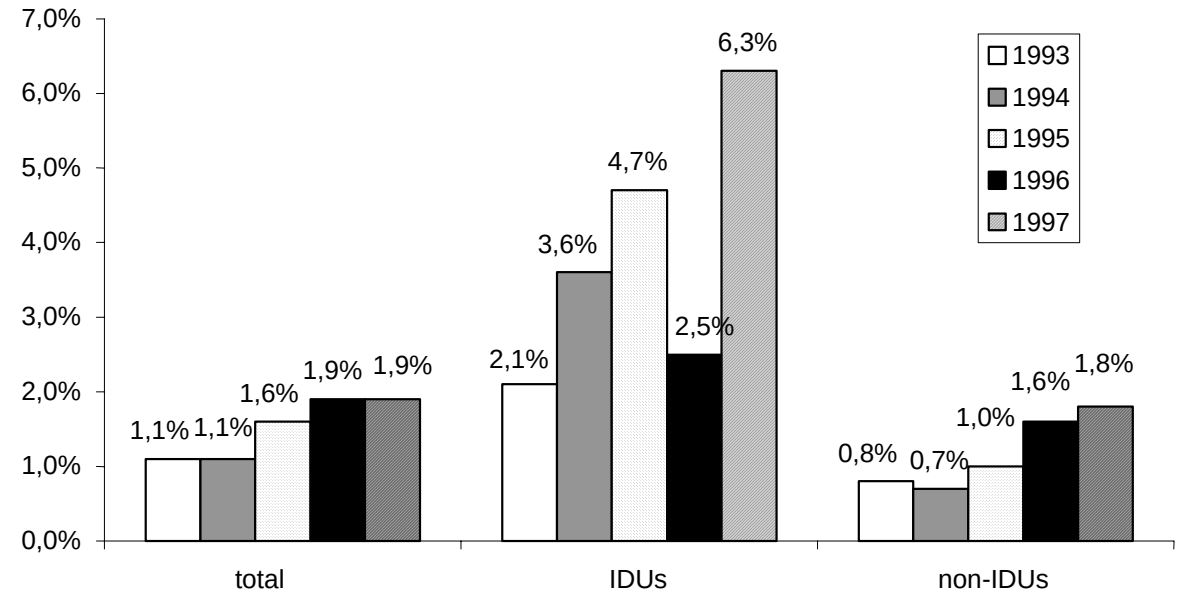
The prisoners' sexual behaviour also was part of the multi centre network study (Rotily and Weiland 1999). More than half (55%) of the i.v. drug users reported that they had changed sexual partner several times within the last 12 months before prison. 73% said, that their partner also were applying drugs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

Prevalence of HIV, HCV and HBC infections

As imprisonment is under the responsibility of each Federal Land there is no common practise of testing of prisoners in relation to infections. In most Laender HIV-tests are done on voluntary basis as part of the medical examination on admission.

The prevalence of the infectious diseases HIV, hepatitis B and C in Hamburg prisons was researched in a prospective longitudinal study by Heinemann and Püschel (1999) between 1991 and 1997. It was shown that the total prevalence for HIV infections was between 1,1% and 1,9%. The highest prevalence as well as the most visible increase was found for the group of IDUs. Heinemann and Püschel (1999) could also show that there is a significant effect of the duration of drug use on HIV prevalence for i.v. drug addicts. HIV positive addicts had used drugs about double as long as HIV negative persons given the same age at the beginning of drug use (figure 27).

Figure 27: HIV-Infection amongst prisoners



Source: Heinemann and Püschel (1999)

In a study in Berlin (Stark et al. 2001) prevalencerates for the most important infectious diseases were 1999/2001 - short time after admission - 18% for HIV, 50 % and more than 80% for hepatitis B and C. No fresh infections were seen during the time of investigation. Four fresh HCV infections were observed; taking the incubation period into consideration, probably only one fresh infection was aquired during the period of the demonstration project. The affected person carried out the so called „frontloading“ with unsterilized syringes (Stark et al. 2001).

Availability of drugs in prison

About the availability of illegal drugs as well as on transport and prices in prison little validated data have been published in Germany until now. Within the institutions structures of demand and supply have been established similar to the drug market outside of them (Trabut 2000; Heinemann and Püschel 1999). The proportion of addict inmates who became criminal and sentenced drug traffickers is high in prison.

Altogether 14% (8.777) of all persons incarcerated at the cut-off date 31.03. 01 have been sentenced because of offences against the Narcotic Law (BtMG). As part of qualitative in-depth interviews participants of the demonstration project on infection prophylaxis (Meyenberg et al. 1999) were asked about the organisation of drug use.

Prison inmates report big variations in quality, continuity and price of substances as a consequence of controls and safety measures. Drugs are acquired and financed through an extensively organised exchange business. The intramural drug market is described as a small scale trafficking done by many prisoners as “by chance” business through several channels without central organisation. Due to the shortage and frequent withdrawal states drugs are exchanged and shared. Intravenous modes of application are used to make consumption as effective as possible. Through lack of syringes and insufficient techniques of desinfection high risk practices of use arise.

12.3.3 Training

For the general purpose, what to do with addict inmates, there are no special trainings offered to the prison staff. However corresponding contents are part of the standard training. A special group of staff was trained in infection prophylaxis in the frame of demonstrating projects carried out in small prisons in the Federal Laender of Berlin, Hamburg and Lower Saxony (Meyenberg et al. 1999).

13 Quality assurance

13.1 Quality assurance procedures

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

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

Measures of quality assurance are used in the various institutions of the drug aid to differing extents. Systematic quality assurance in the in-patient institutions - especially in the medical rehabilitation - is stipulated by the service provider and strictly carried out. In the outpatient institutions and institutions which deal partly with inpatients this discussion is - due to the changed Social Law - just at the beginning. Till now only low-level quality management is carried out.

However, the quality of the drug care cannot be described through the characteristics of each service or offer but also means the total care system and its networking. Structure quality at this level means to offer a broad variety of measures of help in different institutions. A strong and an increasing pressure to reduce costs for medical and psycho-social services is often in contrast to demands for a stable and even an increasing qualtity of interventions.

In the field of treatment

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

An essential precondition of describing quality is an adequate documentation. At Federal level several provider supply documentation systems which are based on the main records of the German Council on Addiction Problems. The Core Item set was passed in order to have uniform items for data collection.

However the problem, to bring these data together is still not fully solved, because there in no duty for documentation. A working group: "German statistics on drug aid" shall set standards in co-operation with the Nation, the Federal Laender and with Associations and bodies responsible for health and pension insurances.

Systems which have a wide base of users in this field are EBIS and Horizont. So far the documentation has been limited to statistical inquiries. Documentations of the course of treatment, which are supporting processes and make essentially more differentiated statements possible, are in the process of development and are already applied at certain points. This applies also to follow-up data. Due to this, the data availability in the field of the drug aid is in need of improvement.

In the field of prevention

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

The Federal Centre for Health Education (BZgA) is busy with the planning of new measures and campaigns or with the evaluation and further development of existing measures and campaigns based on actual scientific knowledge. The Result of this phase of planning is a conception about aims and instruments or measures to reach specific aims. As a part of their main objective they are developing at the moment a standard documentation for activities in the field of prevention.

In other fields

A uniform regulation of the Laender Criminal Police Offices concerning the statistical notification of offences and deaths of drug addicts is necessary for the correctness of statistical data of the police. That is why the Federal Criminal Police Office (BKA) has published a leaflet concerning “Dealing with deaths caused by drugs in Germany” and distributed more than 10.000 copies.

13.2 Consequences and future developments

The main approach of how to deal with drug problems, did not change. By combining preventive, therapeutic and repressive measures drug use should be avoided as good as possible, respectively its consequences should be minimized. 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

14 Demand reduction expenditures on drugs in 1999

14.1 Concepts and definitions

In this chapter national costs of demand reduction activities are being collated for Germany following the EMCDDA guidelines. The topic is so complex that there would be the need of an extra project as it was carried out in France for example (Kopp 2001). In Germany the realization of such a project is not possible at the moment. Therefore it is tried to estimate at least a part of the expenses in the framework of what is possible. Exclusively expenses of the public resulting from caring for consumers of drugs are taken into consideration. Expenses of the drug users/addicts (e.g. for the purchase of drugs), third persons (e.g. thefts caused by drugs-related crime) as well as the expenses of secondary consequences (e.g. the treatment of follow-up diseases) are not taken into consideration.

This estimation is based on two approaches:

- As far as public means concerning drugs are known they are included.
- In some fields there is no data of specific budgets available because of the great number of financing departments (communities, Laender) and the often not sufficiently differentiated budgets. In these cases instead it was tried to estimate the expenses.

14.2 Funding mechanism

In Germany the **health and pension insurances** play an central role in health care. They are in the framework of respective laws (especially the Code of Social Law) independent organisations which are only responsible for their insured parties. There are several organisations in both fields which are organised either privately, commonly or publicly.

Health insurances are responsible for acute treatment whereas pension insurances are responsible for rehabilitation related to restoring the fitness for work. There are bodies of pension insurances at Laender and regional level and also for certain professional groups. Total statistics are available for the bodies which are part of the “legal pension insurances” (GKV). These are always means out of premiums payed by the insured persons.

The responsible bodies for social help (**Municipalities** or regional organisations) pay the expenses for the treatment of addiction for patients who are not covered by a health or pension insurance. Additionally they pay a big part of the expenses for non-medical and social offers for these clients. These are always means financed by tax revenues of social help institutions or public grants.

Alternatively or in addition to the public bodies also ecclesiastical and non-confessional charities participate in medical and social measures (especially counselling, social work).

Public means are provided for the realization of their activities, but the institutions contribute certain means of their own, for example, church tax.

The financing of medical services and increasingly also consultation offers can be lined up and clearly assigned to the individual drug user. A big part of social work and low threshold offers is still supported and financed by public budgets and budgets of the performing institutions .

14.3 National and regional budgets

In Germany the Federal Government is not responsible for the legal content and financing of the majority of the activities concerning the demand reduction of drugs. According to the constitution of the Federal Republic of Germany the Laender and communities are responsible for health care.

The **Federal** Government is responsible for the common framework, for example, a national narcotic law. Federal means are available for developing model projects, supporting the research and fulfilling national obligations.

The **Laender** are responsible for the fields of security (prosecution, police work, penal system), the public health system, the school system and the youth work. Thus expenses for demand reduction of drugs is part of each budget of the 16 Laender.

The **municipalities** have to support citizens who are not able to assure themselves a certain subsistence level by their own income or social insurances. The payments of social welfare and youth help can also be used for activities related to addiction work.

Additionally the cooperation of the various organisations is dynamically. Thus it is possible that the responsibilities and also expenses for certain fields related to the demand reduction of drugs might be changed. Pension insurances have financed gradually an increasing amount of outpatient treatment during the last several years which used to be paid exclusively out of direct public subsidies to drug consultation institutions. Certain services can be paid by various bodies, however, there are clear regulations of priority. Thus social welfare financed by the communities pays the treatment costs only when there is no social insurance coverage.

14.4 Expenditures in various fields

14.4.1 Prevention

Prevention is realized in many different forms at very different levels (see 9) and is financed by numerous budgets. Frequently no special sum for drug-related activities can be shown as nowadays handling with illegal and legal substances is normally looked at jointly which enables in most cases no separation is possible due to reasons of specification.

Prevention in the framework of education at school is covered by the Laender budgets for culture and education. Offers of outpatient institutions in this field are regularly paid by means of the communities or the Laender which are available for the whole institution. An estimation of the expenses concerning these special activities is seldom available. This is not

the case regarding measures of the BZgA (within the responsibility of the Federal Ministry of Health) which are concentrated at Federal level. It is clearly recognizable which individual campaign is paid out of which Federal budget.

The police is involved in the prevention of drugs and addiction, too. Dölling (1996) outlines the various fields of work, a collection of projects in 1999 of the Federal Criminal Investigation Office (2000) is also available. Aspects of professional content, law and organisation are discussed in detail, but there is no data concerning expenses. Individual persons out of the whole staff are made available and are ordered to work on these special tasks – frequently on a temporary basis.

14.4.2 Harm reduction

The major part of these offers (see 10) is financed by the communities and Laender. A national summary of these budgets is not available. Social consequential damages of drug use, for example, loss of work, deficits in educational and professional training, etc., are also restricted by efforts of the labour administration and social services. However, in Germany there is no differentiated proof which means are really spent for the mentioned group of people.

14.4.3 General health supply

Drug users appear not only in specialised institutions, but also within the general health supply system. In Germany an increased high prevalence of alcohol addicts among the patients of hospitals and general practitioners was notified. The reason for treatment is very often not addiction itself but direct or indirect consequences, for instance injuries caused by an accident during intoxication. This might also apply to consumers of drugs. An estimation of the herewith resulting costs is not possible at the moment.

14.4.4 Specialized treatment

Organisation

Specialized treatment with the objective of abandoning drugs is divided into four phases for which different bodies and thus also different financing systems are responsible (further details see 11: (1) phase of contact and motivation, (2) phase of withdrawal, (3) phase of rehabilitation and (4) phase of integration and after-care.

The treatment is structured according to a phase model. 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 stabilized and addiction should be overcome in the long term. Rehabilitation can be out-patient, partial inpatient or inpatient. For drug addicts an average rehabilitation of six months is planned. During the phase of further treatment and after care professionals of the work administration and pension scheme provider support the clients which make efforts to integrate themselves in society.

The treatment developed within the structures of the social insurance in Germany various forms of organisation. Contact, motivation and outpatient treatment are offered in outpatient consultation offices. Detoxification and withdrawal are carried out in general hospital, but also in few special institutions. During the phase of further treatment and after care there is a variety of offers, for example, professional help, housing projects and programmes of living in communities.

Assignment of the expenses

The phases of establishing contact and motivation are mainly financed by public means. About a third of the expenses in the outpatient institutions is contributed by themselves. With the exception of therapeutic treatment outpatient addiction help is mainly financed by the Laender and the communities. This support cannot be claimed for legal.

The phase of detoxification and withdrawal is under the control of the legal health insurances. The legal pension insurances are responsible for the phase of rehabilitation. The treatment is part of their medical rehabilitation concerning the restoring of the fitness for work and is financed within their services. Besides some exceptions the phase of integration and after care is not based on legal financing. The institutions are dependent on individual financing models.

For the calculations, which are based – following EMCDDA guidelines – on the following basic figures, which were taken from the Länderkurzbericht 1999 (Bundesministerium für Gesundheit 2000) and the report of the public pension insurances1999 (VDR 2001):

- There are 295 specialised drug counselling centres and additionally 656 centres funded by the Land, who alos treat drug users. 1,644 treatment slots are available for drug addicts in detoxification and 4,894 for withdrawal treatment (Ministrium für Gesundheit 2000)
- In 1999 altogether 7,164 inpatient withdrawal treatments for drug addicts and 2,332 treatments for multiple drug addicts were approved by the pension insurances. (VDR 2001).

More recent data and details can be found in chapters 11 under the respective headings.

14.4.5 Prosecution

The Laender are primarily in charge of prosecution (police and legal authorities), thus the budgets of the Laender are to be taken into consideration. National institutions, for example, the Federal Criminal Investigation Office (BKA) are in charge of service functions for the Laender´s institutions and serve for coordination and communication. Every year the Federal Criminal Investigation Office compiles a national “Narcotic Report” based on data of the Laender.

Whereas detailed statistics about criminal acts and offenders are available there is no detailed information about the expenses of prosecution for certain fields.

14.5 Conclusions

The following figures, which were used in similar sources, however, without being defined clearly, were used for calculating the expenditures.

- imprisonment: 180 € per day, 65,700 € per year (Hartwig and Pies 1995).
- Costs per outpatient treatment centre: 253,000 € (494,795 DM; Türk and Welsch 2000a).
- Facilities` expenses per full-time employee: 48,900 € per year (in 1999 EBIS showed the following average figures: 5.17 employees, budget 494.795 DM; Türk and Welsch 2000b).
- Daily rate for in-patient addiction treatment: 90 € (Welsch 2001b).
- Daily rate for hospitals with psychiatric beds: 202 € (Statistisches Bundesamt 2002a).
- In low threshold units the calculation of costs is based on a ratio of 1 staff member per 12 treatment slots. This number has been used within similar institutions in one of the Federal Laender.

The expenditures were calculated on the basis of daily rates or the number of (full-time) employees. It has been assumed, that the share of personnel costs is likely to be similar in institutions of drug health care – out-patient consultation offices have 80% on average. Moreover, the payment of consultants is relatively similar in the entire country since it is regulated by an extensively uniform system of payments (BAT, AVR). With the mentioned parameters an adequate estimate of the unknown real expenditures can be made in those cases, where no specialised budgets are available.

For 1999 some statistics are only availabel for the total of all addictions. A gross estimate of the specific costs for drug addiction is based on data from the pension insurance about the distribution of withdrawal treatment. From 37,200 finished intramural treatments 9,496 took place because of a drug or multiple addiction, which equals 25,5.%. This percentage is used in the following text to estimate the costs of inpatient treatment from the total costs.

In outpatient institutions a percentage of 23,9% clients with problems mainly in the field of illegald drugs is used a basis (German Drug Help Statistic 2000). For primary prevention and research to total funds are included.

Table 44 outlines which expenses were taken into consideration and which data sources – budgets or estimations of expenses – were used. In some fields it was not possible to apply any of the two approaches for estimating expenses. The costs for out-patient rehabilitation which are covered by the pension insurances are already included in the costs for specialized out-patient treatment facilities and were therefore not taken into consideration here.

Table 44: Working fields, budgets and expenditure

Prevention		Budgets	Expenditure	Note
	Information	x		
	mass-media activities	x		
	prevention activities of police			n.a.
Harm damage				
	emergency aid			n.a.
	emergency accommodation		x	
Specialized treatment				
	Substitution		x	
	Psychosocial accompanying in substitution		x	
	„grey substitution“		x	
	ut-patient counselling		*x*	
	Withdrawal		x	
	In-patient rehabilitation	x		
	Integration into work		x	
	Cared housing		x	
General health care				
	Out-patient treatment by general practitioners and therapists			n.a.
	Hospital treatment		x	
Prosecution				
	Police work			n.a.
	Jurisdiction			n.a.
	Costs of penal execution		x	
	Costs of regulation execution		x	
Miscellaneous expenditure				
	Land budgets	x		

Table 45 contains the information which could be found out in various work fields. Some means are only used for special institutions and in other cases a mixing financing is carried out. The evaluation of the Laender short reports Federal Ministry for Health 2000) take 951 out-patient counselling facilities for addicted into consideration. This number includes all facilities receiving Laender means. Other sources (DHS 2000) have a wider range of inclusion categories and thus include 1390 facilities. Since information about equipment, etc. is only available for the first group the calculations refer to this group. The share of costs for the drug addicts was estimated on the basis of the percentage of the clients within the out-patient clientele.

The sum of 434 Mio € was stated for expenditures for the rehabilitation of addicted by the legal pension insurances. If one take again as a basic the proportion of 25,5,% related to inpatient measures one gets an amount of 100,7 Mio €.

Altogether 1,880,673 days of treatment in psychiatric clinics and respective expert facilities for the field addiction (Statistisches Bundesamt 2001a) were included in the calculations in 1999. 479,572 days of treatment is the result for the mentioned share of illegal drugs among the entire number of addiction. Using the average daily rate for psychiatric facilities, namely 202.19 € (Statistisches Bundesamt 2002a) the entire costs amount to 97 Mio €.

A share of 23,9% of the entire Federal Laender´s budget for addiction (127.1 Mio €) is considered – analogous to the client's share of illegal drug users in out-patient counselling facilities. The result is a sum of 30.4 Mio €.

This procedure results in a total of 602.5 Mio € is spent in the mentioned work fields. The costs for the execution of sentences are with a sum of 239.1 Mio € on top of the list as single budget, although trafficking offences are due to the selection of the respective paragraphs (general offences) are not taken into consideration. Altogether means of approximately 168.6 Mio € less are spent for special out-patient counselling and special in-patient rehabilitation. Including the costs for harm reduction and general health care a altogether 276.6 Mio € were spent for the treatment of drug-related disorders. (table 45).

Table 45 Estimated costs for different work fields

Work field		Budget		Expeniture		
		Origin of means	Sum (Mio €)	Basis of calc.	costs per em/ fac/pl	Sum (Mio €)
Prevention	Information	BMGS/BZgA				
	Mass medial activities	BMGS	6.6			
	Prevention work of police					
Harm reduction	Emergency aid					
	Emergency accommodation			61 em	48.900 €/em	3.0
Specialized treatment	Research, monitoring, training	BMGS	1.1			
	Substitution treatment			32.447 pl	?	--
	Psychosocial accompanying			272 em	48.900 / em	13.3
	„Grey substitution“			20.000 pl	?	
	951out-patient counselling facilites; 23,9% of the clients have the main diagnosis illegal drugs (including out-patient treatment			228.7 fac	253.000€ / fac	57.9
	Withdrawal treatment			1644 pl	?	--
	In-patient rehabilitation, 25.5% of total of 434 Mio €	VDR	110.7			99,7
	Integration in work			1049 pl = 87 em	48.900 € / em	4,3
	Cared housing			1961 pl =163 em	48,900 € /em	8.0
Facilities of general health care	Out-patient treatment carried out by general practitioners and therapists					
	Treatment in hospitals, 25.5% of 1,880,673 treatment days (psychiatric department, illnesses related to addiction			479,572 days	202.19 € /day	97,0
Prosecution	Police work					
Jurisdiction	Jurisdiction					
	Execution of sentence (§29,1)			3,640 pl	65,700€ / pl.	239.1
	Forensic addiction care			473 pl	65,700€ / pl	31.1
Miscellaneous expen-diture	Laender „addiction budget“ 127.1 Mio €, drug share 23.9%	Laender	30.4			
Sum			148,8			563,9
Total			602,5			

em=employess, pl=counselling places, fac=facilities, days= treatment days

14.6 Methodical information

In this first carried out calculation of the direct costs for all activities concerning demand reduction of drugs a number of important aspects couldn't be taken into consideration due to missing data:

- prevention work of police,
- emergency aid,
- out-patient treatment in the framework of the general health care,
- police work,
- jurisdiction.

A clear assignment of preventive activities and budgets concerning the topic "reduction demand of drugs" is rare. On the one hand different activities are connected inseparably, thus it is virtually not possible to break down the activities and budgets in parts. In the cases in which data is available it is also often not possible to draw the line to unspecific expenditures. This can be noticed in the "addiction budget" of the city Hamburg which contains due to administrative peculiarities of the city state also means of social welfare. The result is a yearly budget which is four times bigger than the yearly budget of Berlin – without making a statement about the differences within the specific offers of both cities.

Some of the mentioned figures are also overlapping. Thus a part of the measures in the field of harm reduction and specialized treatment, which are listed up in table 45, is financed by the Laender addiction budgets. That's why the means are slightly overestimated.

On the other hand the cost estimations show great gaps which are primarily due to missing data in the field of substitution treatment. Furthermore expenditures in out-patient facilities which are promoted by means of the Laender are not taken into consideration. The DHS calculates with 1390 facilities whereas this report takes 951 out-patient facilities into consideration (Federal Ministry for Health2000). That's why it can be assumed that altogether the entire costs are considerably underestimated.

Not all institutions taking part can present figures of their budgets in the field of addiction, and only few of them can differentiate specifically the figures for illegal drugs. The shortcomings in assigning special budgets are underpinned by the fact that the legal health insurances couldn't state, when they were asked, which share of their prevention means is used for drugs. However, in spite of the mentioned difficulties in many fields concrete figures can be calculated or at least estimated. In the near future the drawing up of the costs is to be discussed with various experts, so that possible errors or inaccuracies can avoided in the next annual report by improved methods of calculating.

14.6.1 Bibliographical references

See References

15 Drug use among young people aged 12-18

15.1 Prevalence, trends and patterns of use

15.1.1 The nationwide study: Drug affinity of young people

The study „Drug affinity of young people in the Federal Republic of Germany“ is an ongoing representative survey on illegal and legal drug use of young persons and young adults (see 2.1.2). The current data are from 2001 and show results for the use of different illicit drugs for the age groups 12-14 and 15-17 (table 46).

Table 46: Prevalence of illegal drugs under young people 12-18 years old

Drug	12-month-prevalence		lifetime-prevalence	
	12-14 years	15-17 years	12-14 years	15-17 years
Cannabis	1,5%	16,7%	2,9%	22,7%
Amphetamine	0,3%	0,9%	0,3%	1,1%
Ecstasy	0,1%	0,9%	0,3%	1,7%
Cocaine	0,1%	0,1%	0,3%	0,2%
Heroin	-	-	-	0,2%
LSD	-	0,4%	0,2%	0,6%
Total n	647	644	647	644

Source: Drug Affinity Study 2001 (BzgA 2002, personal communication)

Cannabis is the most common drug used by young people. Compared both investigated age groups, the use of the age group 15-17 is higher. While 2,9% 12-14 years old people used cannabis at least once through out the last year, these were already 22,7% in the age group 15-17. The last month before the interview took place, 1,5% of the 12-14 years old and 16,7% of the 15-17 years old people used cannabis. Amphetamine and ecstasy are rarely used within the age group 12-14. Rates for the 15-17 years old are a bit higher (Amphetamine: lifetime-prevalence: 1,1%, 12-month-prevalence: 0,9%, Ecstasy: lifetime-prevalence: 1,7%, 12-month-prevalence: 0,9%). Cocaine seems to play no or only a marginal role within these age groups. The calculated rates for amphetamines, ecstasy, cocaine, heroin and LSD have to be interpreted carefully due to the few numbers of cases. For this substances it is not possible to make a reliable statement.

15.1.2 Studies on regional and local level

EDSP

The „Early Developmental Stages of Psychopathology-Study“ (EDSP), is an epidemiological follow-up study, in which a representative sample of adolescents and young adults were investigated prospectively concerning the development of substance use and disorders. The sample was drawn randomly from the government registries of residents in metropolitan Munich and includes 14 to 24 years old adolescents and young adults. Diagnostic

assessments were based on the Munich version of the Composite International Diagnostic Interview (M-CIDI). In the frame of this investigation the association between parental alcohol use disorders and children‘s substance use was evaluated.

For the age group 14 to 17 it was discovered that adolescents with parental alcohol use show over all investigated categories a tendency to follow higher categories of use. Taking age and gender into consideration, the odds ratio was 1,5 (95% CI[7]: 1,1-2,1). This means that this adolescents have a 50% higher risk for practising harmful and regular alcohol use. A similar tendency appears for the use of illegal drugs: Adolescents with parental alcohol use compared to adolescents without parental alcohol use have twice the risk (Lieb et al.2001).

The „Early Developmental Stages of Psychopathology-Study“ includes also trend data about use, abuse and dependence of alcohol and illegal drugs. In the following some main results were introduced for the age group 14-17 (Lieb et al. 2001).

Use: At baseline (1995) approximately a third of the 14 to 17 years old drank alcohol ever in their live (see table 2). Higher categories of use were reported rarely at this time. During the following two years over all substances a considerable number of people consumed drugs. More than 60% of the young people which din’t consume yet at baseline or very seldom, now report the first time about an occassional alcohol use. To this time nearly every tenth person reports about a regular (7,6%) or harmful alcohol use (8,8%) for the first time. 14% of the non-users at baseline became occassional drug users (one to four times). Approximately a fourth (23,8%) of the persons, classified at baseline as non-users or occassional users now report the first time from a regular use of illegal drugs.

DSM-IV-abuse and dependence: At baseline 5,1% of the adolescents fullfilled the criteria for alcohol abuse and 1,8% the criteria for alcohol dependence. With 2,1% disorders caused by illegal drugs are reported rarely. Two years later a considerable number of persons report the first time about alcohol abuse (16,8%), alcohol dependence (5,4%) and abuse or dependence of illegal drugs (8,3%) (table 47).

[7] Confindence Interval: with a probability of 95% the real value lies within the determined interval

Table 47: Use of psychotrop substances under young people (EDSP-Study)

	Lifetime-prevalence Age:14-17	Follow-up incidence among baseline non-users
Alcohol		
-never use/rare use	67,6%	
-occasional use	28,7%	61,7
-regular use	1,9%	7,6%
-harmful use	1,8%	8,8%
Illegal drugs		
-never use	81,6%	
-occasional use (1-4-times)	11,0%	14,2%
-regular use (5+)	7,5%	23,8%
Abuse/dependence of alcohol*		
-no abuse/dependence	93,2%	
-abuse - yes	5,1%	16,8%
-dependence - yes	1,8%	5,4%
Abuse/dependence of illegal drugs*		
-no abuse/dependence	97,9%	
Abuse or dependence	2,1%	8,3%

source: EDSP-Study: Early Developmental Stages of Psychopathologie-Study (N=917)

comment: % = weighted percentages, weighting for age, sex and region. This procedure results in an adjustment to the underlying population

*according DSM-IV-criteria

EUREGIO

The study EUREGIO investigated in autumn 2001 17.000 pupils in class 8 (age: approximately 14 years) and 10 (age approximately 16 years) of all higher schools in the Aachen area. They were asked about risk behaviour and drug use. At the same time and with an identic, language adapted questionnaire the investigation took place in the border area of Belgium and the Netherlands.

29% of the young people reported that they have been drunken or tipsy during the last four weeks. In addtion 9% of the sample are drinking regulary more than 20 glasses alcohol per week. The last four weeks before the interview took place 13% smoked cannabis. The same time approximately 1,9% adolescents consumed XTC and 3,1% consumed even hard drugs (heroin, cocaine, speed or LSD) (table 48).

As expected risk behavior is more common in the higher classes. Compared to the younger pupils they show higher percentages for different stimulants. 20% of the young people in class 8 reported that they have been drunken or tipsy, so 39% of the pupils in class 10. Cannabis use in class 8 is with 10% lower than in class 10 with 17%.

Table 48: Use of stimulants and risk behaviour of pupils in all higher schools in the Aachen area

Risk behaviour indicator	Class 8	Class 10	Total
More than 20 glasses of alcohol per week	5%	15%	9%
Drunken or very tipsy in the last 4 weeks	20%	39%	29%
Cannabis use in the last 4 weeks	10%	17%	13%
XTC use in the last 4 weeks	2%	2%	2%
In the last 4 weeks: use of related drugs	3%	3%	3%

Source: Investigation of young people 2001, health center Aachen area

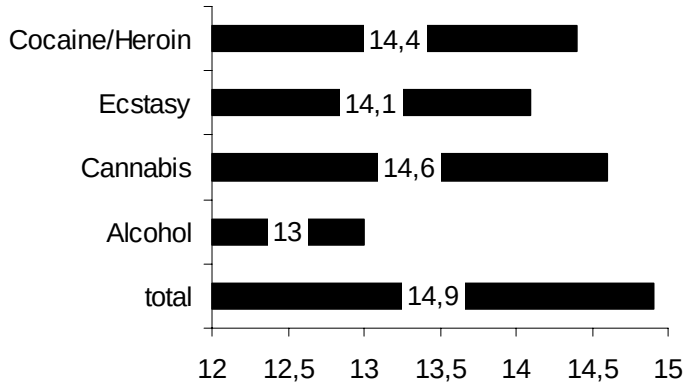
In class 10 there are clear differences between boys and girls: more boys than girls consume the different substances. 6% of the girls and 23 % of the boys reported to drink 20 or more glasses of alcohol per week. Furthermore cannabis, ecstasy and related drugs were used more by boy than girls.

MODRUS I and II

In the frame of Modrus I and II study in Saxony-Anhalt 2500 (1998) and 3087 (2000) children and adolescents of all classes 4 (age approximately 9 years) were asked about their meaning and drug behaviour, further elder pupils in class 5-12 (age: 10-17) were asked the same way. The written questioning took place in 37 schools countrywide. A follow-up study is planed for 2003.

As figure 28 shows, the onset of drug use starts relatively early. Apart from the answers to cannabis the standard deviation of the means were around two years, so one can also speak additionally from a clear scattering downwards. Besides it is surpising that the data for cannabis, ecstasy and cocaine/heroin are close to each other in respect of the range of age. This fact is associated with a censored sample; persons over 17 years are not included (Figure 28).

Figure 28 Age of onset of use of drugs



Source: Fokus 2001

15.1.3 Perception of risk, use and image of certain drugs

The questions what substance is expected to be a drug and what risk is attributed to the drug were also investigated in the study Modrus I and II. Table 3 shows the comparison of the data from 1998 and 2000.

Table 49 Drug-understanding and assessment of danger 1998 and 2000

	1998		2000	
Substance	Is a drug	Is dangerous	Is a drug	Is dangerous
Heroin	93%	89%	94%	89%
Cocaine	93%	79%	94%	83%
Ecstasy	89%	74%	92%	84%
Cannabis	87%	54%	81%	50%
Nicotin	71%	25%	68%	24%
LSD	67%	75%	78%	81%
Alcohol	64%	28%	61%	26%
Medicament	31%	12%	28%	11%

source: FOKUS 2000

There are no major changes from the first to the second investigation. Essentially the character and the danger of the drug is estimated close to reality at both investigations. However results for alcohol and medicaments seems to underestimate the seriousness of the drug. Ecstasy, cocaine and LSD are valued more serious at the second investigation. The knowledge of cannabis as a drug and being dangerous is present in the mind of the pupils. In difference to other named substances cannabis is valued 2000 less serious compared to 1998.

15.1.4 Trends of recent years

In the frame of the nationwide „controlled sampling of the use of psychoactive substances“ in Hamburg a nested investigation was carried out (see 2.2.8). Within this sample one can observe trends for the 90ties on local level for the age group 15 - 17, because analyses on regional level took place already in the year 1990.

While at the beginning of the 90ties no one of the adolescents has smoked LSD within the last 12 month, these were 1,4% in 1997. Moreover this investigation shows that amphetamines apart from cannabis are meanwhile the most circulated drugs under young people. With 3,8% the 12-month-prevalence of ecstasy is also high within this age group. Ecstasy was not listed in the questionnaire in 1990 due to the little relevance this substance had at this time. Trends of the last years are therefore not available (table 50).

Table 50: Use of illegal drugs in Hamburg (15-17 years)

	1990		1997	
15-17 years	Lifetime	12-month	Lifetime	12-month
Cannabis	9,2%	8,4%	21,2%	17,9%
Amphetaminea	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: controlled sample 1997 (Kraus et al. 1998)
1 Heroin, Methadon or other opiates
2 cocaine 1990 without crack

The studies Modrus I and II in Saxony Anhalt (see 2.1.2) investigated also the use of legal and illegal drugs under pupils and adults (parents, teachers). The investigation took place countrywide as a written interview in 1998 and 2000. The following table shows the development of types of consumers, separated in the sample. The most visable increase relates to cannabis (table 51).

Table 51: Percentages of types of consumers in 1998 and 2000

Types	1998	2000
Cannabis	7,5%	13,6%
Ecstasy	1,8%	2,5%
Cocaine/Heroin	1,4%	1,5%
Illegal drugs[1]	8,8%	14,3%

Sample size 1998: n=4.045; 2000: n=4.091
Respondents from MODRUS I/ 1998 only
[1] Cannabis or Ecstasy or cocaine/heroin

15.1.5 New alternative information sources

In the field of drug help as well as in treatment, counselling and prevention centres more and more target group oriented electronic media are used. Chapter 9.4.5 presents different internet-projects, which approach to and inform specially young people.

15.2 Health and social consequences

15.2.1 Deaths, overdose, emergencies and driving accidents

Current figures for drug-related-deaths under young people were available from the general mortality register (StBA) for the year 2000. The figures are clustered to age groups 15 and 15-19. The age group under 15 contains three female and two male young people which died from the use of illegal drugs The age group 15-19 includes 79 cases, among them 50 male drug-related deaths. The cause of death according ICD-10 is spread widely over the relevant diagnosis. The age group 15-19 years old shows an accumulation of drug-related deaths for the diagnosis addiction (28 cases) and accidental poisoning (19 cases). There are no informations available about the percentages of drug addicted young people which are somehow involved in accidents.

15.2.2 Demand for treatment

For the year 2001 treatment demand data are available from 368 out-patient drug help centres (German Drug Help Statistics). Among the 14 years old young people, contacting drug help facilities cause of problems with psychotropic substances, cannabis (70,1%) plays a far bigger role. In the year 2001 11,6% have been in treatment because of alcohol problems; Opiates and hallucinogens have been on the third place . The situation for the 15-17 years old, taking up an out-patient treatment is similar: 60,9% came due to problems with cannabis, 12,7% due to alcohol problems and around 11% in each case due to problems in the context of opiates, hallucinogens respectively. The whole number of those, taking up a drug-related treatment is with 1302 persons for the age group 15-17 far bigger as for the age groups 14 and below 14 years (table 52).

Table 52 Main diagnosis for out-patients

Main diagnosis	Age	
	-14 years	15-17 years
Alcohol	11,6%	12,7%
Opiate	6,7%	10,9%
Cannabis	70,1%	60,9%
Cocaine	0,8%	0,4%
Hypnotics and sedatives	0%	2,1%
Hallucinogens	6,7%	10,8%
Stimulants	O,8%	1,1%
Solvents	2,5%	0,3%
Other psychotrop substances	0,8%	0,8%
total	100%	100%

Source: German Drug Help Statistics 2001 (Strobel et al. 2002)

15.3 Demand and harm reduction responses

15.3.1 Prevention programs and campaigns

Prevention programs have been represented and described in chapter 9.1-9.4 in the frame of school programs and programs outside schools as well as under the point: other programs. In the field of parties and drug prevention programs outside school, a good number of interventions have been done which suppose to enable young people to a critical and low-risk substance use. Exemplary in the following the „Drogerie Project“ is represented (see 8.2.2).

The „Drogerie Project“ is a facility of the drug help in Thuringia. An investigation to „drug use in the music scene in Thuringia“ found out that drugs play in this field a much bigger role as supposed. The staff of this project tries now new approaches to reach drug users within the music scene of Thuringia. The target group of the project are adolescents and young adults consuming drugs. Aim of the project is to minimize the risks of consuming legal and illegal drugs as far as possible. The sensibility of young people how to handle a drug, shall be

improved. Drug user, which develope problems with her own consume behaviour shall be supported in their attempts to stay drug-free. With a mobile home the project staff drives to different events. The mobile home provides the chance to talk in a quiet atmosphere and eventually arranges further help. Information material about drugs, safer use , safer sex, legal frame of drugs and so on is available. The work of the staff is not only to visit music events. Since October 2000 they are daily reachable through hotline. Furthermore one can contact them direct in their Erfurt office through e-mail (www.drogerie-project.de).

15.3.2 Specific harm reduction interventions in parties, techno scene, including pill testing

„Pill testing“ is offered on regional level mainly in Hannover area in the field of music events. The legal frame is still very difficult. In co-operation with the responsible public prosecutor’s offices one tries to find solutions . However the offer is restricted to simple (marquis-) tests and to comparisons of the pills surfaces with reference lists from the Netherlands.

15.4 Methodological information

Due to different reasons the data situation for young drug users is even worse than for elder groups. The legal status requires for interview often the agreement of the parents. As a result for interviews often only adults are taken into consideration. Till now there are no ESPAD data for Germany, however in future some Federal Laender want to participate in the study.

15.4.1 Bibliographical references

See references

16 Social exclusion and re-integration

16.1 Definitions and concepts

Social integration means the release from an integration in certain socially respected living conditions. This can concern individual persons as well as certain groups. This is connected with a removal of an entire social value and norm system, and thus causes a number of negative consequences, for example, a limited participation in social life and the reduction of life opportunities (as social preconditions of life organisation) (Weber 1967). This situation increases the cause and solidification of prejudices, and pushes the concerned in a peripheral position.

The life organisation of hard drug addicts is characterized by an accumulation of specific problems. In particular the reduction of chances related to work and profession including the reduction of chances related to income and health push them in disadvantageous life situation. Often there are considerable gaps in educational and professional training. To make a professional, and thus a social re-integration possible qualifications must be made up. Frequently a new orientation concerning the profession is necessary. Moreover addicts of illegal drugs are often concerned of consequences related to the criminal law which are followed by exclusions. This is resembled in the rates of imprisonment of people who take drugs (see 12.3.1). Imprisonment rather reduces than increases acting competences, and finally leads the concerned in a progressive disintegration instead of a social and professional re-integration (see Stöver 2000).

16.1.1 Current discussions related to social integration and exclusion

The chances of integration of criminal drug users are to be supported by suitable help measures in order to counteract their marginal position. The intention of avoiding imprisonment is expressed in the drug policy “help instead of imprisonment. For carrying out this objective in a practical manner the direct co-operation between the drug help and justice was intensified. It is planned to extent the alternatives for imprisonment by opening out-patient treatment facilities. Up to now there are primarily in-patient offers which focus on abstinence for replacing imprisonment (AG DROPO 1999). In North Rhine Westphalia the objectives of avoiding imprisonment and supporting shortening of imprisonment were stipulated in the Laender programme against addiction (1999).

In July 2002 a conference on the topic of “city milieu and drug consumption” was carried out by the Bavarian Academy for Addiction Matters in Research and Practice. The meeting was based on the observation that different statistics concerning prevalence and problematic structures of drug consumption showed significant differences in cities or regions, respectively. Experts in entire Germany reported about the situation of data in their cities having the objective to develop indicator models and hypotheses related to the causes of differences in prevalence and to establish the basic structures of a research project.

Important questions in this context are: Are there effects related to living in town which cause initially the emergence of drug use as a reaction to life conditions or as a part of life style and can subsequently be seen as a chronic problematic drug use and addiction as answer to the social situation and location in life.

Furthermore in the communities it has to be discussed whether urban structures or life conditions can cause psychological problems or can be identified as direct risk factors of drug use. So far this topic has been observed only basically. Structures and risk factors of this kind can cause or increase social exclusion.

In the framework of the above mentioned discussions the already developed “social index” is taken as a useful indicator besides other town features like the towns’ size or the population development related to the municipal districts. The “social index” includes demography and household structures, education, professional life, income and health condition and is to provide conclusions about social problems depending on the municipal districts (Heineberg 2001).

16.1.2 Groups seen as particularly vulnerable regarding drug use

The increase in drug-related deaths among young emigrants from the former Soviet Union from 36 in 1999 to 162 in 2000 shows a relatively high risk of drug use among young emigrants. The integration in the German society is not easy for the young people who have immigrated from the succession states of the former Soviet Union during the last several years. Problems are caused by social, cultural and political differences. An insufficient knowledge of the German language leads to bad professional prospects. In addition it complicates the participation in social life and causes their exclusion within their own group. Partly the emigrants live primarily in certain towns or municipal districts and stay in their groups.

The Bavarian federal criminal office stated an increase in offences committed by young emigrants during the last 3 years, whereas in general the number of offences committed by foreigners decreased. It was found out that the group of 11- to 13-year old emigrant children was more conspicuous than the group of 11- to 13-year old foreign children (Sueddeutsche Zeitung 3./4.02.02).

Basically the willingness among women compared with men to take legal or illegal drugs has decreased in the last few years. In the case of addiction to pharmaceutics one third of women and one third of men are concerned. In September 2002, the first Federal Women Congress on Addiction took place which is to support the improvement of conditions and help offers for women.

There is a special risk for children of drug addicted parents. It is estimated that 1.8 to 2 million children to the age of 18 live with the alcohol and/or drug addiction of one or of both of their parents. Similar to other problems there are also in the field of addiction families, which pass on with his problem-cluster from generation to generation

Meanwhile there are some projects which have special offers for addicts with children. In the in-patient field there are about 20 therapy facilities which accommodate drug addicted parents with their children. Some of them have developed special facilities for children and some of these guarantee with the approval according to the children and youth help law the accompanying support of the children in schools and kindergartens. So far the financial problem of integrating the children has not been solved sufficiently (Federal Drug Commissioner 2002).

Many statements coming from the practize of addiction help lead to the assumption that one of the essential health problems of asylum seekers and refugees is addiction. In addition these migrants show due to the traumas which they suffered in their home countries and their legal and social unstable life conditions a particular risk of taking drugs. Out-patient addiction help facilities in North Rhine Westphalia, for example, report constantly of problems related to addiction within these groups. North Rhine Westphalia is a Land which has a relatively high percentage of foreigners (6.5%) in population (the percentage of foreigners in entire Germany is 8.8%). Refugees and asylum seekers are often placed in rural regions.

Besides the mentioned groups it is difficult to define precisely groups which have a high risk of taking drugs; however it is possible at regional and local level.

Since the connection between problematic drug use and absence was proven epidemiological various times the new figures about a remarkable increase of pupils playing hooky in Germany demand new discussions. Studies concerning the extent and the consequences of this phenomenon are available (Reißig 2001). In this group there are obviously various risk factors for the development of children and adolescents which might cause social exclusion:

- educational passive or relatively incompetent parents who do not pay enough attention to the school attendance of their children or do not have enough authority to send their children to school,
- schools which have an increasing number of problematic cases,
- a great extension of drugs in individual schools.

The increasing number of private schools, and thus the segregation of schools in schools which are mostly attended by middle class pupils and in state schools which obtain increasingly less money could support social exclusion.

16.2 Drug use patterns and consequences observed among socially excluded population

16.2.1 Patterns of use and problematic drug use

According to reports from detoxification facilities Russian migrants with a German background are considerably younger than German opiate addicts and they heroin is more often mentioned as a starting drug among them (Drug and Addiction Report 2002).

From 1st October 2000 to 31st March 2001 the community association Lippe conducted together with six European countries the project "SEARCH" - addiction prevention for refugees, asylum seekers and illegal immigrants. The town Soest was chosen for the German part of the project. The collection of information about conspicuous aspects caused speculations about the drug misuse among Tamils and Kurds. Thus the study focused on people of this target group. The German project team found out that the observed Kurds showed a broad use of heroin and cocaine and that there were individual cases of addiction which needed treatment. The high risk group includes primarily young single men at the age of 14-35, this corresponds to the situation in the general population.

Lacking of social contacts and stable relationships, exclusion and open disapproval, financial dependency, isolation in the host country, legally insecure conditions concerning the residence permit consumption patterns as well as a broad willingness for substance use were particularly conspicuous aspects of the observed target group. Kurds who live as refugees in Germany come often from regions of there home country where drugs are cultivated. Federal Criminal Office (BKA) estimates that Kurds are highly involved in drug trafficking in Germany. It was also observed by the police that activities of the PKK were financed by drug trafficking. The initial drug trafficking results in consumption. This is influenced, for example, by traumatic experiences in the home countries and also by liberal drug policies in the host country - compared with the home countries drug policies – which reduce the scruples of taking drugs (Landschaftsverband Westphalen-Lippe 2002; community association Westphalen-Lippe 2002).

16.3 Relationship between social exclusion and drug use

A link between social exclusion and drug use is principally possible into both directions. On the one hand it is plausible to assume that taking drugs as an attempt of dealing with situations can be the response to social exclusion. Initially normal consumption on a testing or occasionally basis can thus result in substance addiction. On the other hand taking drugs can be the cause of the consumer's exclusion from relevant social fields. Only longitudinal studies, which observe over a longer time of period, can prove which direction is the decisive one. Such longitudinal studies are in particular work intensive because frequently many of the interviewed cannot be contacted again or it requires intensive work to contact them again. Socially integrated people are generally easier to contact. Moreover, qualitative studies can supply important conclusions about the biographic process of the drug users who are often not very approachable. Thus the drug career can be recorded as a process

consisting of many possible stages of decision making. In every stage the social surroundings has its effects

- by the norms and availability of drugs (peers)
- by chances and risks (job, income)

and influences or causes social exclusion processes.

16.3.1 Indicators of social exclusion amongst drug users compared to the general population

Many studies have proven that work and profession an important element of social integration in our performance-orientated society, and thus plays a major role for developing an identity and for the people's self-confidence (Jahoda et al. 1997). Unemployed avoid central social activities not only because of lacking financial resources, but also because of the feeling to have failed or that it is their own fault. Social demographic data from the help system for addicts and drug addicts show still high rates of unemployment among illegal drug users: 18% of the clients were officially registered as unemployed in 2001, 15% were unemployed, but not officially registered (Strobl et al. 2002a), compared to 9,4%, related to all officially registered unemployed people in Germany (see 4.1).

Education is closely related to unemployment. In particular people with low or missing final certificates from educational establishments are threatened by unemployment. Drug users have frequently no solid school education or professional training due to the early start of their drug career, and this deteriorates the prognosis for social re-integration. The results of the German Drug Help Statistics (2001) show that more than 50% of the clients who started treatment because of problems related to illegal drugs have a lower final certificate from educational establishments. The highest certificate of 51.1% of the clients was a completion of compulsory basic secondary schooling, 2.5% had a certificate below this level. 22.1% finished junior high school and only 5.2% passed the A-levels. 18.7% had no final certificate from educational establishments or were still in school. In April 2000, 43.5% of the German population at the of 15-65 completed compulsory basic secondary schooling, 17.5% finished junior high school or had a similar final certificate, 17.9% passed the A-levels, 2.4% had no final certificate from educational establishments and 4.2% were still school (Statistisches Bundesamt 2001a). Since the demand for treatment among young adults is very high in the treatment facilities, which are recorded by the addiction help statistics, the average age in this group differs from the population. Thus a comparison is only limited. Most people are within the age group of the 20-24 years old, followed by the age group of the 25-29 years old.

The psychic co-morbidity is of importance for the course of the drug career and is also related to social exclusion strategies. In the framework of a 5-year longitudinal study psychic disorders and symptoms were gathered among 350 opiate addicts from Hamburg at the start of the study. Among the participants of the study used the CIDI showed a life time prevalence of disorders of 55% according to ICD-10. Primarily it were neurotic, strain or somatic disorders (43%) and affective disorders (32%). Schizophrenic and eating disorders were diagnosed each among 5% of the participants (Verthein et al. 2000). Precursor studies

showed already that psychic disorders are much more common among drug addicts than in the general population (Wittchen et al. 1992). Moreover this study proved a higher strain in important fields of life (EuropASI) of those who suffered more from psychic disorders. However, there were no certain statements about a link between the extent of drug use and the burden of symptoms. Furthermore the study shows that the extent and quality of social relationships as well as the legal status are linked negatively with the course of psychic disorders. For participants with a negative course of disorders the job and income situation was worse than for those who showed only slight psychic symptoms or did not show any at all. The study makes the accumulation of specific problems and psychic diseases related to drugs clearer. The concerned end up in a peripheral situation and need professional help get out of it again.

16.3.2 Research

Since December 2001 a scientific study concerning the re-integration of young, female drug users who are prostitutes is carried out on the behalf of the Diakonisches Werk (a German association for social welfare) in Hamburg. The Institute for Interdisciplinary Addiction and Drug Research (ISD) in Hamburg was given the task of carrying out the study. Many facilities of the youth and drug help in Hamburg participate in the study. So far there is only little empirical knowledge about the need of this group its expectations related to help offers. Besides recording the situation and problematic constellations of underage prostitutes as well as examining the problems and needs the risk factors related to prostitutes taking drugs are to be identified, too. Moreover, resource orientated approaches and recommendations on improving the supply are to be developed (www.isd-hamburg.de). In the meantime the gathering of the data was finished. The results of the study are not expected to be available before the project is finished in May 2003. In the framework of the research project a conference is carried out which will be taking place in Hamburg in June 2003.

16.4 Political issues and re-integration programmes

16.4.1 Policies around social exclusion issues

The ninth book of the Code of Social Law (Sozialgesetzbuch) – rehabilitation and participation of handicapped people – which came into force on 1st July 2001 is also beneficial for drug addicts. It stipulates the rights for rehabilitation and participation of handicapped people. An important objective are the equal rights for the participation in social life for handicapped or people who are threatened by a handicap. The access to the required treatment is accelerated by the ninth book of the Code of Social Law because the decisions of the responsible bodies about rightful payments have to be made within few weeks.

Learning the German language is a central prerequisite for foreigners in order to be integrated in social life. Supporting the learning of the language is a main aspect of the integration policies of the Federal Government. According to the new immigration law, which came into force on the 20th June 2002, integration courses consisting of language and culture classes are to be compulsory for foreigners who stay in Germany permanently. Besides the

language knowledge about the German law, society and culture are to be taught. The costs are to be shared by the Federal State and the Laender (Bundesgesetzblatt Nr. 38, 2002).

One motto of the Federal Ministry of the Interior (BMI) is “the best prevention is integration” and it supports the social integration of foreigners in particular by

- establishing contact between foreigners and German
- introducing foreigners to the existing facilities like sport clubs, youth clubs, adult education centres
- strengthening the personality in order to avoid aggressions and the risk of addiction
- increasing the acceptance among the population in Germany.

This is why in particular these projects are supported which focus on community affairs and on aspects related to the living circumstances and thus serve for integrating the foreigners in the local community. More information about projects concerning the integration of emigrants are available on the homepage of the Federal Office of Administration (www.bva.bund.de/aufgaben/integration_spaetaussiedler/projekte/).

The programme of the Federal State and the Laender “municipal districts with special need of development – the social town” was developed in order to ease social problems, for example, ghettos in urban areas. In the meantime many towns participate in this programme. The financial state help for supporting measures of this programme are provided on the basis of the administration agreement concerning the promotion of urban renewal which was made by the Federal State and the Laender. The ministries of the Laender can be contacted for information. On Federal level there are two partner programmes which focus exclusively on the field of the social town: the programme “development and chances of young people in social focal points (E&C) carried out by the Federal Ministry of Family, Senior Citizens, Women and Youth and the programme “integration of emigrants” carried out by the Federal Ministry of the Interior. This is logical since in the areas, where the programme “social town” is carried out, live both a disproportionately high number of young people and of foreigners. The programme E&C has child and youth help specific priorities in order to improve the life conditions and chances of children and adolescents, to prevent the decline of municipal districts and to set lasting developments in motion.

16.4.2 Elements of treatment focusing on re-integration within general drug services

In many cases social integration of drug addicts is linked to a re-integration in job or employment. This requires effective and individually suitable support systems. In many cases basic qualifications have to be received belated due to the frequently early start of a drug career.

In the meantime integration is a firm part of the treatment concept for people who want to overcome their addiction with professional help. During this phase individual therapeutic methods are put back in favour of supporting an orientation related to an integration in work and society. Expert services of the job administration and the pension insurances support the

patient's efforts of social integration or re-integration, respectively. A detailed description of this concept can be found in chapter 11.3.

16.4.3 Specific re-integration programmes targeting former drug addicts

Work projects, for example, the workshops of the Drug Help Cologne offer programmes for professional and social integration for adolescents and adults who are unemployed and addicted to drugs. The institution focuses primarily on young people who have problems with illegal drugs and want to live without drugs in the future. Frequently the clients contact this institution after in-patient detoxification treatment. Clients have the opportunity to make up for missing qualifications as well as to find a new orientation in professional life. Moreover, during participation psychosocial counselling, support classes, application training, PC courses and practical training in companies are offered (Drug Help Cologne 2001). The institutions are financed by means of communities and Laender and EU funds.

16.4.4 Results from outcome evaluation

Data for a precise realization of re-integration measures are offered by some programmes (e.g., Drug Help Cologne). The central figure of results and the increasing number of people in the first or second work market are rarely evaluated. The Drug Help Cologne can provide internal clients statistics containing information of the whereabouts of 107 participants to the fixed date 31/7/02. Collecting the data was started on the 1st August 2000: 5 participants were in vocational training , 15 participants were permanently employed, 16 participants had a fixed-term job and 36 participants were in transition to other measures like retraining and/or rehabilitation, 1 participant was in an in-patient drug therapy, 9 participants in school, 1 participant in motherhood, 1 participant studied it was not known where 21 participants remained (frequently linked with a relapse). The actual successes can be seen in the 36 participants who were in retraining or rehabilitation, since these following measures lead to an integration in the first work market.

16.5 Methodical information

When describing exclusion processes of drug users primarily two different developments can be observed. On the one hand there are exclusion processes which are directly linked to drug use

- to choose living forms which are wilfully dissociated from general social values and norms,
- social exclusions due to drug use.

On the other hand there are minorities like Russians with German background or children of drug addicted parents which suffer from exclusion processes, and thus are susceptible to legal and also illegal drugs. Fighting the drug problem among this second group is extremely difficult and complex, since the drug use is a part of the entire problematic situation.

There are only few current studies which deal explicitly with social exclusion and drug use. In chapter 16.3.2 the current study concerning the opportunities of social re-integration and

psychosocial rehabilitation among young female prostitutes who take drugs is presented. Moreover, in the framework of describing drug consumption patterns the project SEARCH “Addiction prevention for refugees, asylum seekers and illegal immigrants” was presented with central observation results in chapter 16.2.

Quantitative data concerning the topic drug use among socially excluded groups are only occasionally available. There is no data available concerning the prevalence of drug use for these groups.

16.5.1 Bibliographical references

See references

Annex

17 References

17.1 Brochures

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17.3 Websites for the report

Beside the adresses of the most important institutions, specially websites of innovative offers in the field of demand reduction were chosen. This list is, like the reference list too, only an extract from a huge number of adresses, available in this field.

Website	Contents
www.bmgesundheit.de	Federal Ministry for Health and Social Security (Bundesministerium für Gesundheit und Soziale Sicherung (BMGS)
www.bzga.de	Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung; BZgA)
www.dbdd.de	German Reference Centre for the European Monitoring Centre for Drugs and Drug Addiction (Deutsche Referenzstelle für die Europäische Beobachtungsstelle für Drogen und Drogensucht; DBDD)
www.dhs.de	German Council against Addiction Problems (Deutsche Hauptstelle gegen die Suchtgefahren; DHS)
www.dialog-jugendhilfe-drogenhilfe.de	Supports the dialogue between joung people and drug help
www.drugcom.de	BzgA Information for yough and party visitors
www.drugscouts.de	Laender Project in Saxony for young people
www.ginko.de	Coordination Unit for Addiction Prevention North Rhine-Westphalia (Landeskoordinierungsstelle Suchtvorbeugung Nordrhein-Westfalen; GINKO)
www. rki.de	Robert Koch Institut (RKI)
www.ift.de	Institut für Therapieforschung (IFT)
www.lehrer-online.de	Support for teacher concerning internet
www.monitoringthefuture.org	The website of the American epidemiological study of Johnston
www.partypack.de	Special offer for young people attending the techno- and pary scene
www.rki.de	Robert-Koch-Institut
www.suchtvorbeugung.de	Verbund der Fachstellen für Suchtvorbeugung in NRW
www.suchtvorbeugung.de	Computergestütztes Lernen im Strafvollzug